IDENTIFYING THE LEGACY IN PATIENTS WITH CO-OCCURRING DISORDERS AND EXAMINING CHANGES IN LIFE SATISFACTION AND SELF-EFFICACY

BY

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Table of Contents

List of Tables and Figures……..…….…… viii

Dedication…….. x

Acknowledgement…….…… xi

Abstract……. xii

Chapter 1

Significance…….. 1

Background of the Problem…….. 2

Purpose and Significance of This Study……... 3

Chapter 2

Literature and Conceptual Framework…….. 7

Background of Legacy……. 8

Legacy Defined……..... 8

Theoretical Framework…… 9

Existential Theory…… 9

Gestalt Theory……. 12

Reminiscence Therapy…… 14

Narrative Theory……. 15

Legacy Intervention Defined…….. 18

Primary Components and Formats of Legacy Intervention…… 19

Legacy Results…… 20

Variables in Building a Legacy Research Framework…… 21

Life Satisfaction…….. 22

Self-Efficacy……. 23

Chapter 3

Research Framework and Design……. 25

Research Design……... 26

Instruments……... 27

Self-Anchored Individualized Scale……. 27

Satisfaction with Life Scale…….. 28

General Self-Efficacy Scale……. 28

Protection of Human Subjects……. 28

Subject Selection and Intent to Treat…….. 29

Consent from Participants…….. 30

Data Collection and Intervention Protocol……. 30

Intervention Protocols…… 31

Chapter 4

Analysis of Results…… 34

Data Analysis Plan…… 35

Attrition…… 36

Sample Characteristics……. 37

Data Analysis by Specific Aims…….. 41

S.A.1. To determine legacy definition among adults with co-occurring disorders……. 42

Sense of Legacy (SAIS)…….. 44

S.A.2. To examine intervention effectiveness for experimental group……. 47

Paired t-test…… 47

Repeated measure ANOVA…….. 48

Life Satisfaction…… 50

Self-Efficacy…….. 52

One Month Follow-up…… 54

S.A.3. To compare experimental and control groups on dependent variables……... 55

Independent t-test…….. 56

Chapter 5

Discussion…….. 61

Key Findings…….. 62

S.A.1. To determine legacy definition among adults with co-occurring disorders……. 63

Legacy Defined by Participants……. 63

Sense of Legacy…….. 65

S.A.2. To examine intervention effectiveness for experimental group…… 66

Paired t-test…… 66

Repeated measure with Experimental Time-Series Comparison…… 66

S.A.3. To compare experimental and control groups on dependent variables……... 67

Independent t-test…….. 68

Life Satisfaction……..... 68

Self-Efficacy……..… 69

One Month Follow-up…….. 69

Limitations…… 70

Internal/External Validity…….. 71

Implications for Social Work……..... 72

Dissemination Strategy…….. 75

Conclusion……..… 75

References……...…... 77

Appendix A Theoretical and Conceptual Model…….. 84

Appendix B Research Design…….…….. 85

Appendix C Intent to Treat…..…….. 86

Appendix D Consent Form…….. 87

Appendix E Experimental Group Protocol…….. 89

Appendix F Partial Hospital Program Group Protocol..…….. 90

Appendix G Demographic Form…….. 91

Appendix H Satisfaction with Life Scale…….... 92

Appendix I General Self-Efficacy Scale…….. 93

Appendix J Self-Anchored Individualized Scale……..…….. 94

Appendix K Educational Case Vignette…….. 95

University of Houston Committee for the Protection of Human Subjects Letter of Approval…… 97

Curriculum Vitae……..... 98

List of Tables and Figures

Table 1 Attrition for Experimental vs. Control Participants per Week..…… 37

Table 2 One-way ANOVA for Demographic Group Comparison…..…….. 38

Table 3 Chi-Square for Demographic Group Comparison…… 38

Table 4a Demographics of Experimental vs. Control ……. 39

Table 4b Demographics of Experimental vs. Control (contd.)..…..……... 40

Table 5 One-way ANOVA Comparison of Pretest Scores by Dependent Variable and Treatment Condition ……..…..…… 41

Table 6 Experimental Group Pairwise Comparison for Sense of Legacy..... 45

Table 7 Experimental Group Pairwise Comparison by Time for Sense of Legacy…….…... 45

Table 8 Paired T-test for Pre-Posttest Scores by Variable and Treatment Condition……..….. 48

Table 9 Descriptive Statistics for Life Satisfaction and Means Scores by Time and Experimental Condition……...…… 49

Table 10 Descriptive Statistics for Self-Efficacy and Mean Scores by Time and Experimental Condition……..….. 49

Table 11 Experimental Group Pairwise Comparison by Time for Life Satisfaction……. 50

Table 12 Control Group Pairwise Comparison by Time for Life Satisfaction……...…….. 51

Table 13 Experimental Group Pairwise Comparison by Time for Self-Efficacy..... 52

Table 14 Control Group Pairwise Comparison by Time for Self-Efficacy..... 53

Table 15 Descriptive Statistics for Life Satisfaction and Independent Samples T-test Results by Time and Experimental Condition…… 57

Table 16 Descriptive Statistics for Self-Efficacy and Independent Samples T-test Results by Time and Experimental Condition…… 59

Figure 1 Conceptual Framework…..…….. 22

Figure 2 Attrition Graph by Time Point and Treatment Condition…… 36

Figure 3 Experimental Group Sense of Legacy Scores (SAIS) by Time…… 46

Figure 4 Experimental Group Scores on Life Satisfaction at
Posttest to Follow-up…….. 54

Figure 5 Experimental Group Scores on Self-Efficacy at
Posttest to Follow-up…….. 56

Figure 6 Life Satisfaction Scores by Time and Treatment Condition…… 57

Figure 7 Self-Efficacy Scores by Time and Treatment Condition……. 58

Dedication

To my family always present in my heart yesterday, today and tomorrow:

May we dwell in the house of the Lord together forever.

To my biggest fans, greatest heroes, and Legacy:

Mom, you are a true testament to what a woman can do when she puts her mind to it. Thank you for taking the road less travelled especially when caring for the girls was most important. Davida, a true big sister, always there to make me laugh when life is not so funny, listen to me when life is hard of hearing, and cry with me when life hurts. Thank you for taking me on the rocky road of adventure with you even in the middle of the night. Brianna, my biggest fan, followed in my *every* footstep, whether I liked it or not. Thank you for reminding me to follow my heart and for making the world a brighter shade of orange. To Philip, my unconditionally loving husband, for daily forgiving seven times seventy times. Thank you for loving me with your whole heart and with patience beyond my imagination! To Luke, my son, for bringing me unprecedented joy every hour of the day.

To the patients for sharing the ever-changing stories of their lives in order to benefit others. I am truly blessed to have met each of you.

In a world of uncertainty, LOVE remains.

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Abstract

Roughly 50 percent of individuals diagnosed with severe mental disorders are affected by substance abuse, with 29 percent abusing alcohol or drugs. Social isolation, discrimination, physical illness, and financial worries place adults at risk for addiction and mental illness, and interventions focused on legacy with adults with co-occurring disorders may help to alleviate these concerns. The word legacy as related to this study means a set of past glories and memories that can be explicitly passed to a person's next generations including genetics, materials, values, culture, and life stories. Published literature on legacy of adults with co-occurring disorders is nonexistent. The purpose of this study was to uncover the legacy adults with co-occurring disorders possess to manage life stresses. A framework utilizing existential, gestalt, and narrative theory will serve to discuss the theoretical importance of legacy. An experimental study was conducted to test a Legacy intervention's impact on life satisfaction and self-efficacy. Seventy patients with co-occurring disorders were randomly selected into two groups: ordinary partial hospital program (PHP) intervention or Legacy intervention (which combines PHP with Legacy intervention). Both interventions included 10 sessions over 5 weeks and were offered for three cohorts (about 10-15 patients each). The outcome measures included: sense of legacy, life satisfaction and self-efficacy. The legacy definition for the intervention subsample was consistent with existing literature; however, several unique themes were also identified within this population. Life satisfaction and self-efficacy scores increased overtime and were statistically significant within the experimental group; however, not significantly different statistically when compared to the control group changes over time.

Chapter 1

Significance

Background of the Problem

Within the growing general population is a subgroup of adults suffering from co-occurring or dual diagnoses (both mental health and chemical abuse). Reports published in the *Journal of the American Medical Association (JAMA)* indicate that roughly 50 percent of individuals with severe mental disorders are affected by substance abuse, 37 percent of alcohol abusers and 53 percent of drug abusers have at least one serious mental illness, and of all people diagnosed as mentally ill, 29 percent abuse either alcohol or drugs (NAMI, 2010). It is estimated that persons with severe mental illness (SMI) die 25 years earlier, on average, than the general American population due to factors other than physical disease include smoking, alcohol consumption, poor nutrition, lack of exercise, unsafe sexual behavior, and intravenous drug use (Medical Directors Council, 2006).

Mueser, Drake, and Wallach (1998) stated that despite the high prevalence and negative consequences of substance use disorders in persons with severe mental illness, little is known about the causes of co-morbidity. Factors such as social isolation, discrimination, physical illness, and financial worries place older adults at risk for addiction to alcohol, gambling, and drugs (National Advisory Council on Aging, 2006). Narrative type therapy has been found to be a helpful therapeutic approach for older adults with addictions and mental health issues, and was reported to have a beneficial effect on addiction or substance misuse by participants including increased personal wisdom and understanding of themselves as well as an abundance of stories, and helpful as a therapeutic technique (Gardner & Poole, 2009).

Individuals with co-occurring disorders are not alone in their struggle; the family system from which they come is impacted by the consequences of those disorders. With

each affected individual, a family system is impacted by the consequences of co-occurring disorders. An opportunity to study the legacy building process can create an intervention that may serve as a common feature in people's search for meaning in their life for future references (Savishinsky, 2006). This meaning may then be translated into lessons learned and burdens overcome for future generations predisposed to addition and mental illness. A Legacy intervention allows for an individual's experience to impact more than just their own lives.

Boden and Moos (2009) found that substance abuse treatments were effective in reducing substance abuse problems, but less successful in addressing psychiatric problems. Creating a legacy as part of a substance abuse treatment program has potential to address both chemical dependency and psychiatric issues through exploring the unique experiences of the persons with both diagnoses. Neither exploratory nor intervention studies related to legacy have been conducted with persons suffering from co-occurring mental health and substance abuse disorders. It is suggested that funding, interventions, and research are critical in order to address the issues this population faces (Medical Directors Council, 2006).

Purpose and Significance of This Study

The purpose of this study was to uncover the legacy adults with co-occurring disorders possess to manage life stresses. Legacy is defined as a set of past glories and memories explicitly passed to a person's next generations may include genetics and values (Hunter, 2008), materials (Allen, Hilgeman, Ege, Shuster, & Burgio, 2008), heritage (Steinhauser, Alexander, Byock, George, Olsen, & Tulsky, 2008), culture and life stories (Savishinsky, 2006). Legacy interventions, the processes of legacy creation

and succession, focus on placing the power to define the meaning of life in the hands of the person who has lived it (Savishinsky, 2006).

Examples of Legacy interventions include creating a tangible project (i.e., scrapbook, photo album), depicting the person's sense of their legacy. Studies show that Legacy interventions produce positive physical and mental health outcomes including decreased difficulty breathing, increased social interaction and communication (Allen, Hilgeman, Ege, Shuster, & Burgio, 2008), positive emotional status (Allen, 2009), self-affirmation, confidence, self-esteem, promotion of short-term life satisfaction, meaning and purpose (Chiang, Lu, Chu, Chang, & Chou, 2008) increased functional status, and decreased pain and physical symptoms (Steinhauser et al., 2008). Legacy interventions are simple to implement and cost-effective (Mastel-Smith et al., 2006; Symes et al., 2007); therefore a great possibility of real-world translation of individuals' legacies exists in a variety of treatment settings (Allen et al., 2008). The benefits of creating a legacy reach beyond the individual to future generations including the transfer of power for defining lives. Tales with happy endings may not always be best; rather, children may gain wisdom increasing self-esteem and higher locus of control by hearing alternative life perspectives (Bohanek, Marin, Fivush, & Duke, 2006; Schellenbarger, 2005). Future generations learn to thrive from hearing stories of relatives grappling with sad or difficult events.

An important aspect of expanding legacy research to those suffering from co-occurring disorders is its impact on the mental health aspect of treatment. Many patients do not know or understand the worth of the experiences they have lived through. Developing and controlling a personal legacy are powerful ways to reveal one's coping

strategies when dealing with adversities due to co-occurring disorders and translate life passages into a positive experience. If the adaptive ways to cope and struggle through life can be passed on to future generations, there may be less stress and other mental illness symptoms and/or higher self-efficacy and life satisfaction for future generations. By studying those with a legacy to leave, results can impact future services provided to clients and their families.

Specific aims of this study are:

1. To determine legacy definition within the dually diagnosed adult population.
2. To examine intervention effectiveness in terms of promoting life satisfaction and self-efficacy when legacy topics are added to the ordinary PHP intervention controlling for group, time, and socio-demographic factors.
3. To compare one group receiving the Legacy intervention (experimental) to one group receiving the ordinary PHP intervention (control) on life satisfaction and self-efficacy.

In order to address specific aims, Chapter 2 describes a conceptual framework utilizing aspects of Existential Theory (meaning of life search), Gestalt Reminiscence Theory (unfinished business focused in the here and now), and Narrative Theory (storytelling and reframing). Contextual factors are described including life satisfaction and self-efficacy in relation to legacy creation and adults with co-occurring disorders.

In Chapter 3, methods are outlined specifically describing structure of intervention, scales used to measure variables, and statistical analysis.

In Chapter 4, data analysis process and results are reported including examples of participant legacy projects, definition, and intervention effects on life satisfaction and self-efficacy.

In Chapter 5, implications of this study will be discussed to address future research possibilities. The conclusion of this study will focus on summarizing findings.

Chapter 2

Literature and Conceptual Framework

Background of Legacy Research

Legacy Defined

In search of meaning, many people attempt to create a legacy (Savishinsky, 2006). Legacy, according to the literature, has multiple conceptualizations including genetics and values (Hunter, 2008), materials (Allen et al., 2008), heritage (Steinhauser, 2008), culture and life stories (Savishinsky, 2006). Genetic legacy includes passing on genetic material and the family blood line, historical legacy encompasses passing on family rituals and stories, symbolic legacy is attaching ones name to something that would continue to exist after one's death, and a values legacy is passing on one's values and beliefs (Hunter, 2008). Cultural legacy rooted in ethnicity and history, memory, and story of individuals or a group of people, is shaped by the cultural values and the means with which one ages can be as varied as a tangible possession, a moral achievement, or a living person (Savishinsky, 2006).

In a rural New York community population, legacies were described as moral biographies, books, life missions, or a personal identity (Savishinsky, 2006). New retirees cared about who would succeed them, either in their formal positions, or by carrying on the work, stories, or sensibilities they had forged in the workplace. Common concerns included the security of a legacy, translating lessons learned, and using "my own words, my account of my moment in history" (Savishinsky, 2006, p. 79). In American culture, Savishinsky (2006) concluded, legacies appear in the form of gifts, debts, and moral obligation. For some there is a need to ensure their public and self image as a way to pay

their debt to society. For others, a legacy is a gift to oneself that answers the question: "Did my life really matter?" (Savishinsky, 2006, p. 83).

The concept of legacy differed for a group of women with cancer. Legacy emerged as the passing on of values and beliefs in the hopes that family members would learn from the experiences of the participants and would adopt positive health behaviors (Hunter, 2008). Passing on the value of healthy behaviors became more important due to the women's experience with a life threatening illness. Legacy placed in material belongings of the world (i.e., financial inheritance or endowments) may not last through time, but lessons learned and stories of strength may be longer lasting legacies. Capturing the lessons and stories told is the goal of Legacy interventions.

Theoretical Framework Supporting the Legacy Intervention

The goal of this experimental study was to examine the effectiveness of a specific Legacy intervention that documents how individuals recite their stories of crises, struggles, and failures with a focus on wisdom, triumph, and strength. It was proposed that if the story is told in positive and encouraging form, it will have greater impact on the person's present learning goal. The following theoretical and conceptual framework (Appendix A) was used in the process of defining the legacy for adults with co-occurring disorders. Theories including existential, gestalt, and narrative, with major techniques summarized below, are used to describe the theoretical support for creating a legacy, gaining control over legacy, and translating legacy into goal learning.

Existential Theory

Existentialism developed as a European critique of conventional philosophy and social conformism in the late 1800s to mid-1900s, when living in large impersonal cities,

the subjugation of human labor in mass production of commodities, and the rise of mass destructive and oppressive social movements, were fracturing the traditional consensus of meaning (Robbins, Chatterjee, & Canda, 2006). After a time of social malaise and the horrors of war, it was concluded that individuals experience crises of meaning at various points in life; for example, facing death and other great losses or challenges (Robbins et al., 2006). Out of this era came existentialists that asserted the need for people to courageously and persistently confront the absurdity of existence, and essentially, begin a search for meaning (Robbins et al., 2006).

