

1.0 Methodology

1.1 Research Method

Since this an exploratory study that seeks to explore the social barriers, the best research method to use is qualitative research. Rather than collecting quantified information in discreet numbers, this study is seeking to unravel causative reasons. Qualitative methodology is best suited for this research because it offers the researcher a chance to explore the social barriers in greater details without limitations imposed by other methodologies (Royse, Thyer & Padgett, 2015). Therefore qualitative research is suitable for explore the research phenomenon.

1.2 Sampling

The target population for this study is Native Americans with history of substance abuse. The aim of the study is to explore the barriers to accessing addiction counseling services for the target population, which means, it will target Native Americans with a history of substance abuse. The participants will be selected through convenient sampling. Convenient sampling is preferred in this study because it is less costly and a leads to selection of target population of interest to the study (Elfil & Negida, 2017). Those selected for the study must have at least three years of addiction history and must be Native Americans. Considering that the target population may not be obvious in the community, and to eliminate selection bias, the study will target clients at Tigua Indian Reservation Ysleta Del Sur Pueblo - Substance Abuse Program. The program is located in Juanchido Street, El Paso, Texas and serves only the Native American people with substance abuse. By targeting participants who attend this program, the program will conveniently recruit clients who fit within the inclusion criteria for this study. This program is also within Texas which means it will be convenient and cheap to the researcher. However, one

of the concerns about this sampling method is high probability of selection bias and sampling error (Hedt & Pagano, 2011). Selecting participants from an already existing program means participants will have developed a view about addiction counseling and this may influence their response to the study. Also, because the records for the participants that will be relied on for selection of participant is held within the program, the accuracy of the records will not be ascertained by the research, which means some participants, may not meet the inclusion criteria.

1.3 Assessing Population

SASSI-3 Assessment instrument will be used. SASSI-3 Assessment instrument was published in 1988. It is a brief screening tool which used by human service practitioners to measures predisposition to substance abuse. It is used for individuals who have a high chance of diagnosable substance abuse disorder to evaluate their specific diagnostic criteria. The validity of this instrument is evaluated in number of studies with results showing a high validity. Sadeghi, Najafi, Rostami and Ghorbani (2010) obtained a Chrobanch's alpha of 0.74, which is a relatively high level of reliability. The same study recorded a positive correlation between SASSI-3 scales shows a high validity with correlation with AAS show opportune convergent validity. In addition, Miller and Lazowski (1999) recorded a .93 consistent coefficient for the instrument in a two-week test-retest study on a sample of 40 respondents, which shows the reliability. In the same study, the reliability of the instrument was found to be 94%. Also, the same validity and reliability have also recorded by Laux, Perera-Diltz, Smirnoff, and Salyers (2011) analyzing the internal consistency reliability estimates and construct validity factor analysis of a total of 230 college students. The findings from these studies attest the high validity and reliability of SSSI-3 as a tool to evaluate substance abuse. In this study, SSSI-3 will be used

to screen participants for substance abuse. Only those with evidence substance abuse as defined by SSSI-3 will be admitted to the study. The tool will help identifying those with possible substance abuse regardless of whether they acknowledge presence of the symptoms or not.

1.4 Research Plan

When carrying out a study, a plan of action details how sequence of activities will take place from beginning to the end. It is a plan showing how one action will lead to the next until the final results. The initial steps in this study will be carrying a background study, narrowing down on the problem for research, and choosing methodology. The next course of action is seeking approval of the study from the Institution Ethics Review Board (IRB) which is the organization mandated to evaluate ethicality of the study and approve it. Once the study is approved, the next steps is pretesting the data collection tool on the similar population to ensure that the required reliability and validity is achieved (Sudheesh, Duggappa, & Nethra, 2016). Pretesting is the final steps in preparation for the final study. The next step is selecting the study participants using an appropriate selection method that reduces selection bias. The selection process should adhere to the laid down ethical procedures and the participants must be informed of the reason for their participation and sign an informed consent form to show they willingly agree to participate in the study. Once the study participants have been selected, then the actual data collection process takes place. This process should adhere to all ethical procedures (Sutton & Austin, 2015). The data collection process leads to data analysis of the collected data using appropriate data analysis method. After data analysis, the next step is writing the final report. The last step of my study will be presenting the research findings to the school and with the study participants (Setia & Panda, 2017).

