

## ABSTRACT

HORNE, ROBERT ANTONIO. Counseling African American Male, Low Income, Substance Users: The Relationships Between Spirituality, Active Coping, Drug-Related Criminal Activity, Education, Treatment, and Substance Use. (Under the direction of Dr. Marc A. Grimmert).

Substance use among African American males has been a subject of study since at least the late 1800's. Researchers as early as the 1900's linked social factors (e.g., lower levels of education, lower income, impoverished living conditions, drug-related criminal activity, etc.) to increased substance use among African American males (Allen, 1915; Terry, 1914). Since then, researchers and counseling professionals addressing substance use and mental health concerns among African American male substance users have primarily focused on social and environmental factors that influence substance use (Green et al., 2013; Stock et al., 2012). However, as the requirement for multicultural competency has grown in the counseling profession new methods of addressing African American males' substance use and mental health concerns are being developed. The purpose of this study was to determine the relationships between spirituality, active coping, drug-related criminal activity, education, substance use treatment, and substance use among African American male substance users. For the purpose of this dissertation spirituality was conceptualized as, "the individual or collective, experiential and/or existential, search for the sacred or transformative meaning in life which may or may not include a higher power or ritualistic approach" (Horne, 2013, p. 13). A quantitative study was conducted with 103 African American males between the ages of 19 and 68, ( $M=42.31$ ,  $SD=12.40$ ) who had actively engaged in illegal substance use within 12 months of the study. The study's measures included: (a) demographic questionnaire; (b) Alcohol Use Disorder Identification Test (AUDIT10); (c) Drug Abuse Screening Test (DAST10); (d) John Henry Active Coping Scale (JHAC12); and (e) the Santa Clara Strength

of Religious Faith Questionnaire (SCSORFQ). A hierarchical multiple regression using Stata 13.1 was performed to determine if spirituality, active coping, drug-related criminal activity, education, and substance use/mental health treatment had a significant relationship with substance use among African American male substance users. These results indicated substance use/mental health treatment engagements and active coping had a significant relationship with substance use among African American male substance users,  $t(102) = 3.54, p < .001$  and  $t(102) = -2.62, p < .01$  respectively. The researcher also determined psychological factors (e.g., spirituality, active coping, substance use/mental health treatment) explain a greater amount of variance in substance use among African American male substance users than traditional social factors (e.g., education, drug-related criminal activity), 18% and 3% respectively.

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Counseling African American Male, Low Income, Substance Users: The Relationships  
Between Spirituality, Active Coping, Drug-Related Criminal Activity,  
Education, Treatment, and Substance Use

by  
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## DEDICATION

First and foremost this dissertation is dedicated to God and all of God's creation. In the knowledge that every human being is born with an invaluable intrinsic human worth that is both precious and priceless regardless of material possessions or human condition. Second, this dissertation is dedicated to my parents, Bobbie Horne and Sadie Horne Orrell. I dedicate this to them because I am the product of their words, inspiration, sacrifices, and examples. They above all others taught me to love God, people, and knowledge, and this dissertation is a reflection of that love. Third, this dissertation is dedicated to the 137 African American male substance users who trusted me with their legal and reputational safety in order to provide me with the intimate details of their substance use. Without their overwhelming support and encouragement this dissertation could not have been completed. Finally, this dissertation is dedicated to anyone who ever felt like their story had not been faithfully or fully told. And as a result, found themselves in an emotional or physical state of being that repressed their ability to love themselves, others, and the world around them. This is to let them know they are not alone in their struggles or life. More importantly, it is to let them know that they are loved and cared for by others, and others are committed to helping them find their way back to a place of health, security, and inner peace.

*Lion hunters will always be glorified in tales of the lion hunt,  
until lions have their own story tellers.*

*African Proverb*

*The lions now have storytellers*

## BIOGRAPHY

Mr. Robert Horne is a Licensed Professional Counselor, Licensed Clinical Addiction Specialist and Clinical Supervisor Intern, International Certified Advanced Alcohol and Drug Counselor, and a National Certified Counselor. He is also a National Board for Certified Counselors Minority Fellowship Program Fellow and a Substance Abuse and Mental Health Services Administration Minority Fellowship Program Fellow. Robert has served as a Vice-President of the North Carolina Counseling Association's Multicultural Division (2010); and former Vice-President of the North Carolina Counseling Association's Association for Spiritual, Ethical, and Religious Values in Counseling Division (2011). Mr. Horne has served in pastoral and parish ministry for 23 years. Mr. Horne has also served as a state and regional Director of Christian Educator, college lecturer, and foreign missionary. Mr. Horne served in the United States Marine Corps and United States Marine Corps Reserve, obtaining the rank of Captain.