Existential Therapy is defined as a philosophical approach that influences a counselor's therapeutic practice, the idea that we are free therefore responsible for our choices and actions, and we are what we choose to be (Corey, 2009). The existential principle identifies:

- a need to understand each other further in terms of the meaning of life and the presence of interpersonal relationships;
- that all cultures experience universal issues of love, death, anxiety, and crisis;
- involves the individual and her/his environment, interpersonal relationships, intra-psychic events, and biological contributions, all of which have an effect on the individual's experience (Cheung & Leung, 2008).

The basic dimensions of the human condition, according to the existential approach, include:

- the capacity for self-awareness;

- freedom and responsibility;
- creating one's identity and establishing meaningful relationships with others;
- the search for meaning, purpose, values, and goals;
- anxiety as a condition of living; and
- awareness of death and nonbeing (Corey, 2009).

These basic dimensions are incorporated into the three major phases of existential counseling. The initial phase is where therapists assist clients in identifying and clarifying their assumptions about the world. The middle phase is when the client is encouraged to more fully examine the source and authority of their present value system or self-exploration. In the final phase, the focus is on helping people take what they are learning about themselves and put it into action or transformation (Corey, 2009).

Persons suffering with co-occurring disorders tend to survive trauma, instability, abuse, abandonment, and other obstacles. Finding meaning for this population may serve as a strength building exercise utilized in psychotherapy to empower persons to take control of their futures and to change behavior. Suicidality is a common symptom for dually diagnosed individuals and finding meaning for their lives may decrease the incidence of suicidal ideation and attempts.

The Legacy intervention utilized the three phases of existential therapy by initially allowing patients to define what legacy means for them in an effort to explore their perspective on the world around them and how they fit into that worldview. Second, participants were asked to review life events in an effort to explore the value individuals place on self and their lives as they have lived them. The final phase allowed patients to

take what they have discovered about themselves (i.e., strengths, abilities, and resilience) and utilize it in moving forward with support and goals for present learning. Patients were challenged to utilize new tools discovered to continue with treatment and behavior change.

Gestalt Theory

Frederick (Fritz) Perls and his wife, Laura Perls, developed Gestalt theory in the 1940s as a break away from the psychoanalytic tradition (Corey, 2009; Cheung & Leung, 2008). Gestalt theory focuses on the individual as a unified whole that allows for seeing their full potential as a human being (Cheung & Leung, 2008). Gestalt theory emphasizes the development of relationships in concurrent situations, present functioning and the experiential nature of the helping process, which leaves clients with an impression about their own thoughts and feelings rather than with the practitioners' suggestions. Self-determination is required from clients who feel hesitant, resistant, and hopeless to help them realize the importance of a self-and-others perspective in the development of healthy relationships (Cheung & Leung, 2008).

Legacy interventions may support patients in taking control of their treatment and utilizing their perspectives of themselves and their worldviews without the therapist's or others' forced opinion on the individual. Patients used their own thoughts, feelings, and experiences to define individual legacies. Patients were offered the opportunity to discover the separation of their own and others' perspectives. Patients had the opportunity to discover how their worldview has been influenced by others and can be changed to reflect how they feel about themselves.

Gestalt therapy is an existential philosophy, phenomenology, and process-based approach created on the premise that individuals must be understood in the context of their ongoing relationship with the environment (Cheung & Leung, 2008; Corey, 2009). The initial goal was for clients to gain awareness through which change automatically occurs, examining the present situation with a holistic approach that focuses on the process more than content (Corey, 2009). Therapy includes a focus on the here-and-now, uncovering unfinished business, exploring contact, resistance to contact, where energy is located and blocks to that energy (Corey, 2009). Often narratives are used in order to see the body-mind connection within a here-and-now environment and stimulate clients to think about and look for personal growth, emphasizing clients' participation in dialogue about perceived conflicts (Cheung & Leung, 2008). Gestalt therapy can also be used multi-culturally because the client is the expert on her/his problems and culture (Cheung &Leung, 2008).

In creating a legacy, individuals are challenged to explore how they fit into the world around them. Understanding how an individual fits into the world gives purpose and opportunities to explore ways to change the role an individual plays. This exploration is hypothesized to change individual perspectives on satisfaction with life and self-efficacy.

Techniques used in Gestalt therapy include:

- body exaggeration (helping clients understand emotional connections with the body);
- empty chair (pretending that a key person is sitting on a chair next to the client);

- re-experiencing past unfinished business in the here-and-now;
- statement completion (encouraging client to finish a sentence like "I feel…" to identify feelings and perceptions further);
- and staying with the feeling (sense and experience a feeling the client avoids by staying with it silently for a few seconds) (Cheung & Leung, 2008, p. 218).

In re-experiencing past unfinished business in the here-and-now, conflict is re-experienced rather than merely discussed (Corey, 2009). Clients are encouraged to address unfinished business as if it is happening in the current moment so they can grasp the present feeling as related to the past event or situation (Cheung & Leung, 2008). A more in-depth version of re-experiencing past unfinished business technique is called reminiscence therapy.

Reminiscence Therapy

Gestalt reminiscence therapy uses storytelling as a means of identifying unfinished business and/or historical events, and challenges adults to continue to develop in the present as they review the past (O'leary & Nieuwstraten, 2001). Gestalt reminiscence therapy is a type of Legacy intervention that allows patients to share personal experiences by telling stories about past experiences. In a group setting, therapy offers interpersonal contact, feedback and the formation of new friendships and benefits of reminiscing include empowerment, increased awareness and responsibility, and enhanced self-esteem (O'leary & Nieuwstraten, 2001). The middle phase of the intervention encouraged patients to explore past experiences and unfinished business in a

group setting. Group members were asked for support, feedback, and suggestions for present learning techniques relevant to situations discussed.

Narrative Theory

Narrative theory is derived from a postmodern, social constructionist perspective that challenges the basic assumptions of most of the traditional approaches by assuming that there is no single truth and that reality is socially constructed through human interaction (Corey, 2009). The cofounders of Narrative Theory are Michael White and David Epston both social constructionists (Corey, 2008). Social constructionism is a therapeutic perspective within a postmodern worldview that stresses the client's reality without disputing its accuracy or rationality, and assumes realities are socially constructed (Corey, 2009). Reality is based on the use of language and is largely a function of the situations in which people live (Corey, 2009). For example, a problem exists only after it is agreed upon to be addressed (Corey, 2009).

Legacy embraces the idea that reality is socially constructed and therefore able to be changed for future growth and learning. Taking past experiences and choosing different social reactions in the future creates change in behavior. Participants shared personal definitions of legacy and then share life stories revealing influencing social constructions.

Goldenberg and Goldenberg (2004) state, "Our sense of reality is organized and maintained through the stories, by which we circulate knowledge about ourselves and the world we inhabit" and "the stories we enact are not about our lives, but rather *are* our lives" [emphasis in original] (p. 343). According to White (1990) individuals construct the meaning of life in interpretive stories, which are then treated as "truth" [quote in

original]. In postmodern thinking, language and the use of language in stories create meaning, and each story is true for the person telling it (Corey, 2009). Narratives and language processes (linguistics) are the focus for both understanding individuals and helping them construct desired change (Corey, 2009).

Due to the power of dominant culture narratives, messages are often internalized by individuals, which generally work against the individual's desire to seek opportunities in life (Corey, 2009). For example, an individual may have divorced parents, and thus believe he will never get married (Goldenberg & Goldenberg, 2004). On the other hand, stories shape our experiences and provide the principle framework for structuring those experiences (Goldenberg & Goldenberg, 2004). The reestablishment of personal agency from the oppression of external problems and the dominant stories of larger systems is a goal of narrative therapy (Corey, 2009).

Significant stigma exists for those diagnosed with mental illness as well as for those with chemical dependency issues. The world provides a stereotypical view of these individuals that traps them in a role that is easier played than changed. Through the narrative therapy part of Legacy intervention, individuals were able to redefine experiences through self-narrative. Group members provided a safe environment and attentive audience in the group setting fostering the process.

Narrative therapy used in a Legacy intervention emphasizes storytelling, followed by a series of purposeful questioning techniques, reflections, and probing aimed at introducing new ideas and elucidating parts of the client's story not previously emphasized (White, 2007, p. 28). The focus is to listen respectfully to the client's story while searching for themes in the client's life when she/he was resourceful (Corey, 2009).

Stories actually shape the reality that grows out of conversations in a social and cultural context (Corey, 2009). In the narrative therapy process, clients do not assume the role of pathologized victims; rather, they emerge as courageous victors who have vivid stories to recount (Corey, 2009).

In the current study, participants were asked to practice respectful listening skills and identify themes both shared and individual. Group members were asked to offer comments to the storyteller that allow for discussion and opportunities for empathy and supportive feedback. Group members were challenged to ask thought provoking questions for individuals sharing stories in an effort to deconstruct stereotypes and find the strengths and triumphs of the individual.

Techniques used in narrative practice include:

- deconstructive listening (listening for other meanings);
- deconstructive questioning (help clients see how stories are constructed);
- questioning assumptions and beliefs (to bring forth problematic beliefs;
- practices, feelings, and attitudes);
- building on coping abilities and strengths;
- understanding internalized conversations (to help clients reframe their experiences into a positive light to find new stories that are more empowering to tell);
- externalizing the problem (to increase the client's personal agency;
- constructing unique outcomes (to determine the times when the problems do not occur); and

- tracking contextual influences (to help clients see how social relationships and other influences facilitate and maintain their problems) (Robbins et al., 2006; Semmler & Williams, 2000).

In family therapy, the narrative approach has proven effective in assessing multigenerational issues (Goldenberg & Goldenberg, 2004). When used to highlight legacy, narratives also help clients address important aspects of their self-identity as it relates to race, ethnicity, gender, and other human diverse variables, allowing for a multicultural approach (Kerl, 2002). In many Legacy interventions, families may not be directly involved in the therapeutic process but clients in therapy will explore multigenerational issues through family-related discussions.

Utilizing existential, gestalt, and narrative therapies to identify a legacy in a special population is an effective process. By focusing on past experiences (Gestalt), telling and retelling stories with a focus on strengths (Narrative), and translating past experiences into present learning for others (Existential), participants were given an opportunity to gain insight for future problem solving. The goal was to define legacy through the search of meaning by reminiscing, telling, and retelling stories.

Legacy Intervention Defined

Legacies as interventions, the processes of legacy creation and succession, focus on placing the power to define the meaning of life in the hands of the person who has lived it (Savishinsky, 2006). In this study, the Legacy intervention was a process of encouraging participants to make a tangible project (i.e., a scrapbook or audio/video taped interviews) based on individual definition of legacy, of which the individual benefits from the creating process (Allen, 2009). Howie et al. (2004) confirmed how

much participants valued the opportunity to reflect on lifelong interests and creative options. This Legacy intervention offered participants the opportunity to pair reminiscence/life review or narrative therapy (defining legacy) with creative expression opportunities (project creation).

Primary Components and Formats of Legacy Intervention

There are several types of intervention strategies, but many have overlapping concepts. Number of sessions ranged from 3 to 4 weeks (Bohlmeijer et al., 2007; Steinhauser et al., 2008), 6 to 8 weeks (Bohlmeijer et al., 2003; Chiang et al., 2008; Mastel-Smith et al., 2006), or 10 to 12 weeks (Mastel-Smith et al., 2006; Puentes, 2004). A structured schedule with specific topics through which the facilitator attempts to guide the participant followed the chronological life review format has been found to be beneficial for the facilitator and participants (Bohlmeijer et al., 2005; Chiang et al., 2008; Symes et al., 2007). For example, a structured therapeutic group intervention integrating cognitive and life review therapy by Puentes (2004) utilized twelve themes (i.e., young adult life prior to meeting spouse, first meeting with spouse, courtship process, current life situation). Each session format included evocation of memories relevant to the particular period, identification of perceptions and behaviors associated with each of these periods, validation of the rules with group members, and understanding the relationships between perception/behaviors and the impact the perception/behaviors have on current emotional state (Puentes, 2004).

Narrative type therapy has been found to be a helpful therapeutic approach for adults with addictions and mental health issues, and was reported to have a beneficial effect on addiction or substance misuse by participants including increased personal

wisdom and understanding of themselves as well as an abundance of stories helpfully used as a therapeutic technique (Gardner & Poole, 2009). Controversially, Boden and Moos (2009) found that substance abuse treatments were effective in reducing substance abuse problems, but less successful in addressing psychiatric problems. It is recommended that both diagnoses be addressed in any treatment program for increased effectiveness (Smith, 2007). Creating a legacy as part of a substance abuse treatment program has potential to address both chemical dependency and psychiatric issues through exploring the unique experiences of the persons with both diagnoses. Neither exploratory nor intervention studies related to legacy have been conducted with persons suffering from co-occurring mental health and substance abuse disorders.

Legacy Results

Studies showed that Legacy interventions produce positive physical and mental health outcomes, are simple to implement and cost-effective. One study showed decreased breathing difficulty in patients with chronic, life-limiting illnesses and increased social interaction and communication between family caregiver and patient (Allen et al., 2008). Allen (2009) reported legacy creation resulted in increased positive emotional experiences in both patients and caregivers. Chiang and colleagues (2008) reported improvement in the self-affirmation, confidence, and self-esteem as well as promotion of short-term life satisfaction, meaning and purpose in life within the Chinese military veteran population. One intervention showed specifically, improvements in quality of life, depression, anxiety, functional status, pain and reported symptoms (Steinhauser et al., 2008).

Not only highly trained professionals, but paraprofessionals and family caregivers were found to effectively conduct Legacy interventions (Mastel-Smith et al., 2006; Symes et al., 2007). Butler (1963) believed that life review activities reveal a valuable sense of personal meaning and purpose in the life cycle and that there are rewards to those who listen. Home care workers reported personally enjoying the intervention and observed improved mood of participants (Symes et al., 2007). Utilizing home care workers is feasible and cost-effective, and individuals readily accepted the intervention from home care workers due to previously established rapport (Symes et al., 2007). A variety of treatment settings could benefit from the simple implementation and time efficiency of Legacy interventions (Allen et al., 2008).

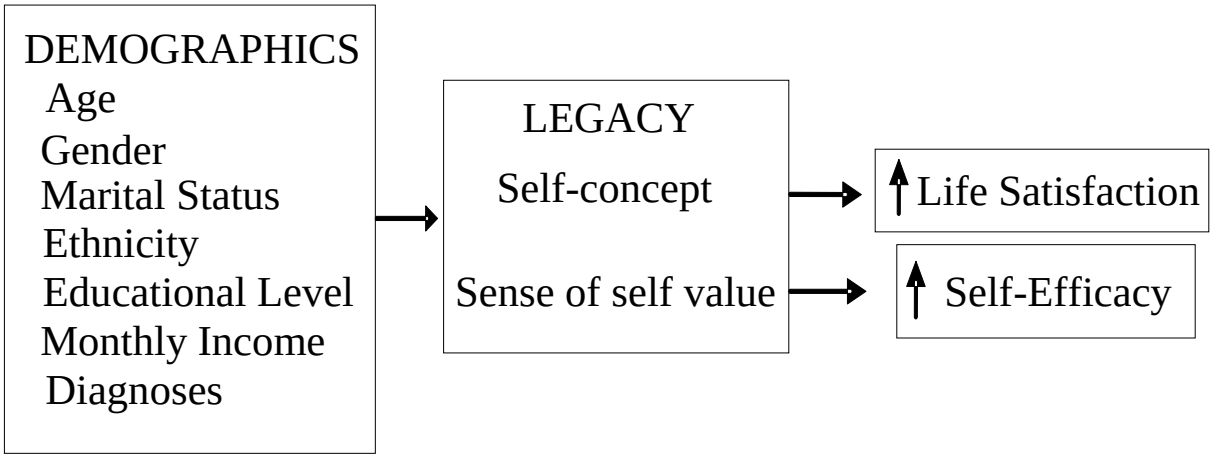
Testing the effect of Legacy interventions is needed to support its use in social work and healthcare with a focus on physical and mental health benefits. Hunter (2008) suggests that clinicians be aware of how legacy creation effects treatment decision making, reactions to life-threatening illness, influences on quality of life and interpersonal relationships. People create legacies in such contexts as work, volunteering, military experience, or community life; but legacies are left to the next generation of students, teachers, relatives, or readers (Savishinsky, 2006). Additional research is needed in order to better understand the benefits and best practices of Legacy interventions in multiple populations.

Variables in Building a Legacy Research Framework

Adults suffering from a mental illness or chemical dependency are at higher risk for low life satisfaction and self-efficacy (Fergusson & Boden, 2008; Schmutte et al., 2009). Therefore, a combination of adults suffering from both mental health (Gilmer et

al., 2010) and chemical dependency diagnosis (Neiss, 1993; Schmutte et al., 2009) are at an even higher risk. This study will examine life satisfaction and self-efficacy within the adult population suffering from co-occurring disorders.

Figure 1 Conceptual Framework



Life Satisfaction

Higher life satisfaction is associated with healthy aging even in the face of serious physical health events (Wurm, Tomasik, & Tesch-Romer, 2008). Specifically, Davis (2004) found individuals with severe physical illness to have a significantly higher degree of life satisfaction when exposed to life review therapy. Adversely, proximity of death is associated with a decline in life satisfaction (Mroczek & Spiro, 2005) as well as high levels of drug use (Fergusson & Boden, 2008). Additionally, lower life satisfaction was found when examining quality of life among adults with serious mental illness (Gilmer et al., 2010). Therefore, it is likely that persons with co-occurring disorders will be at an even higher risk of low life satisfaction.