1.5 Treatment method

There are different treatment and intervention models in addiction counseling. These include behavioral therapy, biopsychosocial model, brief therapy, cognitive behavioral therapy, existential therapy, family therapy, gestalt therapy, interpersonal therapy, person-centered therapy, didactic group therapy, motivation interview, psychoanalytic therapy, narrative therapy, and many others (Wampold, 2015). These therapeutic treatment and models applies in different ways in addiction counseling. The choice of the treatment model to use depends on different factors like the nature of therapy need, personal characteristics, support system, and others. In addition, it also depends on the number of clients engaged in therapy. For example, if there is only one client, the most preferred therapy is person-centered therapy but if there are more than one clients with the same problem, didactic group therapy is preferred. Also the choice of therapeutic treatment model depends on the nature of the presenting problems. After diagnosis, the counselor will determine the model to use depending on the problem presented. For example, if the problem presented touches on the family, a family-based therapy model is preferred. If the client has more than one presenting problem, more than one therapeutic treatment model can be used. Therefore, there is no single appropriate treatment model that fits all clients. The choice of the treatment model and approach to use depends on many factors. The counselor is at liberty to select the most appropriate model for the problem presented (Petko, Kendrick, Young, 2016). Most important, the counselor must chose a theory that aligns with their personal value system and it must be one that has a high chance of helping the client to overcome the problem faced. Therefore, the research proposal proposes to use different treatment methods.

1.6 Data Analysis

The proposed study will collect qualitative data through focused group discussions. Data will be analyzed through descriptive thematic analysis process. Data will be organized through coding to identify the emerging themes. Coding is the process of assigning meaning to phrases, ideas, and other materials collected during the data collection process. Coding will be continuous through the data collection process until saturation is reached (Royse, Thyer & Padgett, 2015). The coding process will take place in three steps. The first is open coding which will involve looking for concepts and categories in the data. This coding process involves going over the collected data again and again to understand it well and identify the main issues that emerge from the study (Sutton & Austin, 2015). The second step in the coding process will be axial coding, which involves preparing the pre-set codes list that will have about 10 codes. The pre-set codes will include the concepts identified although they are likely to be broader and will have to undergo a refining process. From the pre-code list, emergent codes will be identified. This will be a set of concepts, actions, relationships and meaning that are different from pre-set codes. The next step will be refining the codes by collapsing, revising, or expanding the coded categories. The final process will be preparing the coding notes that will include the ideas that emerge from the coding process. A table will be prepared where all the final concepts and categories will be listed showing all the themes that have been identified in the research and their relationships.

The validity of qualitative data analysis is well established in research. In two studies that collected qualitative data, thematic analysis was used. Walsh (2014) used phenomenological data analysis where interview data was first scanned for prejudice, viewpoints or assumptions regarding the phenomenon under study. Phenomenological reduction was then done through bracketing process of locating key phrases and statement. The third process was interpreting the

identified statements, then assessing and reflecting on their meaning. In the second study, Legha, Fickenscher, Raleigh-Cohn, and Novins (2014) followed the same process where all interviews were recorded and transcribed. The transcripts were then analyzed using NVivo and coded for the key themes emerging to the study. The initial codes were refined. Apart from the use of NVivo computer analysis, the two studies used the same thematic data analysis process. In two studies that collected quantitative data, Dickerson, Spear, Marinella-Casey et al. (2011) used statistical analysis method to analyze collected data. Data was analyzed using chi-square tests and t-tests through SPSS software. In another quantitative research, Rieckmann, Moore, Croy, Aarons, and Novins (2017) used logistic regression models to analyze data using statistical software. Comparing the two, quantitative data analysis uses statistical software to prove hypothesis while qualitative data analysis identify emerging themes in research. Qualitative data analysis is more rigorous because the data has to be read and re-read to identify the emerging themes while statistical analysis depends on computational output. Qualitative data analysis method is the best choice for my study because it will help identify multiple issues in an exploratory manner. Ethics arise in data collection especially when it comes to disposing the collected data. For example, interview recording verbatim have to be destroyed after analysis to avoid data falling into third part hands.