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## TABLE OF CONTENTS

LIST OF TABLES .....	xi
LIST OF FIGURES .....	xii
CHAPTER I--- INTRODUCTION .....	1
Purpose .....	2
Statement of the Problem .....	3
Spirituality as a Coping Mechanism Among African American Males .....	6
John Henry Active Coping .....	8
Research Question and Hypotheses .....	8
Rationale for Variable Selection .....	9
Population .....	16
Summary of Method .....	16
Terms and Definitions .....	16
Active Coping .....	17
African Traditional Religion.....	18
Black Church .....	19
Coping .....	20
Masking/Cool Pose .....	21
Modern Counselor.....	22
Self-view/Worldview .....	23
Spirituality .....	24
Stress .....	24
Substance Use .....	25
Traditional Counselor.....	25
Contextual Background for Understanding and Interpreting the Influence of African American Male Spirituality .....	26
African Traditional Religions .....	28
Conclusion.....	31
CHAPTER II-- LITERATURE REVIEW .....	32
Inclusion Criteria .....	33
Substance Use Among African American Males .....	34
Incarceration, Recidivism, and Ex-offender Discrimination Among African American Males .....	36
The Implications of Substance Use, Incarceration, and Recidivism Among African American Male substance users on African American Families and Communities .....	38
Stress and Coping Among African American Males.....	40
Barriers Between Mental Health Service and African American Males .....	43
Culturally Inadequate Stress and Coping Measures .....	44
Spiritual Research Among African American Males .....	45
Conclusion.....	51
CHAPTER III--METHOD .....	53
Research Design .....	54

Participants .....	55
Measures .....	56
Demographic Questionnaire (DQ) .....	56
Alcohol Use Disorder Identification Test (AUDIT10) .....	57
Drug Abuse Screening Test (DAST10).....	58
John Henry Active Coping Scale (JHAC12) .....	58
Santa Clara Strength of Religious Faith Questionnaire (SCSORFQ) .....	59
Data Collection .....	60
Individual Procedures.....	61
Group Procedures .....	62
Potential Risks Procedures .....	64
Legal and reputational risks procedures .....	64
Emotional and psychological risks procedures .....	64
Participant and primary investigator personal safety risk procedure .....	65
Data Analysis.....	65
Multiple Regression Model .....	67
Conclusion.....	69
CHAPTER IV--- RESULTS .....	70
Data Cleaning .....	71
Assumptions .....	72
Normal distribution.....	72
Linear relationship .....	73
Independence of errors.....	74
Homoscedasticity .....	74
Multicollinearity .....	75
Descriptive Statistics .....	76
Correlation of Dependent Variable to Independent Variables .....	80
Multiple Regression Model .....	81
Hypothesis Testing .....	84
Hypothesis 1: Spirituality.....	84
Hypothesis 2: Active Coping.....	85
Hypothesis 3: Education.....	85
Hypothesis 4: Drug-related criminal activity .....	85
Hypothesis 5: Treatment .....	86
Hypothesis 6: Interaction of active coping and spirituality.....	86
Hypothesis 7: Interaction of active coping and education .....	87
Conclusion .....	87
CHAPTER V--- DISCUSSION .....	89
Summary of Findings .....	90
Significant Findings .....	91
Active coping .....	91
Substance use treatment .....	93
Nonsignificant Findings .....	94