Life satisfaction is a subjective well-being measure based on the individual's feelings about the life lived (Pavot & Diener, 2008). In a longitudinal study, Haight

(1992) found significant increases in life satisfaction and psychological well-being after 8 weeks of life review techniques. After one year follow-up measure there was no significant increase in life satisfaction. It is expected that there will be an initial increase in life satisfaction and follow-up measures will indicate further changes over time.

Self-Efficacy

Perceived self-efficacy is an optimistic self-belief that one can perform a difficult task or cope with adversity (Bandura & Schwarzer, 1992). Adults with high self-efficacy have lower health risk and better physical and mental health (Grembowski et al., 2010). One way to make sense of ourselves and our experiences is through narratives (Butler, 1963). Stories and narratives have been assessed as a potential treatment strategy to increase self-efficacy and actions not only for those who hear the stories, but for those that tell them. One study of families who engaged in narrative story telling with their children found that girls reported higher self-esteem and boys exhibited higher external locus of control (Bohanek, Marin, Fivush, & Duke, 2006). Additionally, Bauer and Bonanno (2001) found that the presence of self-efficacy in personal narratives predicted successful adaptation to a crisis situation.

Adults with severe mental illness frequently report low self-efficacy concerning the improvement of their health, and self-management interventions that enhance self-efficacy have been linked to improved outcomes (Schmutte et al., 2009). For persons suffering from chemical dependency, increased drug use over time, decreases the belief in the ability (self-efficacy) to feel better without the drug and to fight the addiction (Neiss, 1993). The development of treatment modalities that increase self-efficacy and a sense of empowerment are important goals of recovery-based intervention research

(Washington & Moxley, 2003). This study utilized intervention techniques including narratives with the dually diagnosed adult population to examine the effects on self-efficacy.

Chapter 3

Research Framework and Design

Research Design

The primary hypothesis of this study was that a Legacy intervention plus PHP (partial hospital program) will result in higher levels of life satisfaction and self-efficacy for adult clients with co-occurring disorders (one being chemical abuse or dependence) when compared to treatment as usual (PHP only). It was also hypothesized that individuals receiving a Legacy intervention plus PHP will have increased life satisfaction and self-efficacy from pretest to posttest. In addition, the process of defining legacy in adults with co-occurring disorders in a treatment setting was explored and increases in sense of legacy were expected.

Qualitative data were recorded each week by Investigating Assistant and Principle Investigator by through observational note taking and by patient feedback on the SAIS. Data were analyzed using content analysis to analyze the process of defining legacy and to explore possible reasons that might explain the effectiveness of Legacy intervention in terms of promoting life satisfaction and self-efficacy among adults with co-occurring disorders attending a partial hospital program. Seventy patients with co-occurring disorders were randomly assigned to a group to receive the ordinary partial hospital program (PHP) intervention or a group to receive a combined PHP and Legacy intervention. Both interventions included 10 sessions over 5 weeks and were delivered to three cohorts (10-15 patients each). Outcome measures included life satisfaction and self-efficacy.

Second, in order to expand the knowledge of an area about which little is known, exploratory interviewing was used (Schensul, Schensul, & LeCompte, 1999) during the Legacy intervention process. Due to the limited research available on legacy with adults

in the dually diagnosed population and the potential promise of a Legacy intervention, it is important to identify the definition and development of legacy for adults with co-occurring disorders. In the study, the independent variable is intervention status (Legacy plus PHP vs. PHP only) and the dependent variables are life satisfaction and self-efficacy. Sociodemographic variables were also used to control for individual differences and other interactive effects.

Instruments

Self-Anchored Individualized Scale

Each individual reported a sense of legacy on a scale of 0-10 (0=low; 10=high) at the end of each week, after 2 sessions. This was used to measure changes over time with regard to each individual's own sense of legacy. Individual sense of legacy was expected to increase with each session. The goal of this scale was to determine if each exposure to legacy intervention increased an individual's personal sense of legacy. In addition, a section for comments was provided for additional feedback regarding events that may affect scores on all scale. The SAIS was given each week with life satisfaction and self-efficacy instruments.

A demographic form (Appendix G) was used to collect background information about each participant including race, gender, education level, etc. One Self-Anchored Individualized Scale (SAIS) (Appendix J) was used to examine changes in sense of legacy as well as report qualitative comments regarding participants' feelings and events that may affect outcomes. Two standardized scales were used to examine change in outcome variables (life satisfaction and self-efficacy) using the Satisfaction with Life Scale (Appendix H) and General Self-Efficacy Scale (Appendix I).

Satisfaction with Life Scale (SWLS)

Life satisfaction has been conceptualized as a "cognitive evaluation of one's life" (Dierner, 1984, p. 550). Life satisfaction was measured by the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985), which consists of five items followed by a 7-point Likert-type self-report scale intended to give an overall judgment of an individual's general life satisfaction. Reliability was reported with Cronbach's alphas of 0.79 to 0.89 (Pavot & Dierner, 2008). SWLS scores have been shown to correlate with measures of mental health with results ranging from .47 to .82, thus having construct validity (Test, Greenberg, Long, & Burke, 2005). Answers range from 1= "strongly disagree" to 7= "strongly agree." All items summed for a total score for comparison. The questionnaire takes about 5 minutes to administer.

General Self-Efficacy Scale (GSE)

Self-efficacy was measured using the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), a 4-point Likert-type self-report scale with 10 items intended to assess a general sense of perceived self-efficacy. In samples from 23 nations, internal consistency reliability was reported with Cronbach's alphas ranging from .76 to .90; with most in the high .80s. Construct validity was found between three GSE measurements, and correlations of r=.30 (Scherbaum, Cohen-Charash, & Kern, 2006). Answers range from 1= "not at all true" to 4= "exactly true." Scores are summed for a total score of self-efficacy for comparison. The questionnaire took about 5 minutes to administer.

Protection of Human Subjects

The Committee for the Protection of Human Subjects at the University of Houston approved the research process and its measures on the intended subjects prior to

data collection. All HIPPA regulations were followed and monitored by PHP staff and the research team (PI, Investigation Assistant, and Faculty Advisor).

Subject Selection and Intent to Treat

The target population was 100 adults aged 18 and older (70 participated) who have been suffering from co-occurring disorders (i.e., Major Depressive Disorder, Schizophrenia, Bipolar Disorder) and substance abuse disorders (alcohol and/or drug abuse or dependency). Participants were currently enrolled in a voluntary, 20-hour per week Partial Hospital Program (PHP) for chemical dependency and mental health treatment between February 2012 and May 2012. Using G*Power software determined with power of .95, 100 patients would satisfy with effect size of .5, one-tailed t-test, and alpha level =.05.

The Partial Hospital Program (PHP) is an intensive day program specifically for adults with co-occurring disorders, conducted five days a week at a Community Mental Health Center (CMHC), and staffed by licensed psychiatrists, nurses, social workers, and professional counselors. Patients are provided with psychiatric assessments and testing, group and individual psychotherapy, caregiver support and education, medication management and education, and other supportive services. The PHP serves over 178 admissions per year with more than 112 unique patients.

There were 120 patients enrolled in the PHP at the time of intervention. Seventy patients participated and were randomly assigned into six cohort groups-- three groups of 15 patients each receiving PHP programming (PHP Group) and three groups of 15 patients each receiving PHP plus the Legacy intervention (Appendix C). The 5 week Legacy intervention was given three different times (one PHP Group and one Legacy

plus PHP). The PHP Groups attended five scheduled sessions five days a week of the original protocol. The Legacy Groups attended five days of the original experimental protocol with an additional (6^{th}) day each week containing legacy-related topics and objectives. On the first day of Legacy intervention, participants focused on legacy definition and chose a legacy project. At the conclusion of this project, results were made available to all participants upon request as stated in the consent form.

Consent from Participants

All participants underwent psychosocial and chemical dependency assessment prior to admittance to the PHP program. Based on assessment, professional staff was provided a list of recommended patients for participation based on cognitive and participation ability. Ten participants were determined to be inappropriate for participation and were excluded. After informed consent was requested, eight of the initial volunteer participants opted not to continue. Each potential participant was informed of their rights as a research participant and written informed consent (Appendix D) was obtained, and the participants were randomly assigned into experimental and control groups. They were assigned a participant number, which was used on all survey forms to identify the participant's survey data and protect confidentiality. Only the Principal Investigator (PI) and faculty advisor have access to the coded list.

Data Collection and Intervention Protocol

All patients who gave consent participated in one of the assigned groups and filled out the demographic and survey forms (life satisfaction and self-efficacy scales) in the first session. Ample time was given for all participants to complete survey forms and

all questions were answered before moving on to the first topic. Each set of survey forms was reviewed for completion prior to collection.

The research team composed of 1) the PI, a Licensed Master of Social Work with experience in group therapy with adults with co-occurring disorders, who facilitated all groups to ensure continuity for participants and results; and 2) one assistant that administered all instruments to patients to limit social desirability bias. The PI entered and analyzed all data, both from the instruments and the qualitative process.

Intervention Protocols

For intervention groups, one day per week for 5 weeks, two 45-minute sessions with a 15-minute break were conducted; one process and one activity session. The sixth day of the week focused its process on evocation of memories and the activity incorporated individual themes into legacy project. This one-day-per-week legacy insertion was based on the literature reflective of how most Legacy interventions were conducted with other client populations (Bohlmeijer et al., 2003; Bohlmeijer et al., 2007; Chiang et al., 2008; Mastel-Smith et al., 2006; Puentes, 2004; Steinhauser et al., 2008). The proposed timeframe (10 sessions over 5 weeks) was average with literature reporting that the number of sessions for Legacy interventions ranged from 6 to 8 weeks (Bohlmeijer et al., 2003; Chiang et al., 2008; Mastel-Smith et al., 2006) or 10 to 12 weeks with one session per week (Mastel-Smith et al., 2006; Puentes, 2004).

The protocol schedules (Appendix E and F) illustrate how the groups were structured. The control group structure included topics such as anger management, coping skills, chemical dependency, stress management, medication management, life skills, relationship building, communications, mental illness, and hygiene and self care.

The Legacy Intervention group structure has been effectively utilized for both the facilitator and participants (Chiang et al., 2008; Bohlmeijer et al., 2005; Symes et al., 2007), and this structure includes specific topic utilized by the facilitator in an attempt to guide the participants. In session 1 (day one-process), individuals were asked to define legacy in their own words. In session 2 (day one-activity), types of legacy (i.e., genetic, material, values) were introduced and project ideas were chosen based on individual talents (writing, drawing, etc.). Hunter (2008) and Savishinsky (2000) found an interview style was effective when asking participants to define legacy. Therefore a structured interview focus group was utilized in sessions 1 and 2. At the end of each week (two consecutive sessions) participants utilized the Individual Scale (SAIS) (Appendix J) to report individual sense of legacy.

Based on Steinhauser (2008), the LIG participants had three 45-minute sessions that focused on structured topics as follows: 1) life review, accomplishments, proudest moments, and cherished times; 2) forgiveness, things wished done differently, things left unsaid or undone; and 3) lessons learned, heritage and legacy. The following three days (sessions 3-8) focused on Steinhauser's topics. Sessions 3, 5, and 7 (process) focused on the topics: (3) Life Review (accomplishments, proudest moments); (5) Forgiveness (things wished done differently, things left unsaid); and (7) Lessons Learned (heritage, legacy). In sessions 4, 6, and 8 (activity) topics previously reviewed were integrated into the projects. At the end of day three (session 6), participants were given the first post-test (life satisfaction and self-efficacy) survey forms to collect a mid-intervention measure.

The fifth and final day included two 45-minute sessions; one activity session in which participants presented their work to the group, and one process session for

debriefing, offering feedback, and termination. An integral part of the intervention was sharing the legacy project with others (Allen, 2008; Hunter, 2008; Savishinsky, 2006; Steinhauser, 2008). Session 9 allowed participants to present their projects to the group as an accomplishment of completing the project as well as sharing the legacy each individual wishes to leave behind. Participants were asked to complete the final post-test (life satisfaction and self-efficacy) survey forms. Session 10 was utilized for reflection, feedback, debriefing, and termination. Participants were allowed to reflect on what they liked and disliked about the intervention as well as offer suggestions for improvement. Termination in group psychotherapy is an essential phase of the therapeutic relationship (Joyce, Piper, Ogrodniczuk, & Klein, 2006). Follow-up measures were held at one month and three months after intervention.

Chapter 4

Analysis of Results

The experimental group provided both qualitative and quantitative data weekly (5 times over 5 weeks) and the control group provided quantitative data every 2 weeks (3 times over 5 weeks: pretest, midpoint and posttest). The purpose of the qualitative data was to define legacy and explain intervening variables. Quantitative data were collected to determine the effect of the Legacy intervention on adults with co-occurring disorders attending partial hospital program (PHP). Results are organized by 1) qualitative data including legacy definition and weekly events reportedly affecting participant answers, and 2) quantitative data including scale scores on life satisfaction and self-efficacy.

Data Analysis Plan

Data were cleaned and transformed, analysis is presented by specific aims, and statistics used are discussed, including rational and assumptions. Qualitative data analysis was conducted with line by line coding using the SAIS in order to define legacy specifically for dually diagnosed patients attending PHP in Houston, Texas. Additionally, experimental group sense of legacy levels were compared using repeated measure one-way ANOVA across 5 weeks. Quantitative data analyses were conducted with the following steps:

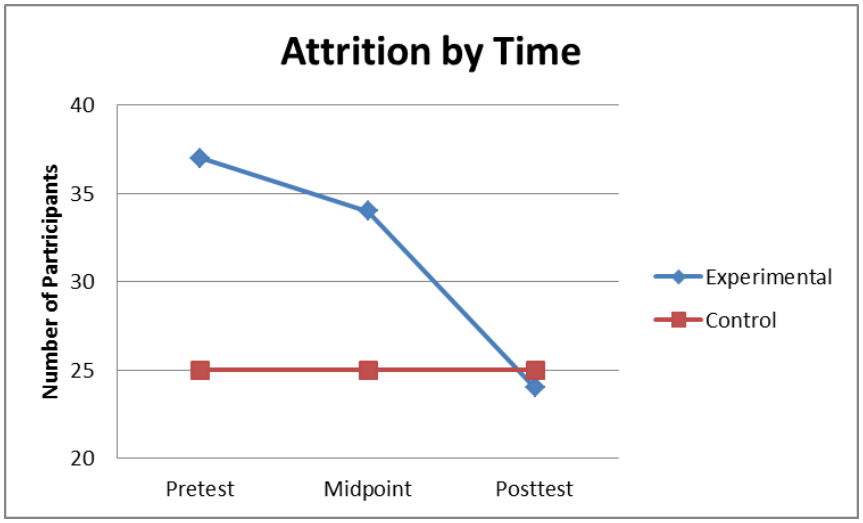
1. One-way analysis of variance (ANOVA) and chi-square were used to determine differences between experimental and control groups on demographics and pretest scores
2. Experimental group was compared within subjects with paired t-test to report intervention effectiveness
3. Experimental group was compared with repeated measure ANOVA on life satisfaction and self-efficacy

4. Both groups were compared using independent t-tests to report between group differences on two measures (life satisfaction and self-efficacy) by time

Attrition

Data were cleaned by running frequencies in SPSS. Original surveys were used to correct missing data due to data entry errors. There was no missing data for control group surveys. Missing items were assigned the group mean score for participants that attended the session (Heppner & Heppner, 2004). In order to reduce potential bias from using mean scores from participants completing experiment, data lost to participant dropout was handled using intention-to-treat principle (Begg et al., 1996). In these cases the most recent observation data were used indicating no change. Reasons for dropout were reported on the Self-Anchored Individualized Scale.

Figure 2 Attrition by Time Point and Treatment Condition



Attrition rates were attributed to dropout, discharge from program, and missing a session due to physical health issues including hospitalization or going on a program approved leave of absence. Five intervention participants were excluded from analysis

due to dropout (3) or discharge (2). Twenty-one participants missed at least one session due to being absent without explanation (15), discharged from program (3), physically ill (2), or on a family visit pass (1). Session 5 was the most often missed (13), followed by sessions 3 and 4 (3 each) and session 2 (2). Session 5 was termination and presentations of legacy project. Session 3 focused on forgiveness, and session 4 focused on lessons learned. Session 2 reviewed proudest moments. At the beginning of each session, previous group discussions were reviewed for participants previously absent.

Table 1

Attrition for Experimental vs. Control Participants Per Week

Totals (N=62)	Experimental				Control			
	Present	(%)	Absent	(%)	Present	(%)	Absent	(%)
Initial Week Initial	37	(100)	0	(0)	25	(100)	0	(0)
Week 2	35	(94.5)	2	(5.4)	NA	NA	NA	NA
Week 3 Midpoint	34	(91.8)	3	(8.1)	25	(100)	0	(0)
Week 4	34	(91.8)	3	(8.1)	NA	NA	NA	NA
Week 5 Final	24	(64.8)	13	(35.1)	25	(100)	0	(0)
1Month Follow-up	13	(35.1)	24	(64.9)	0	(0)	0	(0)

Note. (8) Initial control group dropout prior to consent

Sample Characteristics

The experimental group (37 participants) was compared to the control group (25 participants) on demographic characteristics including age, income, gender, marital status, ethnicity, education, diagnosis, and choice of drug. Comparisons were tested with one-way ANOVA and chi-square for demographics. Results showed random assignment of participants created two groups with similar characteristics.