One of the common interpretive errors in qualitative data analysis is the tendency to generalize the findings instead of using the qualitative techniques to obtain insights into research particulars (Repisti, 2015). It is only when a large sample is used that such generalization can be made but researchers generalize even with a small sample. Another error is the failure to estimate and interpret the effect sizes. During interpretation researchers uses terms like “most”, “many”, “several”, and others that are not followed by any quantitative data (Royse, Thyer, & Padgett,

2015). This leaves reader s confused about the real estimates. Sometimes, qualitative data may be treated through a quantitative process, which mean it might require statistical procedures. Incorrectly performing statistical procedures which are not suitable for a particular set of data or giving conclusions before a statistical analysis is done, leads to an error. Lastly, another error is misrepresentation of results of the study when presenting data like using bar plots when presenting arithmetic means in a graphic manner (Worthy, 2015). When doing my research and interpreting data, I will guard against some errors. I will ensure that appropriate analysis is done and for some statistical data like demographic data, interpretation is made only after the statistical analysis is done. It is only data analysis is done that interpretation is done. I will also ensure that quantitative phrases are followed by appropriate statistical evidence to prove it. Results will not be generalized but will only be specific to the sample analysed. Lastly, data will be presented in the most appropriate way.

1.7 Ethical Issues

There are a number of ethical issues in my study. First, the issue of informed consent arises because the participants cannot be coerced to participate in a study (Wertheimer, 2015). They must give an informed consent. Second, confidentiality is a major ethical issue because sensitive personal data is collected from the participant and it must be used for the purpose of the study alone. Third, the study must not harm the participant (Camille, Han, & Sng, 2016). The principle of do-no-harm states that any activity in the course of the research must not harm the participant, and if it does, there must be reversed. The issue of privacy also arises because there is sensitive data collected and safeguarded.

There are a number of risks and benefits for the participants. The potential benefits participants include the knowledge they will gain from the research, the possibility of addressing the issues they are facing themselves or others within their community, and others (Sanjari, Bahramnezhad, Fomani, Shoghi, & Cheraghi, 2014). Potential risks include possible loss of privacy if the private data is leaked to a third party.

Principles of multiculturalism and diversity are relevant to any research because they address ethical issues that may arise in the course of the study (Simonds, Goins, Krantz, & Garrouette, 2013). There are different ways in which the study will address multiculturalism and diversity issues. First, the study will seek approval from the Institutional Ethical Review Board (IRB), which is the board mandate to assess how the proposed study addresses ethical issues. Approval by IRB will indicate that the study meets all criteria for multiculturalism and diversity (Ghooi, 2014). Second, the study will select participants from Native Americans, an ethical minority group in the United States. The selection of this study is done through convenient sampling because the study wants to address a problem that is prevalent in the population. Although other races have the same problem, the study will be broad to address all the races hence it has narrowed down on Native Americans as the group that is given less attention in addiction literature. By design, the study is therefore aimed at addressing segregation of Native Americans in addiction literature. In selecting the study participants, the study will use appropriate selection method that minimizes selection bias. For example, both genders will have equal chances of being selected as participants in the study. In the course of the study, cultural issues of Native Americans will be respected. In engaging the participants, the study will respect all cultural issues that are relevant to the participants. For example, the intersection between

spirituality and addiction, symbolism, and other factors will be considered in the course of their engagement (Patterson, Welte, Barnes, Tidwell, & Spicers, 2015).

1.8 Expected Outcomes

There are different results that are expected in this study. Although there is no data to make conclusions, the study expects to find a strong relationship between Native Americans and low consumption of addiction counseling. The study expects to find that Native Americans are discouraged to go for counseling services because of cultural barriers. Most of the existing substance addiction program targeting Native Americans is not designed in a way that they integrate with their culture (Legha, Releigh-Cohn, Fickenscheer, & Novins, 2014). The study also expects to find that Native Americans are discouraged to go for addiction counseling because they consider it foreign practice that is not compatible with their culture. The study expects to find that most counselors do not understand the role of culture on counseling process among Native Americans. However, there are a number of limitations for this study. First, the study will use a small sample which will compromise the external validity. Generalization of results can only be done when a large sample size is selected. Another limitation of this study is selection bias. Generalization is one of the major challenges facing interpretation of data (Pullen & Oser, 2014). The study will select participants from one counseling center which means it will not provide a fair probability for all sample selected. This will again result in external validity challenge because the selected sample may not be a representative of the sample. However, these limitations will not greatly affect the outcome of the study because they will be effectively controlled.