Spirituality .....	95
Drug-related criminal activity .....	96
Education .....	97
Limitations and Generalizability.....	98
Delimitations and limitations .....	98
Generalizability .....	99
Implications for Counseling, Counseling Education, and Future Research.....	99
Active coping .....	100
Substance use treatment.....	100
Spirituality .....	102
Drug-related criminal activity.....	103
Education .....	104
Conclusion.....	105
References.....	108
Appendices.....	135
Appendix A: Demographic Questionnaire .....	136
Appendix B: Alcohol Use Disorders Identification Test (AUDIT) .....	137
Appendix C: Drug Abuse Screening Test (DAST10).....	139
Appendix D: John Henry Active Coping Scale (JHAC12) .....	141
Appendix E: Santa Clara Strength of Religious Faith Questionnaire (SCSORFQ) .....	144
Appendix F: Community Resource Guide .....	145
Appendix G: Recruitment Flyer.....	151
Appendix H: Information and Instruction Sheet.....	153
Appendix I: Informed Consent Form .....	154
Appendix J: Recruitment Email Script .....	156
Appendix K: North Carolina State University Institutional Review Board .....	157

## LIST OF TABLES

Table 1: Research questions, Hypothesis, Instrument, and Type of Analysis .....	12
Table 2: Skew and kurtosis pre and post Box-Cox transformation .....	73
Table 3: Multicollinearity Statistics .....	76
Table 4: Descriptive Statistics for Substance Use.....	77
Table 5: Descriptive Statistics for Spirituality.....	77
Table 6: Descriptive Statistics for Active Coping.....	77
Table 7: Descriptive Statistics for CrimActivity.....	78
Table 8: Descriptive Statistics for Education .....	78
Table 9: Descriptive Statistics for Treatment .....	78
Table 10: Descriptive Statistics for Participants' Partner, Employment, Treatment Type, and Vet Status .....	79
Table 11: Descriptive Statistics for Participant's Age, Income, and Dependents .....	80
Table 12: Pearson Correlation Coefficients for Dependent Variable with each Independent Variable .....	81
Table 13: Hierarchal Regression for Substance Use Among African American Males .....	84

## LIST OF FIGURES

Figure 1 -- Standardized residuals versus standardized predicted values .....	74
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## CHAPTER 1—INTRODUCTION

African American spirituality is well-documented in many forms of literature (e.g., books, peer-reviewed journals, anthologies) (Battle, 2006; Cone, 1975; Lincoln & Mamiya, 1998; Mbiti, 1990; Raboteau, 2004; Wilmore, 1998). Few non-theological scholars have delved into the rich spiritual heritage of African American males, including African Traditional Religions (ATRs), and the influence of spiritual traditions on their identity, psychosocial, and behavioral development. As a result, scant literature exists outside of the fields of theology and religion that discuss the influence of spirituality on African American male identities, self-concept, worldview, and psychosocial behavioral patterns (Boyd-Franklin, 2010; Post & Wade, 2009; Williams, Keigher, & Williams, 2010; Wimberly, 2010; Young, Griffith, & Williams, 2003).

A notable absence of research on African American male spirituality exists in the field of counseling. African American male identity, self and worldviews, and value systems are uniquely associated with their spiritual belief systems (Cone, 1975; Ebere, 2011; Lincoln & Mamiya, 1998; Mbiti, 1990; Raboteau, 2004; Snowden, 1983). Belief systems serve as the core source for day-to-day interactions, decision-making, cognitive processing, and psychosocial behavioral patterns (Ammerman, 2005; Chaves et al., 2004; Gerig, 2007; Stanczak & Miller, 2004; Wuthnow & Hackett, 2003). Likewise, belief systems are synonymous with value systems; they pertain to principles and attitudes that provide direction and guidance for everyday life (Corey, Corey, & Callanan, 2011; Post & Wade, 2009). The absence of literature on African American male spirituality is equivalent to an absence of research on African American male core value systems. Culturally competent

counseling is predicated on respecting a client's core value system (Arredondo et al., 1996).

Gaps in the literature present challenges for understanding and/or assessing the normative day to day interactions, decision-making, cognitive processing, self and worldviews, and psychosocial behavioral patterns of African American males. Counselors seeking to understand and address substance use and/or psychosocial concerns of African American males are similarly challenged. Likewise, the absence of literature on African American male core value systems and spirituality test the effectiveness and cultural suitability of treatment and prevention counseling methods associated with African American males. If counselors are to competently address substance use and mental health concerns among African American males it becomes *necessary* to understand: (a) the salient role spirituality has traditionally played in the development of African American male identity, self and worldviews, and psychosocial behavioral patterns; and (b) the role spirituality currently has in the lives of African American males presenting with substance use or psychosocial concerns; and (c) the possible moderating effect of spirituality on substance use and active coping strategies among African American males. In order to provide a context for understanding key aspects of African American male spirituality, an overview of the influence of spiritual traditions in shaping African American male identity, self and worldviews, and psychosocial behavioral patterns will be presented.