Table 2
One-way ANOVA for Demographic Group Comparison

		df	Mean Square	F	p
Age	Between Groups	1	29.242	0.362	0.550
	Within Groups	60	80.767		
	Total	61			
Monthly Income	Between Groups	1	219303.605	1.463	0.231
	Within Groups	60	149946.611		
	Total	61			

One way ANOVA showed groups were statistically non-significant on age ($F(1,60) = 0.362$, $p = .550$) and income ($F(1,60) = 1.463$, $p = .231$). Chi-square analysis showed groups to be statistically non-significant with low effect sizes on gender (X^2= 1.206, df=1, p=.272; phi= .139), marital status (X^2= 6.424, df=1, p=.170; phi= .322), ethnicity (X^2= 9.378, df=1, p=.095; phi= .389), education (X^2= 9.030, df=1, p=.251; phi= .385), diagnosis (X^2= 6.799, df=1, p=.147; phi= .345) or choice of drug (X^2= 1.685, df=1, p=.640; phi= .290). Therefore, it is suggested that results of statistical tests are not due to demographic characteristics.

Table 3
Chi-Square for Demographic Group Comparison

Variable	Pearson's Chi Square	p-value	Phi/Cramer's V
Gender	1.206	0.272	0.139
Marital Status	6.424	0.170	0.322
Ethnicity	9.378	0.095	0.389
Education	9.030	0.251	0.385
Diagnosis	6.799	0.147	0.345
Choice of Drug	1.685	0.640	0.290

Participants for both groups were mostly male (54.1 % experimental, 69.2 control), 40-59 years old (64.8% experimental, 65.4% control), and white, non-Hispanic (54.1% experimental, 50% control), followed by Native American (18.9%) for experimental and black, non-Hispanic (40%) for control groups. Participants reported having earned a HS diploma (19.8% experimental and 21.6% control) to vocational education (34.6% experimental and 19.2% control), and $600-$999 (48.6% experimental and 65.4% control) or $1,000-$1,999 (40.5% experimental and 19% control) per month.

Table 4a

Demographics of Treatment vs. Control Group

Variable	Treatment	%	Control	%
Totals (N=62)	N=37	64.40%	N=25	35.60%
Gender				
Male	20	54.1	17	69.2
Female	17	45.9	8	30.8
Age (Years)				
30-39	9	24.3	6	23.1
40-49	13	35.1	5	23.1
50-59	11	29.7	11	42.3
60-69	4	10.8	3	11.5
Marital Status				
Single	12	32.4	15	61.5
Married	1	2.7	1	3.8
Divorced	20	54.1	9	34.6
Widowed	3	8.1	0	0
Separated	1	2.7	0	0
Ethnicity				
White Non-Hispanic	20	54.1	12	50
White Hispanic	3	8.1	1	3.8
Black Non-Hispanic	4	10.8	10	40
Black Hispanic	1	2.7	0	0
Native American	7	18.9	2	8
Other	2	5.4	0	0

Note. (8) Control group participants dropped out prior to giving consent

Group participants were most commonly diagnosed with bipolar disorder (64.9% experimental and 57.7% control), and reported poly-substance abuse (16.2% experimental and 11.5% control). Participants differed on marital status with most experimental participants reporting as divorced (54%) versus single (32.4%), and control participants reporting single (61.5%) vs. divorced (34.6%), but differences were not statistically significant.

Table 4b
Demographics of Treatment vs. Control Group (contd.)

Variable	Treatment	(%)	Control	(%)
Totals (N=62)	N=37	64.40	N=25	35.60
Education				
Middle School (6-8)	1	2.7	0	0
High School (9-12)	6	16.2	6	23.1
GED	2	5.4	2	7.7
High School Diploma	8	19.8	9	34.6
Vocational	8	21.6	5	19.2
Associate	7	18.9	2	7.7
Bachelor	5	13.5	0	0
Master	0	0	1	3.8
Monthly Income				
300-599	3	8.1	2	7.7
600-799	13	35.1	8	30.8
800-999	5	13.5	9	34.6
1,000-1,999	15	40.5	5	19.2
2,000+	1	2.7	1	3.8
Diagnosis				
Schizophrenia	0	0	3	11.5
Schizoaffective	3	8.1	0	0
Bipolar	24	64.9	15	57.7
Post-Traumatic Stress Disorder	2	5.4	1	3.8
Depression	6	16.2	3	11.5
Missing	2	5.4	3	15.4
Choice of Abused Substance				
Alcohol	3	8.1	3	11.5
Cocaine	2	5.4	1	3.8
Prescription Drugs	2	5.4	0	0
Poly-substance	6	16.2	3	11.5

	Missing	24	64.9	18	73.1

Note. (8) Control group participants dropped out prior to consent

Data Analysis by Specific Aims

Participants were asked to provide both quantitative and qualitative data for analysis. First, participants collaborated on a definition of legacy. Secondly, participants integrated group discussions into their personal legacy creative project with specific experiences each week. Finally, each participant was given the opportunity to present individual legacies the last week of the intervention.

First of all, pretest scores for the experimental and control groups to assess whether the groups were comparable on dependent measures prior to the intervention. The average life satisfaction scores at pretest were M=14.16, SD=5.819 for experimental and M=16.20, SD=6.377 for control group. One-way ANOVA showed groups were statistically non-significantly different on life satisfaction scores at pretest (M=28.32, SD=3.852), ($F(1,60) = 1.694$, $p = .198$) for experimental group and (M=29.56, SD=5.952), ($F(1,60) = 0.987$, $p = .324$) for control group. This test indicates groups were similar and mean scores were compared.

Table 5
One-way ANOVA Comparison of Pretest Scores by Dependent Variable and Treatment Condition

Variable		df	Mean Square	F	p
Life Satisfaction Pretest	Between Groups	1	61.957	1.694	0.198
	Within Groups	60	36.584		
	Total	61			
Self-Efficacy Pretest	Between Groups	1	22.78	0.987	0.324
	Within Groups	60	23.071		
	Total	61			

S.A.1. To determine Legacy definition among adults with co-occurring disorders

Qualitative data were collected to provide legacy definition by participants. A combination of group process notes and SAIS components were used to report the definition of legacy as well as the sense of legacy for participants. Group process notes taken by the PI and Assistant during each group were coded line by line. The SAIS provided additional qualitative data including a sense of legacy score ranging from 1-10 to determine if the experimental group gained a greater sense of legacy based on topics presented week to week. Additional information was collected including confounding factors (i.e., weekly events, thoughts/feelings).

After each process session, qualitative data with the Legacy Groups were coded for analysis of common themes. In activity sessions, each participant incorporated legacy ideas into the creative project she/he chose to depict her/his personal legacy, including scrapbooks (10), short stories/journal entries (10), picture books (7), collections of poetry (6), drawings (3), or poster board collages (1). Less than half of participants (13) presented a project to peers in the last group on the 5th week.

Session 1 focused on the definition of legacy and session 2 gave individuals the opportunity to choose a type of creative project to share her/his personal legacy with others. Participants were asked to define legacy in their own words. Most participants (n=32) agreed legacy means "what you leave behind to be remembered by" (n=15) or "what people/family say about you when you are dead" (n=17).

Session 3 focused on Life Review including accomplishments and proudest moments. The common ideas shared were "service to my country" which included Air Force and Army, "finishing college" (n=7) and "getting married" (n=3). However, the

most common accomplishment/proudest moment was described as the birth of children (n=26), whether as the child bearer, observer, or father of the child. The group agreed that the birth of a human being was "purely spiritual" and a "miracle like no other." The group explored what it was about birth that was so amazing and responses included "it is like all the good parts of me in there," "when I look back, it is the best and only good thing I did in this life," or "everyone is innocent when we are born, then we all go screw it up." The fourth session was used to find ways to incorporate children into each project with photos, clippings, or stories.

In session 5, participants focused on forgiveness; each participant agreed forgiveness was a part of recovery from mental illness and addiction. Most agreed that forgiveness was needed for behaviors exhibited while using drugs/alcohol or others for most commonly abuse of her/him or a family member. Most participants processed experiences of physical, emotional or sexual abuse either as the abused or the abuser. Only a few participants shared stories of how she/was able to forgive. Session 6 was used to incorporate forgiveness into each project including letters to abusers, drawings of abusers or what abuse looks like.

Session 7 focused on lessons learned in life, addiction, recovery, treatment, etc. Participants reported moral lessons learned from grandparents including "my grandma told me to take care of people and love them, but at the same time don't trust 'em too much" (50-year-old single, black/African American, non-Hispanic female) ways to stay healthy (i.e., "take medications, seek help with peers and my higher power," or "tell my kids what to look for so they don't get hooked." Session 8 was used to incorporate lessons learned into projects. Participants wrote stories of how loved ones shared

knowledge, and cut out pictures of what she/he felt addiction, recovery, and relapse look like.

Finally, session 9 was utilized to present legacy projects to peers and seven participants declined the opportunity. Presentations included reading of poems, short stories, describing collages, picture or scrap books, and defining legacy for each individual. Common definitions included "passing on the skills to stay away from codependence and drug use-that's what I want my kids to know," "I hope that when I die people say that I worked hard to take care of my family," and "I want people to see my kids and know I did something great." Session 10 was utilized for discussing termination of the special group meeting and projects as well as feedback for experimental improvements/changes. Verbal feedback about the intervention and projects included "I loved getting to create something to show my family," "I wish we had more time to work on our legacy," and "I am gonna continue to work on my legacy and add more stuff as I go." Several participants suggested this project should be a program requirement for all patients; "it was really helpful" (20).

Sense of Legacy (Self-Anchored Individualized Scale-SAIS)

In addition to group note data collected by PI and Assistant, the SAIS was used as a tool to collect additional qualitative data from participants. Data were used to help explain in more detail confounding factors (i.e., events, feelings). One question asked specifically about rating participants' sense of legacy on a scale (1-10).

Table 6
Experimental Group Pairwise Comparison for Sense of Legacy

I) life satisfaction	(J) life satisfaction	Mean Difference (I-J)	Std. Error	*p*
Pretest	Follow-up	-6.846*	2.258	.01

Based on estimated marginal means
* The mean difference is significant at the .05 level.
b Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

A repeated measure ANOVA with a Greenhouse-Geisser correction determined that the mean sense of legacy score differed statistically significantly between time points ($F(2.779, 97.272) = 12.083$, $p = .000$). Mauchly's test of Sphericity indicated that the assumption of sphericity has been violated, $x^2(9)=23.637$, $p=.005$. This test showed that there was an increase in the sense of legacy between time points, but the variances between weeks were not equal.

Table 7
Experimental Group Pairwise Comparisons by Time for Sense of Legacy
Measure: Self Anchored Individualized Scale

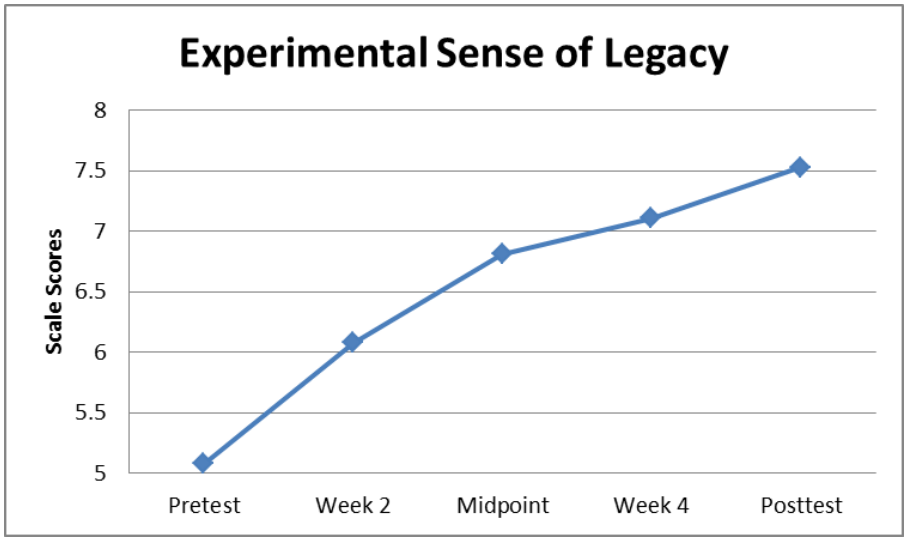
(I) legacy	(J) legacy	Mean Difference (I-J)	*P*
Pretest1	Week 2	-1.000*	.032
	Midpoint 3	-1.722*	.003
	Week 4	-2.028*	.000
	Posttest 5	-2.444*	.000
Week 2	Pretest 1	1.000*	.032
	Midpoint 3	-0.722	.053
	Week 4	-1.028*	.003
	Posttest 5	-1.444*	.000
Midpoint 3	Pretest 1	1.722*	.003
	Week 2	0.722	.053
	Week 4	-0.306	.362

	Posttest 5	-.722*	.024
Week 4	Pretest 1	2.028*	.000
	Week 2	1.028*	.003
	Midpoint 3	0.306	.362
	Posttest 5	-0.417	.161
Posttest 5	Pretest 1	2.444*	.000
	Week 2	1.444*	.000
	Midpoint 3	0.722*	.024
	Week 4	0.417	.161

Based on estimated marginal means
* The mean difference is significant at the .05 level.
b Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

Post hoc tests using the Bonferroni correction revealed that the Legacy intervention elicited increases from pretest to week 2 (5.08±2.902 vs. 6.08±2.103) which was statistically significant (p=.032); pretest to midpoint (5.08±2.902 vs. 6.81±2.34) which was statistically significant (p=.003); pretest to week 4 (5.08±2.902 vs. 7.11±2.188) which was statistically significant (p<.001); and pretest to posttest (5.08±2.902 vs. 7.53±1.993) which was statistically significant (p<.001). It is therefore concluded that a 10 session, 5 week intervention elicits statistically significant increases in sense of legacy from pretest to posttest, as well as week to week. The increases in sense of legacy scale for experimental group shows that topics from Legacy intervention were on target for fostering participants to increase their sense of legacy each week.

Figure 3 Experimental Group Sense of Legacy Scores (SAIS) by Time



In summary, legacy for adults with co-occurring disorders attending a partial hospital program located in Houston, Texas consists of things to be remembered by including the ever-changing stories of their lives. Most important areas include pride of family, specifically children, lessons learned through experiences of overcoming abuse, addiction, recovery and mental illness. A tangible project that "I created all by myself" and is easily shared with friends/family/peers is invaluable for those that have lost everything.

S.A.2. To examine intervention effectiveness for experimental group

After the completion of the five week intervention, survey forms (Satisfaction with Life Scale and General Self-Efficacy) were scored. Scores were calculated and entered into SPSS for analysis. Experimental group scores were compared within and between subjects for changes on life satisfaction and self-efficacy using paired t-tests and repeated measure ANOVA statistics.

Paired t-test

A paired-samples t-test was conducted to compare increasing scores between subjects on life satisfaction from pretest to posttest for the experimental group. There was

a significant difference in life satisfaction scores for the experimental from pretest (M=14.16, SD=5.819) to posttest (M=19.76, SD=6.668); t(36)=4.852, p<0.001. This suggests that the intervention has an effect on life satisfaction. Specifically, after the intervention, participants reported statically significant increases life satisfaction.

For comparison, a paired-samples t-test was conducted to compare increasing scores between subjects on life satisfaction from pretest to posttest for the control group. There was a statistically significant difference in life satisfaction scores for the control group from pretest (M=16.2, SD=6.377) to posttest (M=18.72, SD=4.878), t(24)=2.102, p=0.046. This suggests that the PHP without intervention has a positive effect on life satisfaction. Specifically, after 5 weeks of PHP without intervention, participants reported statistically significant increases in life satisfaction.

Table 8
Paired T-test for Pre-Posttest Scores by Variable and Treatment Condition

	Pre M(SD)	Post M(SD)	t	df	p
Life Satisfaction					
Experimental	14.16(5.819)	19.76(6.668)	4.852*	36	0.000
Control	16.2(6.377)	18.72(4.878)	2.102*	24	0.046
Self-Efficacy					
Experimental	28.32(3.852)	30.14(4.237)	2.423*	36	0.021
Control	29.56(5.952)	30.48(4.204)	0.792	24	0.436

*indicates p level is significant

A paired-samples t-test was conducted to compare increasing scores between subjects on self-efficacy from pretest to posttest for experimental group. There was a significant difference in self-efficacy scores for the experimental group from pretest (M=28.32, SD=3.852) to posttest (M=30.14, SD=4.237); t(36)=2.423, p=0.021. This suggests that the intervention has an effect on self-efficacy. Specifically, after the intervention, participants reported statistically significant increases in self-efficacy.