### **Purpose**

The purpose of this study was to determine the relationships between spirituality, active coping, drug-related criminal activity, education, substance use treatment, and substance use among African American male substance users. The goals of this study are to

help researchers, counselors, and governmental agencies to: (a) address substance use and mental health concerns among African American male substance users; (b) develop spiritual based, culturally sensitive, counseling constructs for African American males; and (c) develop spiritual based, culturally appropriate, preventive measures. Additional goals of this study are to discuss the role of spirituality and active coping in regard to judicial rehabilitation and recidivism. Furthermore, the researcher used this dissertation to present the traditional influence of spirituality on African American males, to include: identity development, self and worldviews, core value systems, motivation, interpersonal relationships, and academic and professional success. A quantitative research design using hierarchal multiple regression analysis will be employed in this study, therefore, causal relationships associated with substance use among African American males will not be identified.

### **Statement of the Problem**

Illegal substance use and drug related criminal activity are the primary causes of the disproportionate incarceration and high recidivism rates of African American males (Bonzcar, 2003; Daniels, 2012; Kethineni and Falcone, 2007; Mauer & King, 2007). African American males convicted of substance use and drug-related criminal activity are disproportionately represented in the criminal justice system, leading to a negative impact on families, communities, and society-at-large (Bonzcar, 2003; Kethineni & Falcone, 2007; Maruschak & Parks, 2012; Mauer & King, 2007; Seiter & Kadela, 2003). Lack of coping resources, lack of economic resources, low education attainment, high unemployment, and barriers to mental health and substance use treatment are but a few of the psychosocial

factors that reportedly facilitate high substance use among African American males (Daniels, 2012; Gleason, 2012; Harper, 2012; Holzer, Raphael, & Stoll., 2003; Kethineni & Falcone, 2007). As a result of substance use and drug-related criminal activity, it is calculated that 1 out of every 3 African American males born after 2001 will spend some time in jail during their lifetime (Bonzcar, 2003; Mauer & King, 2007). Furthermore, 67% of individuals released from prison will return within 3 years (Gleason, 2012; Mauer & King, 2007). Thereby, continuing a cycle of impoverishment, broken homes, increasing numbers of at-risk children, and violence in African American communities (Mukku et al, 2013; Kethineni & Falcone, 2007; Seiter & Kadela, 2003).

Mental health and substance use counselors have attempted to address the substance use and underlying mental health concerns of African American male substance users. However, barriers to substance use and mental health treatment related to cultural differences including: (a) African American males' negative perceptions of the counseling process; (b) African American males' coping styles and strategies; (c) counselors' minimization or pathologization of spirituality; and (d) a lack of culturally sensitive counseling approaches designed for African American males, has limited African American males participation in substance use and mental health treatment services (Levin, 2010; Thompson, Bazile, & Akbar, 2004; Yeung & Chan, 2007). The difficulties associated with African American male substance use and drug-related criminal activity has resulted in a serious public health problem. Illegal substance use and drug-related criminal activity are reported to be the primary cause of high incarceration and recidivism rates among African-American males (Bonzcar, 2003; Maur & King, 2007). Over 65% of all inmates meet the medical criteria for

substance abuse addiction (National Center on Addiction and Substance Abuse at Columbia, 2010). This infers over 550,000 of the 845, 000 incarcerated African American males meet the medical criteria for substance use disorder (SUD). The Substance Abuse and Mental Health Services Administration (SAMHSA) reports approximately 70% of people with SUDs have co-occurring or underlying mental health concerns (Substance Abuse and Mental Health Services Administration, 2010). This infers that of the 550, 000 incarcerated African American males who meet the medical criteria for substance abuse addiction over 385,000 may have co-occurring or underlying mental health concerns. The complexities related to substance use and drug-related criminal activity among African American males has resulted in counseling professionals and governmental agencies seeking new treatment strategies to address substance use and mental health concerns among African American males (Levin, 2010; Mental Health: Culture, Race, and Ethnicity, 2001; Moore-Thomas & Day-Vines, 2008). Similarly, the counseling profession has begun to address its negative biases against spirituality and advocate for its inclusion in the multicultural counseling process (Arredondo, 1996; Boyd-Franklin, 2010; Moore-Thomas & Day-Vines, 2008; Yeung & Chan, 2007).