For comparison, a paired-samples t-test was conducted to compare increasing scores between subjects on self-efficacy from pretest to posttest for the control group. There was not a significant difference in self-efficacy scores for the control group from pretest (M=29.56, SD=5.952) to posttest (M=30.48, SD=4.204), t(24)=0.792, p=0.436. This suggests that the PHP without intervention increase in self-efficacy scores is not significant effect. Specifically, after 5 weeks of PHP without intervention, participants reported increases in self-efficacy; however, not statistically significant.

Repeated measure ANOVA

Pretest scores on life satisfaction for experimental and control group were not statistically significant, indicating both groups began at similar baselines and any changes at midpoint and posttest can be reported due to the application of Legacy intervention. At midpoint average scores increased for both experimental (*M*= 19.5676, *SD*=6.4616) and control groups (*M*= 17.16, *SD*=6.39453). Life satisfaction continued to increase for both experimental (*M*= 19.76, *SD*=6.668) and control (*M*= 18.72, *SD*=4.878) groups at posttest.

Table 9
Descriptive Statistics for Life Satisfaction and Mean Scores by Time and Experimental Condition

		Mean	SD	N
Pretest				
	Experimental	14.16	5.819	37
	Control	16.2	6.377	25
Midpoint				
	Experimental	19.5676	6.4616	37
	Control	17.16	6.39453	25
Posttest				
	Experimental	19.76	6.668	37
	Control	18.72	4.878	25

Similarly, pretest scores on self-efficacy for experimental and control group were not statistically significant, indicating both groups are similar and changes at midpoint

and posttest may be contributed to the application of Legacy intervention. At midpoint average scores increased for both experimental (*M*=29.4054, *SD*=3.73764) and control groups (*M*= 28.64, *SD*=4.59964). Self-efficacy scores continued to increase for both experimental (*M*= 30.16, *SD*=4.237) and control (*M*=30.48, *SD*=4.204) groups at posttest.

Table 10
Descriptive Statistics for Self-Efficacy and Mean Scores by Time and Experimental Condition

		Mean	SD	N
Pretest				
	Experimental	28.32	3.852	37
	Control	29.56	5.952	25
Midpoint				
	Experimental	29.4054	3.73764	37
	Control	28.64	4.59964	25
Posttest				
	Experimental	30.14	4.237	37
	Control	30.48	4.204	25

In order to compare, experimental and control group scores were analyzed within and between subjects on life satisfaction and self-efficacy with a repeated measure ANOVA. These tests indicate scores increased for life satisfaction and self-efficacy for experimental group participants with Legacy intervention (experimental) groups and control group participants over 5 weeks without Legacy intervention. The following analysis explains the significant findings in more detail.

Life Satisfaction

A repeated measure ANOVA determined that the mean life satisfaction score increased statistically significantly between time points ($F(2, 72) = 18.83$, $p < .000$) for the experimental group. Mauchly's test of Sphericity indicated that the assumption of sphericity has been violated, $x^2(2)=5.392$, $p=.067$. Post hoc tests using the Bonferroni correction revealed that the Legacy intervention elicited increases from pretest to midpoint (14.16 ± 5.819 vs. 19.5676±6.4616) which was statistically significant

(p<.001); and pretest to posttest (14.16 ± 5.819 vs. 19.76±6.668) which was also statistically significant (p<.001). It is therefore concluded that a 10 session, 5 week intervention begins to elicit statistically significant increase in life satisfaction from pretest to midpoint (3 weeks), and pretest to posttest.

Table 11
Experimental Group Pairwise Comparison by Time for Life Satisfaction

(I) life satisfaction	(J) life satisfaction	Mean Difference (I-J)	Std. Error	p
Pretest	Midpoint	-5.405*	1.102	.000
	Posttest	-5.595*	1.153	.000
Midpoint	Pretest	5.405*	1.102	.000
	Posttest	-0.189	0.820	.819
Posttest	Pretest	5.595*	1.153	.000
	Midpoint	0.189	0.820	.819

Based on estimated marginal means
* The mean difference is significant at the .05 level.
b Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

Comparatively, a repeated measure ANOVA with a Greenhouse-Geisser correction determined that the mean life satisfaction scores were not statistically significantly between time points (F(1.342, 32.201) = 2.481, p = .161) for the control group. Mauchly's test of Sphericity indicated that the assumption of sphericity has been violated, x^2(2)=15.517, p<.001. Post hoc tests using the Bonferroni correction revealed that the Legacy intervention elicited increases from pretest to midpoint (16.20±6.377 vs. 17.16±6.395) which was not statistically significant (p=.168); and pretest to posttest (16.20±6.377 vs. 18.72±4.878) which was statistically significant (p=.046). This test indicates that life satisfaction scores increased, but were statistically non-significantly

different when attending PHP without Legacy intervention after 3 weeks (midpoint) or 5 weeks (posttest).

Table 12
Control Group Pairwise Comparison by Time for Life Satisfaction

(I) life satisfaction	(J) life satisfaction	Mean Difference (I-J)	P
Pretest	Midpoint	-0.960	.168
	Posttest	-2.520*	.046
Midpoint	Pretest	0.960	.168
	Posttest	-1.560	.283
Posttest	Pretest	2.520*	.046
	Midpoint	1.560	.283

Based on estimated marginal means
* The mean difference is significant at the .05 level.
b Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

Self-Efficacy

A repeated measure ANOVA determined that the mean self-efficacy score differed statistically significantly between time points ($F(2,72) = 3.19$, $p = 0.047$) for the experimental group. Mauchly's test of Sphericity indicated that the assumption of sphericity has not been violated, $x^2(2)=4.471$, $p=.107$. This test assumes equal variances between weekly scores. Post hoc tests using the Bonferroni correction revealed that the Legacy intervention elicited an increase in self-efficacy from pretest and midpoint (28.32 ± 3.852 vs. 29.4054 ± 3.73764) which was not statistically significant ($p = .076$) and pretest to posttest (28.32 ± 3.852 vs. 30.14 ± 4.237) which was statistically significant ($p = .021$). It is therefore concluded that a 10 session, 5 week intervention elicits statistically significant increases in self-efficacy from pretest to posttest, but not after only 3 weeks (midpoint).

Table 13
Experimental Group Pairwise Comparison by Time for Self-Efficacy
Measure: se

(I) self-efficacy	(J) self-efficacy	Mean Difference (I-J)	Std. Error	*p*
Pretest	Midpoint	-1.081	0.591	.076
	Posttest	-1.811*	0.747	.021
Midpoint	Pretest	1.081	0.591	.076
	Posttest	-0.73	0.809	.373
Posttest	Pretest	1.811*	0.747	.021
	Midpoint	0.73	0.809	.373

Based on estimated marginal means
* The mean difference is significant at the .05 level.
b Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

Comparatively, a repeated measure ANOVA with a Greenhouse-Geisser correction determined that the mean self-efficacy scores were not statistically significantly between time points ($F(1.555, 37.309) = 1.918$, $p = .169$) for the control group. Mauchly's test of Sphericity indicated that the assumption of sphericity has been violated, $x^2(2)=7.765$, $p=.021$. Post hoc tests using the Bonferroni correction revealed that scores decreased from pretest to midpoint (29.56±5.952 vs. 28.64±4.600) which was statistically non-significant ($p=.241$); increased pretest to posttest (29.56±5.952 vs. 30.48±4.204) which was statistically non-significant ($p=.436$); and increased from midpoint to posttest (28.64±4.600 vs. 30.48±4.204) which was statistically significant ($p=.039$). This test indicates that self-efficacy scores decreased statistically non-significantly after attending PHP without Legacy intervention after 3 weeks (midpoint), but increased statistically significantly after 5 weeks (posttest) of attending PHP without Legacy intervention.

Table 14
Control Group Pairwise Comparison by Time for Self-Efficacy
Measure: se

(I) self-efficacy	(J) self-efficacy	Mean Difference (I-J)	Std. Error	*p*
Pretest	Midpoint	0.92	0.766	.241
	Posttest	-0.92	1.162	.436
Midpoint	Pretest	-0.92	0.766	.241
	Posttest	-1.840*	0.844	.039
Posttest	Pretest	0.92	1.162	.436
	Midpoint	1.840*	0.844	.039

Based on estimated marginal means
* The mean difference is significant at the .05 level.
b Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

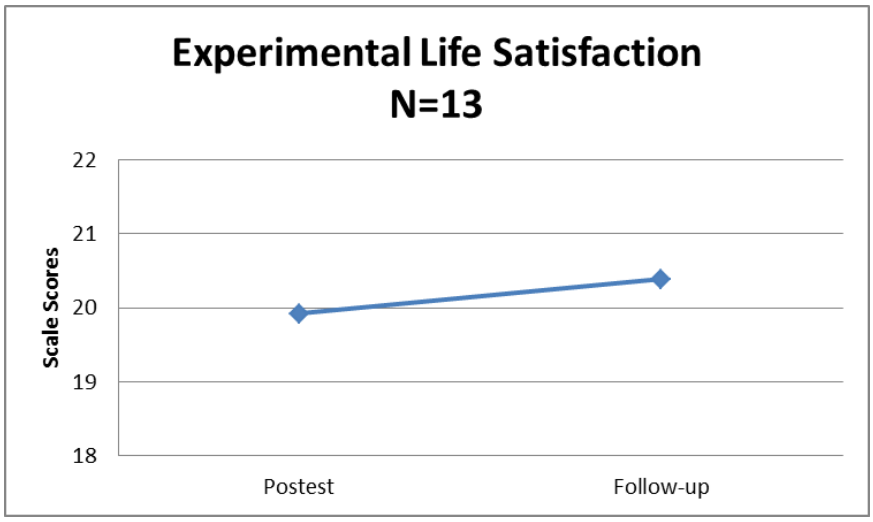
In summary, experimental group scores were compared using paired t-tests to determine intervention effectiveness, and then control group results were compared. Both experimental group and control group scores on life satisfaction and self-efficacy increased from pretest to posttest; however, only experimental group scores were statistically significant. Repeated measure ANOVA confirmed increases in life satisfaction for both groups at three time points (pretest, midpoint, and posttest) with significance for the experimental group. ANOVA also confirmed that control group scores increased for life satisfaction but only significantly from pretest to posttest, not pretest to midpoint. For control group self-efficacy scores, statistical significance was found for midpoint to posttest, not for any other combination of time points.

One Month Follow-up

One month after completing the intervention, participants were asked to complete an additional copy of the scales for follow-up. Surveys were given to participants still

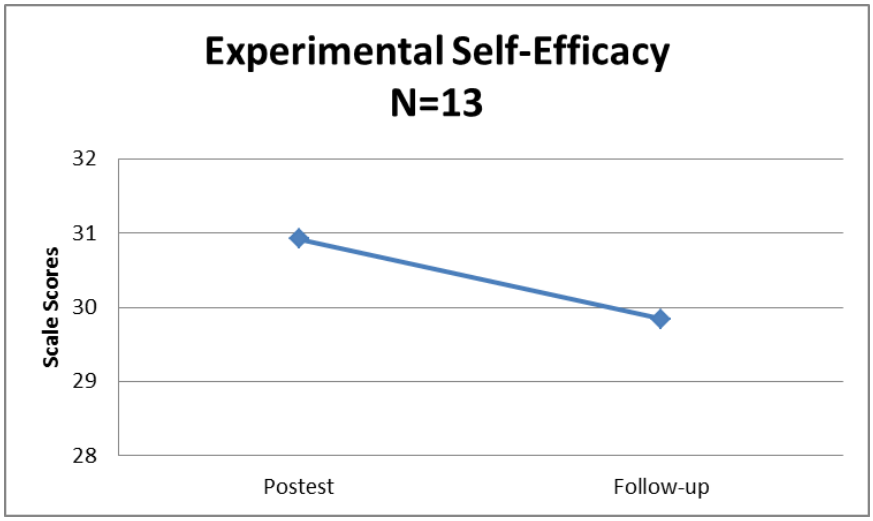
attending PHP, phone messages were left on last known phone number for each participant not present. Most participants; however, had been discharged from the program and were not available for follow-up. There was one control group follow-up survey completed; therefore no statistical analysis was conducted.

Figure 4 Experimental Group Scores on Life Satisfaction at Posttest to Follow-up



Thirteen participants completed surveys for the experimental group. Data continued to increase from pretest (*M*=13.538; *SD*=1.753) to one month follow-up (*M*=20.385; *SD*=2.385) for life satisfaction. However, data appeared to show a decrease in self-efficacy scores between pretest (*M*=29.231; *SD*=1.039) and one month follow-up (*M*=29.846; *SD*=1.187). These results indicate that for thirteen participants, life satisfaction continues to increase one month after intervention, and self-efficacy may begin to decrease one month after intervention.

Figure 5 Experimental Group Scores on Self-Efficacy at Posttest to Follow-up



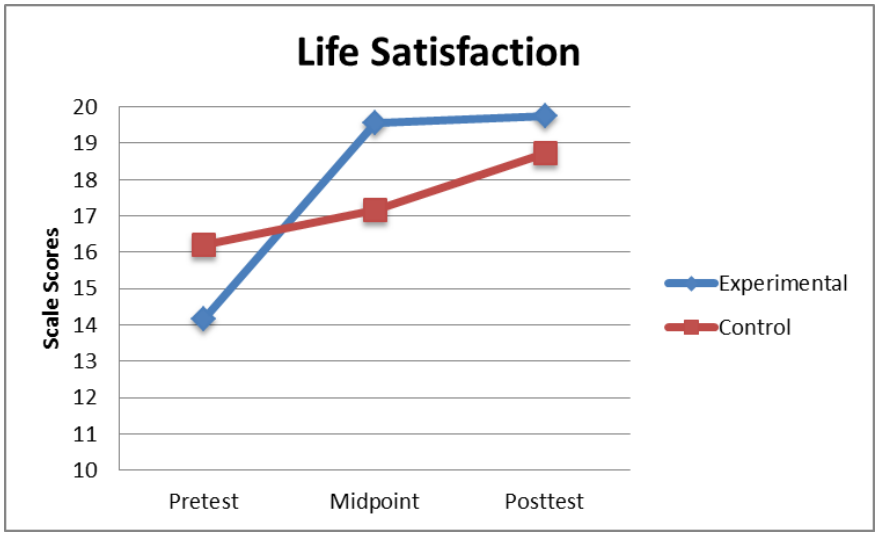
S.A.3. To compare experimental and control groups on dependent variables

Control group data were collected in order to compare to experimental group outcomes. Scores were calculated and entered into SPSS for analysis. Experimental and control group scores were compared between groups for changes on life satisfaction and self-efficacy using independent t-test statistics.

Independent t-test

Experimental and control group scores were analyzed with independent *t*-tests for within group and between group differences. Life satisfaction scores increased over time for experimental groups at pretest (*M*= 14.16, *SD*=5.819) to midpoint (*M*= 19.5676, *SD*=6.4616) to posttest (*M*= 19.76, *SD*=6.668), and control groups at pretest (*M*= 16.2, *SD*=6.377) to midpoint (*M*= 17.16, *SD*=6.39453) to posttest (*M*= 18.72, *SD*=4.878). Overall, not all changes were statistically significant, however, some pre to post-test changes were statistically significant for both groups.

Figure 6 Life Satisfaction Scores by Time and Treatment Condition



Inspection of Q-Q Plots revealed that life satisfaction was normally distributed for both groups and that there was homogeneity of variance as assessed by Levene's Test for Equality of Variances. Therefore, an independent t-test was utilized on the data as well as 95% confidence intervals (CI) for the mean difference. It was found that at pretest, life satisfaction scores in the experimental group (*M*= 14.16, *SD*=5.819) were not significantly different than the control group (*M*= 16.2, *SD*=6.377) (t(60)=1.301, P=0.198) with a difference of 2.038 (95% CI, -1.094 to 5.17). Life satisfaction scores at midpoint for experimental group (*M*= 19.5676, *SD*=6.4616) were higher than control group (*M*= 17.16, *SD*=6.39453), but not statistically significant (t(60)=-1.445, *P*=0.154) with a difference of -2.40757 (95% CI, -5.73998 to 0.92484). Finally, at posttest life satisfaction for experimental group was higher (*M*= 19.76, *SD*=6.668) than control groups scores (*M*= 18.72, *SD*=4.878), but again not statistically significant (t(60)=-0.666, *P*=0.508) with a difference of -1.037 (95% CI, -4.152 to 2.079). This test shows that there was no significant difference in life satisfaction between those with Legacy intervention

and those without Legacy intervention, even though means scores were higher for Legacy intervention groups.

Table 15
Descriptive Statistics for Life Satisfaction and Independent Samples T-Test Results by Time and Experimental Condition

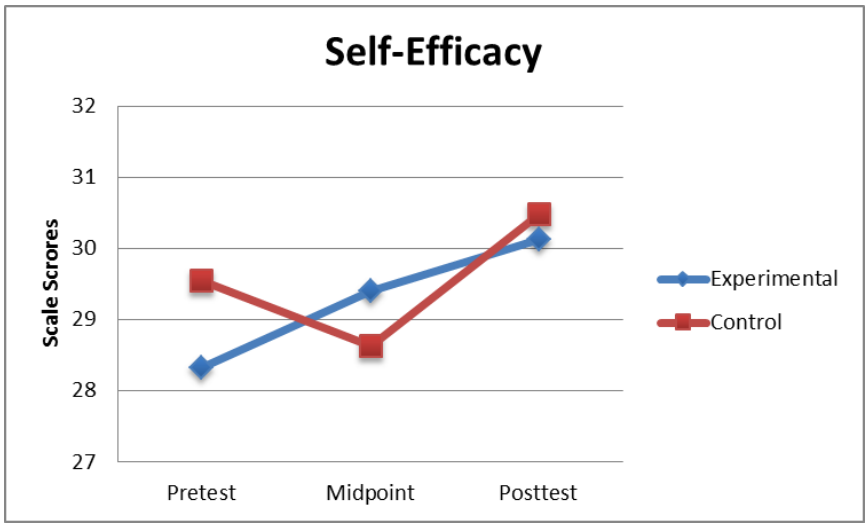
	M	*SD*	*t*	*Df*	*p*	*d*
Pretest						
Experimental	14.16	5.82				
Control	16.2	6.38	1.301	60	.198	2.04
Midpoint						
Experimental	19.57	6.46				
Control	17.16	6.39	-1.445	60	.154	-2.41
Posttest						
Experimental	19.76	6.67				
Control	18.72	4.88	-0.666	60	.508	-1.04

*p<.05
Note: Equal variances assumed

Inspection of Q-Q Plots revealed that self-efficacy was normally distributed for both groups and that there was homogeneity of variance as assessed by Levene's Test for Equality of Variances. Therefore, an independent t-test was run on the data as well as 95% confidence intervals (CI) for the mean difference. It was found that at pretest, self-efficacy scores in the experimental group (*M*=28.23, *SD*=3.852) were not significantly different than the control group (*M*=29.56, *SD*=5.952) (t(60)=0.994, *p*=0.324) with a difference of 1.236 (95% CI, -1.252 to 3.723). Self-Efficacy scores at midpoint for experimental group (*M*=29.4054, *SD*=3.73764) were higher than control group (*M*= 28.64, *SD*=4.59964), but not statistically significant (t(60)=-0.72, *P*=0.474) with a difference of -0.76541 (95% CI, -2.89085 to 1.36004). Finally, at posttest self-efficacy for experimental group (*M*= 30.16, *SD*=4.237) was almost equivalent to control groups scores (*M*=30.48, *SD*=4.204), and again not statistically significant (t(60)=0.315,

P=0.754) with a difference of 0.345 (95% CI, -1.843 to 2.532). This test shows that there was no significant difference in self-efficacy between participants with Legacy intervention and participants without Legacy intervention.

Figure 7 Self-Efficacy Scores by Time and Treatment Condition



Independent t-tests compared between groups on life satisfaction and self-efficacy scores over three time points. Groups were not statistically different at pretest indicating groups reported similar levels of life satisfaction and self-efficacy prior to intervention. At midpoint, experimental group scores were higher than control group scores, but not significantly different statistically for life satisfaction or self-efficacy. At posttest, experimental group scores were higher than control group scores, but not statistically different statistically for life satisfaction. Self-efficacy scores for both groups were almost equal at posttest and not significantly different statistically.

Table 16
Descriptive Statistics for Self-Efficacy and Independent Samples T-Test Results by Time and Experimental Condition

	M	*SD*	*T*	*df*	*p*	*d*
Pretest						
Experimental	28.32	3.85				

Control	29.56	5.95	0.994	60	0.324	1.24
Midpoint						
Experimental	29.41	3.74				
Control	28.64	4.60	-0.720	60	0.474	-0.77
Posttest						
Experimental	30.14	4.24				
Control	30.48	4.20	0.315	60	0.754	0.35

*p<.05

Note: Equal variance assumed

In conclusion, 62 participants were randomly assigned into two groups and one group was offered the Legacy intervention. Thirty-seven experimental group and 25 control group participants were compared between groups on life satisfaction and self-efficacy when controlled for time and demographic characteristics. Experimental groups where compared between subjects were found to be statistically different at three time points (pretest, midpoint, and posttest) for life satisfaction; control group scores increased over time but were not significantly different statistically. Experimental and control groups were compared and were found to be not significantly different statistically over three time points, indicating that scores for both groups increased similarly overtime. Due to limited response rates, follow-up analysis was conducted for 13 experimental group participants. Life satisfaction continued to increase and self-efficacy began to decrease one month after intervention.

Chapter 5

Discussion

Finally, this chapter summarizes the key findings, study limitations, implications, and future research agenda for duplication and expansion of this study. Key findings are consistent as well as contributory to current literature. Limitations are examined with ways to address them in future studies. Implications for social work practice, education, and research are discussed.

Key Findings

Creating a Legacy intervention showed positive results, including defining legacy for adults with co-occurring disorders attending a PHP. Overall life satisfaction and self-efficacy increased for experimental group. The following key findings fuel future implications:

1. S.A.1. Legacy is being remembered by the ever-changing stories of our lives including proudest moments with family, forgiveness of abuse and addiction related behaviors, lessons learned from mental illness and addiction experiences, and a tangible project to share with others for adults with co-occuring disorders attending PHP. Additionally, sense of legacy (SAIS) scores statistically significantly increased for experimental group over time.
2. S.A.2. Both life satisfaction and self-efficacy scores statistically significantly increased over time for the experimental group. Life satisfaction scores continued to increase and self-efficacy began to drop at one month follow-up for the intervention for the experimental group.
3. S.A.3. Experimental and control group scores increased overtime suggesting that participating in a partial hospital program is beneficial with and without Legacy

intervention on a level that increases life satisfaction and self-efficacy for a population with co-occurring disorders.

S.A.1 To determine Legacy definition among adults with co-occurring disorders

Legacy Defined by Participants

The definition of legacy identified by participants included components both consistent with and contributing to the existing literature. Legacy for participants overall included the ever changing stories of their lives. Several participants commented that this project did not end after 5 weeks and they would continue to add to the project as they continued to experience life.

The literature describes several ways to leave a tangible legacy including books and biographies using a person's own words (Savishinsky, 2006). Similarly, several participants chose to tell their story by creatively writing journal entries and poetry. The effectiveness of utilizing a creative outlet for some participants was a challenge, but for others it came naturally. One participant shared he was pleasantly surprised that he could be so creative. Consistent with the literature, participants' focused efforts to create a legacy project toward telling life stories including values, beliefs (Hunter, 2008), and culture (Savishinsky's, 2006). Specifically, stories depicted included overcoming addiction, mental illness, and abuse. Uniquely, participants utilized several ways to tell their story beyond just words. Some used scrapbooks or collages containing pictures of people representing family (no one had personal family photos), values, feelings toward addiction, and/or symptoms of mental illness (depression, anger, etc.).

The most common proudest moment was the birth of a child, whether their own or the mere witnessing of childbirth, followed by the miracle of the participating in the

child's growth. Participating in raising children was a common theme in stories about family, including grandparents raising grandchildren, due to a death or addiction and mental illness affecting the child's parents. The third most common proudest moment was overcoming co-occurring disorders by learning triggers, signs and symptoms, and resources for help.

Forgiveness for others and self was another unique theme uncovered in this study. Participants revealed that forgiveness of physical, sexual, and emotional abuse was a commonly identified type of forgiveness. Participants uncovered the desire to receive forgiveness from loved ones for behaviors exhibited while actively using drugs/alcohol, or experiencing untreated mental illness symptoms. The most common form of forgiveness revealed, and reported as the hardest to obtain, was the need to forgive their selves.

Lessons learned about how to identify mental illness and addiction symptoms as well as resources to stay sober and mentally healthy was important in order to educate loved ones in order to save them from the hard experiences of participants. Consistent with Hunter's (2008) study of women with cancer, participants shared the intense need to pass on lessons learned from life before, during, and after addiction and mental illness. Specifically, ways to identify triggers for addictive behaviors and mental health symptoms (i.e., depression, codependence), how to seek help through treatment programs, and how to maintain recovery were the focus of lessons learned. The most important lesson learned was prevention. Several participants wanted to spare children from experiencing addiction and mental illness by educating them on how to "not fall for

the addiction game" and to know that being a child of an addict "makes them more susceptible to both."

Participants agreed that participating in this study was a contribution to those who follow after they have gone. A tangible project to share with others that remained when they die was one way to give back and tell their life stories of struggle and triumph. Projects were shared with peers, staff, and family after completion.

Sense of Legacy

A 10 session, 5 week Legacy intervention positively impacts the sense of legacy after 3 weeks and completion (5 weeks). This suggests that doses of Legacy intervention, significantly increased sense of legacy over time. Legacy intervention provided appropriate components to increase the understanding of legacy for participants. Sense of legacy change scores were statistically significant from pretest to each additional week, however, between weeks change score was not statistically significant. Pretest scores statistically significantly increased when compared to each additional week (pretest to week 2, pretest to midpoint, pretest to week 4, and pretest to posttest). This suggests that after each dose of Legacy intervention, sense of legacy increases significantly from pretest. However, between weeks the increases in scores were not statistically significant (week 2 to midpoint, midpoint to week 4, week 4 to posttest). Additionally, there were statistically significant increased between week 2 to posttest, and week 3 to posttest. Differences between session 2 (proudest moments) and posttest (presentations and termination) may indicate that after defining legacy (pretest) the sense of legacy doses produce a statistically significant change, as well as from session 3 (lessons learned) and posttest (presentation and termination).

S.A.2. To examine intervention effectiveness for experimental group

The experimental group scores were compared with the group to determine intervention effectiveness. Paired t-tests showed statistical increases from pretest to posttest; therefore a repeated measure ANOVA was used to compare pretest, midpoint and posttest with week by week post hoc testing.

Paired t-test

Results of paired t-test show statistically significant increases for experimental group from pretest to posttest. This indicates that after participating in Legacy intervention, participants reported increased feelings of life satisfaction and self-efficacy. Similar findings were present in control group scores indicating Legacy intervention may not be the only reason for increased scores. Scores on life satisfaction and self-efficacy scales for each group were close each time point indicating something else may be affecting scores. Alternative outcome measures in future studies may provide clarity for this issue.

Repeated Measure with Experimental Time-Series Comparison

All experimental group scores increased over time (life satisfaction and self-efficacy); however, not all were statistically significant. Differences may be contributed to small sample size or session topic. Replication is needed with larger sample sizes to compare and interpret further implications.

Life satisfaction change scores increased overtime. Pretest scores showed a statistically significantly increase when compared to each following week (pretest to week 2, pretest to midpoint, pretest to week 4, and pretest to posttest). It is concluded that after each dose of Legacy intervention there was a significant increase compared to

pretest. However, the dose was not enough to cause a statistically significant change in score. This may conclude Legacy intervention doses affect life satisfaction at a slower rate, but remains increasing consistently.

Self-efficacy change scores increased over time as well. Pretest change scores statistically significantly increased when compared to week 4 and week 5 only. Self-efficacy only increased after 4 and 5 weeks after posttest suggesting it takes more doses of legacy to see an impact. Self-efficacy appears to require more doses of Legacy intervention in order to statistically significantly increase. Additionally, there was no statistically significant difference between pretest and week 2, but between week 2 and week 4 change scores showed to be statistically significant. Session 2 focused on proudest moments and session 4 focused on lessons learned and is the last session prior to presentations and termination. Therefore, after defining legacy until facing termination self-efficacy scores increased statistically significantly. Session 3 (forgiveness) did not seem to improve self-efficacy statistically significantly. Participants discussed the need for forgiveness for self and others and how difficult it is to get/give. This may have not impacted the sense of self value (see Figure 1) which is addressed in self-efficacy scale as much as other sessions that talked about more positive topics.

S.A.3. To compare experimental and control group on dependent variables

Experimental group scores were compared to control group scores with independent t-tests. Scores were not significantly different statistically between groups over three time points (pretest, midpoint, posttest). This indicates that scores for both groups attending PHP with and without Legacy intervention increased over time, but did

not differ significantly. Similarly to above findings, scores may be affected by alternative variables to be explored in future studies.

Independent T-test

Experimental group scores were compared with control group scores on life satisfaction and self-efficacy using independent t-tests. Groups were similar at pretest allowing for further analysis. Life satisfaction and self-efficacy for both groups increased and were not significantly different at each time point.

Life Satisfaction

Legacy intervention provided participants the voice to define legacy and increase life satisfaction over time. Adults with high levels of drug use report having lower relationship and life satisfaction (Fergusson & Boden, 2008). Additionally, adults with serious mental illness tend to have lower quality of life (Gilmer et al., 2010). Participants in this study have co-occurring disorders, with one being a substance dependency diagnosis. Results indicate a 10 session, 5 week Legacy intervention begins to elicit statistically significant increases in life satisfaction after 3 weeks and continues to increase up to completion (five weeks) for adults with serious mental illness and drug use.

Life satisfaction increased after 3 weeks and 5 weeks, but was statistically non-significantly different when attending PHP without Legacy intervention after 3 weeks (midpoint) or 5 weeks (posttest). This indicates that attending PHP alone provides components that increase life satisfaction over time. Components included group, individual, and family therapy offered in a structured 5 day per week. Further study is needed to investigate which components effect life satisfaction.

Self-Efficacy

Legacy intervention provided participants the opportunity to create a legacy by telling the story of their lives while creating a tangible project to be shared with others in order to increase self-efficacy. For adults suffering from chemical dependency, each instance of drug use further decreases the sense of self-efficacy (Neiss, 1993) and increases powerlessness against the substances used. Narrative story telling with children showed an increase in self-esteem for girls and boys exhibited higher external locus of control (Bohanek, Marin, Fivush, & Duke, 2006). A 10 session, 5 week Legacy intervention including narratives depicted in a tangible project begins to elicit statistically significant increases in self-efficacy after 3 weeks and continues to increase up to completion (5 weeks/posttest). Future studies are needed to measure the effects on others when legacy is shared by participants.

Self-efficacy for control group participants decreased from pretest to midpoint and increased from pretest to posttest and was statistically non-significant. This indicates that after 5 weeks of attending a PHP control group scores increased over time due to attending PHP without Legacy intervention after 5 weeks (posttest). Further study is needed to investigate which components effect life satisfaction. Components included group, individual, and family therapy offered in a structured 5 day per week.

One Month Follow-up

Thirteen experimental group participants completed follow-up surveys one month after completing intervention. Life satisfaction continued to increase after one month. Haight (1992) found that over time life satisfaction did not continue to increase after one year post life review intervention, which is a similar intervention. Future longitudinal

studies are needed to replicate and determine if life satisfaction continues to increase over one year post Legacy intervention. Self-efficacy began to decrease one month after participating in the Legacy intervention (experimental) group which suggests further study is needed.

Results indicate that Legacy intervention has a positive impact regarding life satisfaction and self-efficacy after 5 weeks for patients dually diagnosed attending a partial hospital program. The positive impact continues one month after intervention for life satisfaction, but begins to fade for self-efficacy. Experimental group scores increased from pretest to posttest and were significantly different statistically. However, when compared to the control group, scores were not statistically different. Both groups' scores increased over the 5 week time frame, indicating the partial hospital programming (PHP) offered components that increased life satisfaction and self-efficacy. Finally, Legacy intervention increased participants' sense of legacy and allowed participants to reveal a definition of legacy both consistent and contributory to current literature.

Limitations

This study offers several strengths, including exploring a protected population with co-occurring disorders within a vulnerable adult population in relation to legacy creation and development. This study is a unique opportunity that offers a voice to a population that has yet to be asked to share important lessons learned in a life lived with chemical dependency and mental health diagnoses. The benefits of studying this population are far-reaching including individual, peer, professional, and intergenerational. However, due to the vulnerability of the population, exploratory nature, and small sample size limitations exist.

Internal/External Validity

Legacy intervention is short-term, cost effective and easily administered intervention. Initial increases in life satisfaction and self-efficacy were expected to be found, but may decrease or return to baseline at follow-up. Over time, life satisfaction has not been found to continue increasing even after a year post life review intervention (Haight, 1992). Group therapies were utilized and accepted due to the short term goals attained through them. Short term benefits include engagement in a purpose and focus on completion of a project. Long term effects expected included increased life satisfaction and self-efficacy to be maintained over time. Future studies can address this limitation by collecting more in-depth confounding variables (i.e., drug use history, number of hospitalizations, and follow-up data).

Questionable chronological data collection, eliciting painful memories, and memory loss/cognitive functioning were some concerns for this study. Feldman and Howie (2009) found some difficulty with chronological and organized recollection of events in a study with older adults. Bornat (2001) reminds us that eliciting painful memories through reminiscence or life review may involve certain risk. Individual therapists were available to patients for additional processing of feelings as needed while attending PHP and participating in the Legacy intervention. Participants were also able to end any discussion in which she/he felt uncomfortable. Usually another participant took over the story or filled in the missing holes of the experience with a personal perspective. Finally, memory loss due to mental illness, chemical abuse, or aging was a concern with data collection. Participants were able to agree or add to other members' elaboration of

events in their lives, and those similarities in life events were recorded. The researcher aimed to relate and elicit participation from each individual member.

The exploratory nature and small sample size offers threats to external validity and generalizability of data. However, results fuel future studies with larger sample sizes and show that this population is willing and able to be studied. All results are limited to reports for only the unique adults with co-occurring disorders participating in the PHP located in Houston, Texas. Despite limitations, this study met the main goal of providing information in order to expand the knowledge of Legacy in this unique population as well as identify major components of Legacy intervention.

It is proposed that results from this study be used as pilot data for replication and further study with additional outcome measures. Larger sample size, additional confounding variables and mental health symptoms are proposed for future studies. Additional confounding variables will include chemical dependency assessments pre and posttest including data on housing, religiosity, number of hospitalization, medication compliance, time of sobriety, and time in treatment. Further investigation of mental health variables affected by Legacy intervention includes depression, suicidality, hallucinations, stress, anxiety, pride, worthiness, self-esteem, self-actualization, self-determination, etc.

Implications for Social Work

According to the code of ethics, social workers are committed to providing competent services to underrepresented populations, maintaining dignity and worth of all people, and pursuing social justice. This study provides fuel for social workers to uphold

these commitments to adults with co-occurring disorders. Specifically, this study's results fuel clinical practice, education, research and policy.

Clinically, results show there is a need for adults with co-occurring disorders to define their unique legacy and share with others. Ways to improve life satisfaction and self-efficacy are clinically necessary due to the increasing population suffering from mental illness. Creating a legacy allows clients to reframe the experience of difficult situations into ways to cope, survive and overcome adversities in a way that is easily shared with loved ones. In family therapy, clients can create a legacy project together and stories can be shared to directly impact the relationships. In individual therapy, clients can create a legacy project to give meaning and increase life satisfaction and self-efficacy. Clinicians can begin to incorporate legacy creation and definition into individualized treatment plans.

Research is needed to fuel social work practice through the evaluation of best practices. Investigation of which components of PHP without Legacy intervention increased life satisfaction and self-efficacy in adults with co-occurring disorders is needed. Understanding the effects of Legacy intervention on life satisfaction and self-efficacy will help the development and improvement of additional interventions. Studies are needed to continue the evaluation of legacy creation on additional variables and with various populations.

Further investigation is needed of the effects of legacy creation on others (i.e., children, family) when shared legacy projects are needed. Narrative story telling has been shown to have positive impacts on children; specifically, girls reported higher self esteem and boys exhibited higher external locus of control (Bohanek, Marin, Fivush, & Duke,

2006). Since this study found positive results on life satisfaction and self-efficacy for adults with co-occurring disorders, it is expected to affect children and family similarly. Since creating a legacy increases self-efficacy, and the presence of self-efficacy in personal narratives predicts successful adaptation to crisis situations (Bauer & Bonanno, 2001), then families of adults with co-occurring disorders can expect to benefit from participation in Legacy intervention.

Additionally, longitudinal studies are needed to determine the length of positive impact on life satisfaction, self-efficacy and other variables. One month follow-up in this study provided limited results indicating life satisfaction increases and self-efficacy decreases. Studies with larger sample sizes are needed to create a predictive model for those that reap the most benefits from Legacy intervention. Much research is needed to continue to investigate benefits of legacy creation through intervention.

Continuing to educate social workers in order to serve this unique population is one goal of this research. Presenting case vignettes (Appendix K) in classrooms can provide students with a unique look into the lives of adults with co-occurring disorders and can fuel the education of empathy for clients through understanding a new perspective. Questions provided with the vignette can be focused on all aspects of social work including clinical practice, research, and education.

Results from future studies will contribute to political change by positively affecting adults with co-occurring disorders. Best practice results provide fuel for political social worker agendas in advocating for adults with co-occurring disorders. By understanding what works, decisions about monetary allocations can be made most efficiently. This study shows increases in life satisfaction and self-efficacy for those

attending PHP without Legacy intervention which directly affects Medicare funding for PHP.

Dissemination Strategy

Products of this research will be disseminated in the professional world through peer-reviewed journal publications and for educational use by students, practitioners, and researchers for future practices. Results contribute knowledge to the area of social work as well as additional populations and fields of study including mental illness and chemical dependency. The impact of this study is far-reaching and both consistent and contradictory of existing literature. Consistent with current literature, this study contributes that adults with co-occurring disorders share a common legacy with other populations studied including the need to pass on preventative healthy behaviors. This study also reveals that the unique adults with co-occurring disorders offer specific additions to the legacy phenomenon including survival of addiction and abuse

Conclusion

In conclusion, telling life stories through legacy creation and contributing unique aspects not yet uncovered in the literature was showed to be just as important to adults with co-occurring disorders as other populations previously studied. ANOVA showed no significant difference between experimental and comparison group scores at pretest allowing comparison. Measures of life satisfaction and self-efficacy showed increases over time for adults participating in Legacy intervention. Control groups' scores increased overtime suggesting that participation in PHP alone is beneficial on a level that increases life satisfaction and self-efficacy for adults with co-occurring disorders. When compared, both groups increased over time, but were not statistically different. Legacy

defined by persons with co-occurring disorders attend a PHP located in Houston, Texas included the ever changing stories of their lives with emphasis on pride in children, forgiveness, lessons learned from overcoming addiction and mental illness all represented in a tangible creative expression project. Key findings are both consistent and contribute to current literature.

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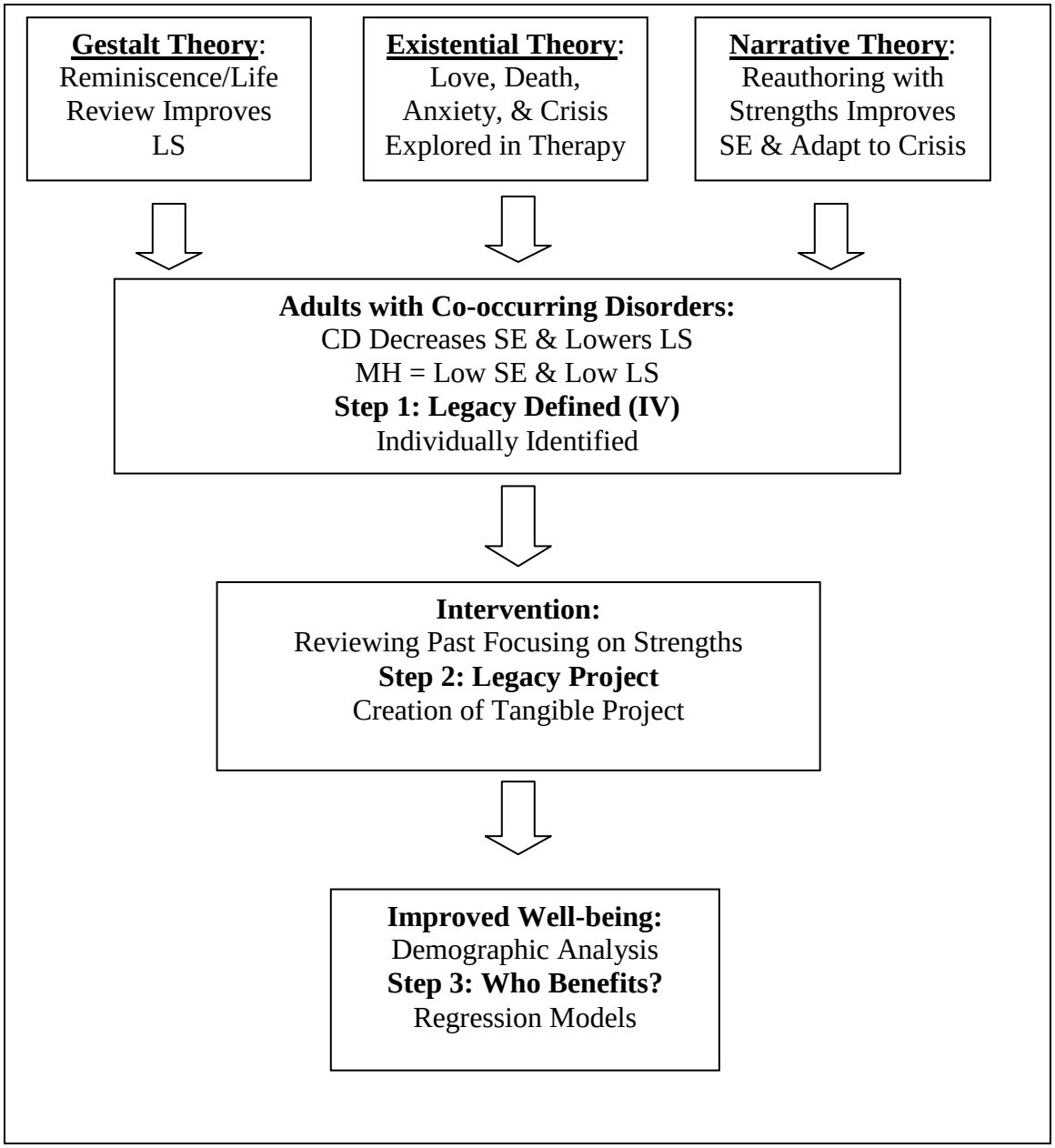
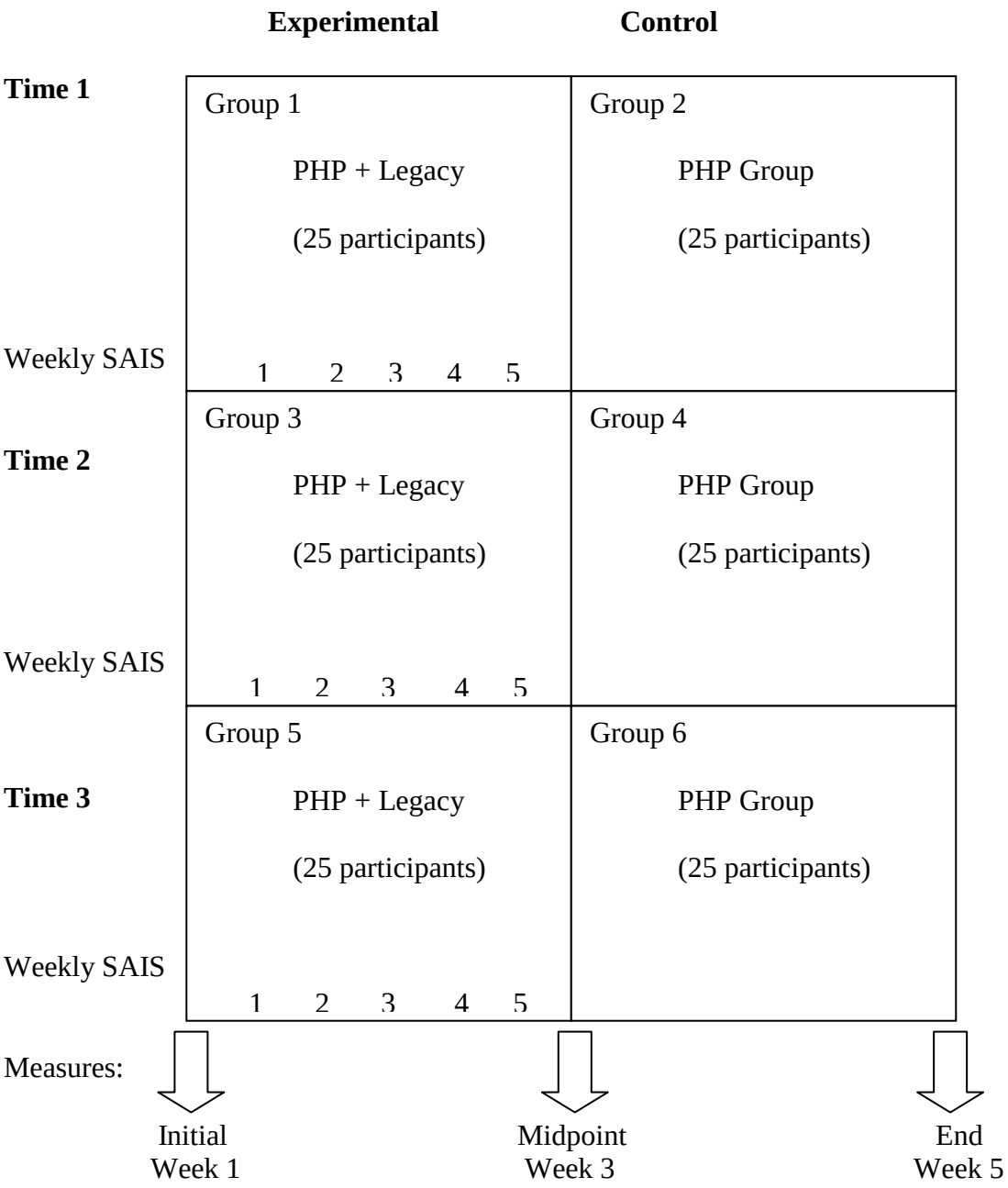
Appendix A
Theoretical and Conceptual Model

Independent Variable: Legacy Intervention
Dependent Variables: Life Satisfaction (LS) & Self-Efficacy (SE)



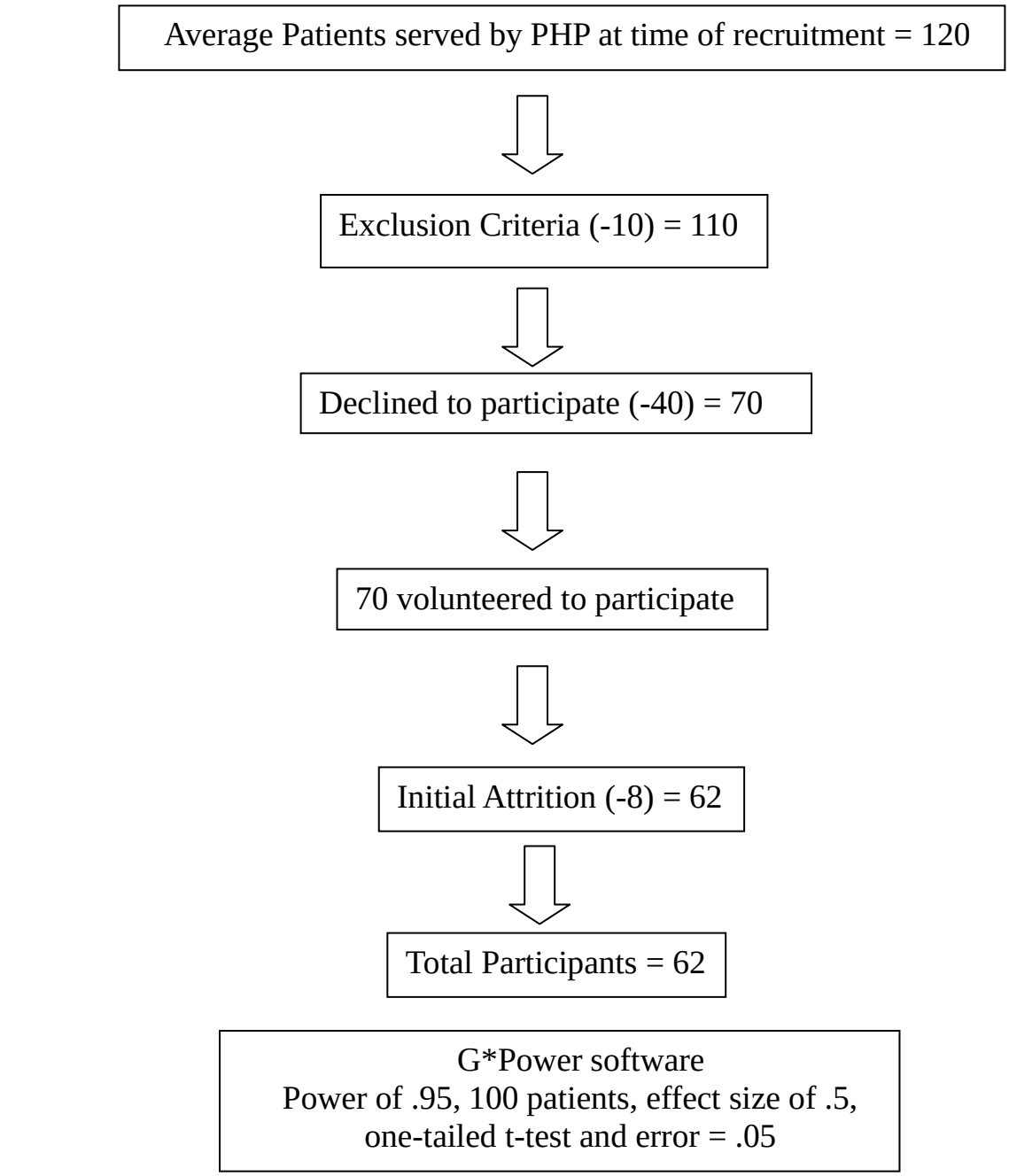
Appendix B
Research Design



Follow-up: 1 month

Appendix C

Intent to Treat



Appendix D
Consent Form

University of Houston Consent to Participate in a Research Project
Title of Research Project: Identifying the Legacy in Patients with Co-Occurring Disorders and Examining Changes in Life Satisfaction and Self-Efficacy

Identifying a Legacy Project

You are being invited to participate in the above-titled research project conducted by Felina Franklin, LMSW, as part of her dissertation project in the Graduate College of Social Work at the University of Houston.

NON-PARTICIPATION STATEMENT

Your participation is voluntary and you may refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled such as participating in the PHP treatment program. When data are entered into the computer, individual names or personal identifiers will not be associated with the data set.

PURPOSE OF THE STUDY

The purpose of this study is to uncover the legacy adults with co-occurring disorders possess to deal with life stresses. Its results will teach others about the importance of creating a legacy for enhancing life fulfillment. Approximately 100 people attending the Partial Hospital Program (PHP) treatment program will be asked to share their personal stories through ten group therapy sessions over a five-week period and fill out survey forms.

PROCEDURES

The treatment program will take ten 45-minute sessions over a five week period. During this treatment process, you will be asked to fill out survey forms about your life stresses and treatment outcomes. You may be asked to fill out some forms at the beginning and toward the end of the treatment program. The demographic form will take approximately 5 minutes one time prior to intervention. The two scales will take approximately 10 minutes total and will be given after the 2^{nd}, 6^{th}, and 9^{th} sessions.

CONFIDENTIALTIY OF TREATMENT AND DATA ANONYMITY

Confidentiality of information provided through the treatment program will be kept within the limit of the law. The information you provide for this study will be anonymously kept; i.e., your name will not appear on the interview notes or survey forms. Each participant will be assigned a code that will be used to identify matching surveys administered. The names will not be used after the initial consent form is signed.

Only the researcher and faculty sponsor will have access to the identifying name and code key.

RISKS/DISCOMFORTS

Some of the group topics will remind you of upsetting experiences. Due to the therapeutic process expected while attending the PHP, there will be individual therapists available for further processing of feelings elicited and/or unresolved during sessions.

BENEFITS

You may or may not directly benefit from the therapeutic focus of the groups of this research project. You may reap the therapeutic benefits of the intervention including increased life satisfaction and self-efficacy. We expect that benefits from the treatment process will expand to those who learn from your contributions to knowledge. We appreciate your time and effort to help us identify legacy of a unique population. Upon completion of project, results will be available to all participants by request.

PUBLICATION STATEMENT

The results of this study may be published in professional and/or scientific journals. It may also be used for educational purposes or for professional presentations. However, no individual subject will be identified through the reports or result dissemination.

I understand that, if I have any questions, I may contact the researcher or her faculty sponsor Dr. Monit Cheung at 713-743-8107.

ANY QUESTIONS REGARDING MY RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE UNIVERSITY OF HOUSTON COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (713-743-9204). ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT THE UNIVERSITY OF HOUSTON ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.

_____

Participant Printed Name

_____

Participant Signature Date

Appendix E
Experimental Group Protocol

Ten sessions will be held for 45 minutes each. Titles and goals include the following:
--------Initial/Baseline Assessments and Demographic Form administered------
Day One – Defining Legacy

1. Defining Legacy (45 minutes)
    a. Individuals share meaning of legacy (process group)
2. Project Selection (45 minutes)
    a. Creative project selection (activity group)

--- Pre–test administered including Self-Anchored Individual Scale (SAIS)(15 minutes)---
Day Two – Life Review

3. Life Review (45 minutes) (process group)
    a. Accomplishments
    b. Proudest Moments
4. Expression in creative project (45 minutes) (activity group)
    a. Accomplishments
    b. Proudest Moments

---Self-Anchored Individual Scale---
Day Three – Forgiveness

5. Forgiveness (45 minutes) (process group)
    a. Things wished done differently
    b. Things left unsaid or undone
6. Expression in creative project (45 minutes) (activity group)
    a. Things wished done differently
    b. Things left unsaid or undone

---------- 1st Post–test administered including SAIS (10 minutes)-------
Day Four – Lessons Learned

7. Lessons Learned (45 minutes) (process group)
    a. Heritage
    b. Legacy
8. Expression in creative project (45 minutes) (activity group)
    a. Heritage
    b. Legacy

---Self-Anchored Individual Scale---
Day Five – Project Presentation

9. Individual Presentation (45 minutes)
    a. Legacy Project
    b. Project Meaning

-------- Final Post–test administered -------(10 minutes)------

10. Reflection on Intervention
    a. Feedback
    b. Debriefing & Termination

---Self-Anchored Individual Scale---

----------Follow-up Forms at 1 month---------

Appendix F
Partial Hospital Program Group Protocol

Ten sessions will be held for 45 minutes each. Titles and goals include the following:

Day One –

1. Anger Management (45 minutes)
2. Coping Skills (45 minutes)

---------- Pre–test will be administered ---------(15 minutes)-----

Day Two –

3. Chemical Dependency (45 minutes)
4. Stress Management (45 minutes)

Day Three –

5. Medication Management (45 minutes)
6. Life Skills (45 minutes)

---------- 1st Post–test will be administered ---------(10 minutes)-------

Day Four –

7. Communication (45 minutes)
8. Mental Illness (45 minutes)

Day Five –

9. Hygiene (45 minutes)

-------- Final Post–test will be administered ----------(10 minutes)------

10. Self-care

Appendix G
Demographic Form

1. Age _____

2. Gender
    a. Male
    b. Female
    c. Transgendered

3. Marital Status
    a. Single
    b. Married
    c. Divorced
    d. Widowed
    e. Living with significant other
    f. Other _____

4. Ethnicity
    a. White, non-Hispanic
    b. White, Hispanic
    c. Black/African American, non-Hispanic
    d. Black/African American, Hispanic
    e. Asian
    f. Native Indian
    g. Other _____

5. Education Level
    a. Elementary (grade K-5)
    b. Middle School (grade 6-8)
    c. High School (9-12)
    d. GED
    e. High School Diploma
    f. Vocational School
    g. Associate's Degree
    h. Bachelor's Degree
    i. Master's Degree
    j. Post Master's Degree
    k. Years completed _____

6. Monthly Income
    U.S. $_____

7. Diagnoses _____
    _____

Appendix H
Satisfaction with Life Scale

DIRECTIONS: Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number in the line preceding that item. Please be open and honest in your responding.

1 = Strongly Disagree
2 = Disagree
3 = Slightly Disagree
4 = Neither Agree or Disagree
5 = Slightly Agree
6 = Agree
7 = Strongly Agree

_____1. In most ways my life is close to my ideal.

_____2. The conditions of my life are excellent.

_____3. I am satisfied with life.

_____4. So far I have gotten the important things I want in life.

_____5. If I could live my life over, I would change almost nothing.

The possible range of scores is therefore 5 to 35, with a score of 20 representing the neutral point on the scale. Scores between 5 and 9 indicate that the respondent is extremely dissatisfied with life, whereas scores ranging between 31 and 35 indicate that the respondent is extremely satisfied with life. Scores between 21 and 25 represent slightly satisfied, and scores from 15 to 19 are interpreted as falling in the slightly dissatisfied range.

Sum Score _____

Appendix I
General Self-Efficacy Scale

DIRECTIONS: Below are ten statements with which you may agree or disagree. Using the 1-4 scale below, indicate your agreement with each item by placing the appropriate number in the line preceding that item. Please be open and honest in your responding.

1 = Not at all true 2 = Hardly true 3 = Moderately true 4 = Exactly true

1. _____ I can always manage to solve difficult problems if I try hard enough.
2. _____ If someone opposes me, I can find the means and ways to get what I want.
3. _____ It is easy for me to stick to my aims and accomplish my goals.
4. _____ I am confident that I could deal efficiently with unexpected events.
5. _____ Thanks to my resourcefulness, I know how to handle unforeseen situations.
6. _____ I can solve most problems if I invest the necessary effort.
7. _____ I can remain calm when facing difficulties because I can rely on my coping abilities.
8. _____ When I am confronted with a problem, I can usually find several solutions.
9. _____ If I am in trouble, I can usually think of a solution.
10. _____ I can usually handle whatever comes my way.

Sum Score _____

Appendix J
University of Houston
Self-Anchored (Individualized) Scale

Name: _____

Definition of Level of ____sense of legacy ____ with the scale:

Low 0----1----2----3----4----5----6----7----8----9----10 High

Indicators that may define the level of ___sense of my legacy _____:

Low 0 = no sense of my legacy
1
2
3
4
Mid 5 = somewhat clear sense of my legacy
6
7
8
9
High 10= clear sense of my legacy

Instructions:

*Please use the scale developed by you and your practitioner to circle your _ sense of my legacy_* ***at this moment****. Record the date, time, and your current feeling level. Then, put three words below to describe your feelings and write down one or two events happened today that are worth mentioning.*

Date	Set Time: ____ a.m.--noon--p.m.	Measure: _____ Low High
	Record Time:	0----1----2----3----4----5----6----7----8----9----10

Three words to describe my feelings at time of recording:

_____ _____ _____

One or two events happened today that are worth mentioning:

1.

2.

Other comments:

Appendix K
Educational Case Vignette

Samuel is a 55 year old widowed, African American man reports at baseline that he uses drugs and alcohol daily to self-medicate the depression he feels since his wife died 10 years ago due to unexpected physical illness. He states he does "not have anything to live for." His children are grown and are raising their own children and they do not tolerate his recent drug use due to their ignorance about addiction and mental health. He states he came to treatment because he is tired of living.

While attending a partial hospital program (PHP), Samuel is recruited to participate in a Legacy intervention project. He states at baseline "I guess my legacy will be what people say about me when I am dead. I don't know what I have that is worth mentioning at my funeral. I have lost it all." Each week while attending the Legacy intervention group, Samuel explores life review topics: proudest moments, unfinished business, lessons learned, and termination while creating a tangible project. He chose to write journal entries each week reflective of topics discussed each week. In processing with other group members, Samuel begins to uncover his legacy through sharing his story and experiences.

Samuel shares several experiences including the birth of each of his three children and the feelings associated with "being part of a miracle," seeking forgiveness of God for "taking my wife from me," and lessons learned about how he has been self-medicating the feelings associated with the grief process. He begins to speak openly with others about his wife's death, but gets angry when he catches himself sharing too much. Samuel does not attend the final session when termination is discussed and projects are presented. It is rumored among peers he has relapsed due to the anniversary of his wife's death is near. When he returns two weeks later, he confirms the rumors. He states he is interested in completing the project so "I will have something to show for my life to my children and grandchildren."

Samuel shares his final definition of legacy in the following journal entry:
My name is Samuel, and I'm an alcoholic. My wife died ten years ago and some days I feel like want to die too. I have lost relationships with my children due to my addiction and I would love to repair them someday. I have learned in treatment that addiction is an illness and I do not have control over it. I can talk to friends that help me make better decisions about how to handle my depression.
I realize now that my legacy is all the stuff I have been through and where I am today, getting help to someday meet up with my children again. I am beginning to forgive God for taking my wife away from me.

Case Vignette

Questions:

1. What outcome variables are present here to be measured for Samuel's progress over time?

2. What measures/scales can be used to determine how Samuel feels after participating in the intervention?

3. Name 3 events affecting Samuel's mental health?

4. Who could be affected by Samuel's creation of a legacy project?

Answers:

1. Relapse, Hospitalization, treatment attendance, medication compliance

2. Depression scale, life satisfaction, self-efficacy

3. Wife's death, loss of relationship with children, drug use

4. Peers, Samuel, children

UNIVERSITY of HOUSTON

DIVISION OF RESEARCH

March 27, 2012

Ms. Felina Franklin
c/o Dr. Monit Cheung
Dean, Social Work

Dear Ms. Felina Franklin,

The University of Houston Committee for the Protection of Human Subjects (1) reviewed your research proposal entitled "Identifying the Legacy in Patients with Co-ocurring Disorders and Examining Changes in Life Satisfaction and Self-Efficacy" on February 17, 2012, according to institutional guidelines.

At that time, your project was granted approval contingent upon your agreement to modify your proposal protocol as stipulated by the Committee. The changes you have made adequately respond to those contingencies made by the Committee, and your project has been approved. However reapplication will be required:

1. Annually
2. Prior to any change in the approved protocol
3. Upon development of the unexpected problems or unusual complications

Thus, if you will be still collecting data under this project on **January 1, 2013**, you must reapply to this Committee for approval before this date if you wish to prevent an interruption of your data collection procedures.

If you have any questions, please contact Alicia Vargas at (713) 743-9215.

Sincerely yours,

for

Dr. Scott B. Stevenson, Chair
Committee for the Protection of Human Subjects (1)

PLEASE NOTE: (1) All subjects must receive a copy of the informed consent document. If you are using a consent document that requires subject signatures, remember that signed copies must be retained for a minimum of 3 years, or 5 years for externally supported projects. Signed consents from student projects will be retained by the faculty sponsor. Faculty is responsible for retaining signed consents for their own projects; however, if the faculty leaves the university, access must be possible for UH in the event of an agency audit. (2) Research investigators will promptly report to the IRB any injuries or other unanticipated problems involving risks to subjects and others.

Protocol Number: 12250-01 Full Review __X__ Expedited Review_____

316 E. Cullen Building Houston, TX 77204-2015 (713) 743-9204 Fax: (713) 743-9577
COMMITTEES FOR THE PROTECTION OF HUMAN SUBJECTS

Felina Franklin, LMSW

Graduate College of Social Work, University of Houston, Houston, TX 77204-4013
E-mail: ffranklin@uh.edu Phone: (713) 743-8080

EDUCATION

PhD December 2012 Social Work
University of Houston
Masters Degree 2008 Social Work
University of Houston
Bachelor's Degree 2006 Social Work
SUNY College at Buffalo

RESEARCH EXPERIENCE

2006-2009 **Project Management** *Research Assistant to Dr. Cache Steinberg*
Title: Rural Adoption Partnership Project
Title: Project Corazon
Title: ICC
Grant writing with a team of researchers
Project management of databases (Access, SPSS, Excel)
Advanced data analysis and write-up for grant reports

2006 – 2007 **United Way Needs Assessments** *Research Assistant to Dr. Cache Steinberg*
Title: Fort Bend County Needs Assessment (St. Lawrence Church)
Title: Mainland Communities United Way of Galveston County
Title: United Way Baytown Service Community
Data collection/analysis from national datasets
Conducted interviews/focus groups with consumers/bureaucrats
Collaborated with other researchers to write reports

2006 **Community Survey Principle Investigator**
Title: Wheeler Baptist Church 3rd Ward Coalition
Data entry of school survey data on drug-use
Data analysis of school survey data on drug-use
Reported results to support community planning

2005-2006 **Principle Investigator**
Ronald E. McNair Post Baccalaureate Achievement Program
Title: Social Support and Psychological Adjustment in an Assisted Versus Independent Elderly Community
Reviewed literature for proposal for Institutional Review Board
Survey data collection, database creation, data analysis of survey data
Prepared final report for presentation

REFEREED PUBLICATIONS

Franklin, F. (2009). Long Term Care in the United States and Turkey. *Perspectives on Social Work, 8*(1), 21-26.

CONFERENCE PRESENTATIONS

Franklin, F. *Creating a legacy.* 5th Annual Doctoral Social Work Student Symposium, University of Houston, Houston, TX. March 5, 2009, *Paper Presentation.*

Steinberg, C., Zarcaro, A., & **Franklin, F.** *Adoptive parents: A resource for sustaining adoption.* 32nd Annual NASW/Texas State Conference, Galveston, TX. November 7, 2008, *Paper Presentation.*

Franklin, F. *Social support and psychological adjustment in an assisted versus independent elderly community.* Student Research and Creativity Day. State University of New York College at Buffalo, Buffalo, NY. April 22nd, 2006, *Poster Presentation*.

Franklin, F. *Social support and psychological adjustment in an assisted versus independent elderly community.* Ronald E. Mc Nair National Conference. North Texas University, Dallas, TX. February 18, 2006, *Paper Presentation*.

FELLOWSHIPS AND AWARDS

2006-2009 Graduate Assistant Tuition Fellowship (GATF) *Research Assistantship*
Dr. Catherine Steinberg, Office of Community Projects, Graduate College of Social Work, University of Houston. Assist Primary Evaluator with Community Needs Assessments; data gathering, entry, and analysis; report writing; and Program Evaluation.

2006-2008 Agencies of Gerontology Intercultural Field Training (AGIFT) Fellowship
Funded by the John A. Hartford Foundation of New York City, prepares graduate social work students for competent, culturally sensitive practice in gerontological and geriatric social work. Fellowships are available during the semesters in which the student is enrolled in designated field practicum courses and placed in designated AGIFT agencies

SERVICE

2009 Perspectives on Social Work Doctoral Student Journal *Editor/Reviewer (2008)*
University of Houston, Graduate College of Social Work

PROFESSIONAL WORK

March 2012-Current IntraCare North Hospital PHP, Houston, TX
Program Director – Outpatient
- Recruitment, Training, Supervision & Development of Clinical Staff
- Liaison: Outreach, Intake, Inpatient, Administration & Direct Care Staff

October 2009 – March 2012 DAPA, Houston, TX
Psychiatric Program Director – Outpatient (7/2011-3/2012)
- Recruitment, Training, Supervision & Development of Clinical Staff
- Liaison: Outreach, Intake, Inpatient, Administration & Direct Care Staff

Psychiatric Hospital Social Worker– Inpatient (10/2009-6/2011)
- Assessments, Treatment & Discharge Planning
- Individual, Group, and Family Therapy (dual diagnosis psychiatric unit)

June 2006-August 2009 University of Houston, Houston, TX
Research Graduate Assistant
- Grant writing & Project management
- Advanced statistical analysis