In recent years spiritual models for counseling have developed among several ethnic and racial minorities. Some of these spiritual based counseling models address the specific cultural needs of Asian Americans, Native Americans, and Hispanic Americans that include Buddhist Psychology, Native American Sweat Lodges, and Mestizo Spirituality, respectively (Cervantes, 2010; Comas-Diaz, 2006; Daya, 2000). Conversely, there is no indication in the current literature that research for the development of a spiritual based counseling construct for African Americans males, or African Americans in general, has been investigated or

developed. No other ethnic or racial group in the United States displays higher levels of spirituality than African American males other than African American females (Pew Research Center, 2008). Therefore, the lack of research on African American male spirituality and the lack of a spiritual based counseling construct represent gaps in the counseling field of knowledge and practice.

### **Spirituality as a Coping Mechanism Among African American Males**

Spirituality, traditionally and currently, serves as a significant coping mechanism for many African American males. It has been identified as a useful coping strategy which influences the mental and physical health, as well as the social and academic success of African Americans (Dancy, 2010; Dantly, 2005; Harper, 2012; Koenig & Larson, 2001; Lincoln & Mamiya, 1998; Mattis et al.; Moore-Thomas & Day-Vitts). Spirituality is seen throughout African American history as a coping mechanism among African American males. The Black Church or *Invisible Institution* as it was known in the antebellum south during slavery, provided a mechanism for African Americans to transmit their stories, culture, and hopes (Cone, 1975; Copeland, 2013; Raboteau, 2004). The Black Church became the singular place where African American male slaves could exercise autonomy and leadership (Lincoln & Mamiya, 1998; Mbiti, 1990; Raboteau, 2004). As such it became the center of the African American community and central social and academic training ground for young African American males. Likewise, the music of the Black Church, especially the Negro spirituals, reflected African Americans struggles and hopes. It also served as a source of encouragement and celebration that assisted them in maintaining their sense of humanity and identity. Copeland (2013) writes:

With their dense mediation of unimaginable anguish and joyous hope and their thick melodic power, songs and singers bow to the flash of Spirit, which illumines their opaque situation. The spirituals advocate neither passivity nor escapism, neither surrender nor resignation; their grammar subverts chattel slavery and honors the refusal to interiorize its degradation by embracing *wholeness*. These songs express, nurture, and sustain a worldview from within which enslaved people might live, think, move, act, be free—might be human authentically. (p. 634).

Copeland's writings reflects the permanent link between spirituality and African American males' hope to live, think, move, act, and be free of social injustice and oppression. It represents African American males' desire to be human *authentically*.

Spirituality, has played a significant role in the lives of African American males post-slavery. Current and past literature are full of examples of the role African American spirituality played during slavery and segregation (Boyd-Franklin, 2010; Clark, 2013; Cone, 1975; Giles, 2010; Sernett, 1999). African American spirituality shaped the culture, attitudes, and behaviors that facilitated the Civil Rights Movement and propelled African American males like Dr. Martin Luther King Jr. and Malcolm X to the forefront of world news. More importantly, African American spirituality sparked a renewed interest in traditional African culture and traditional African spirituality. One of the more important spiritual traditions was the *Rites of Passage* (ROP) (Alolo & Connelly, 2013; Daniel, 2013). ROP refers to a systemic process in which young African American males are nurtured and mentored in their transition from childhood to manhood by older African American males. ROP focuses on developing young African and African American males' understanding of

self and cultural awareness; personal and communal responsibility; and positive conscious behavior (Harvey & Hill, 2004). The renewed interest and use of the ROP model provides further indication of African American males lasting link to African Traditional Religions. Furthermore, ROP underscores the integration and influence of spirituality on African American male identity development, self and worldviews, and psychosocial behavioral patterns.

### **John Henry Active Coping**

African American males who live in chronically stressful environments often cope with psychosocial stressors by engaging in unhealthy or negative behaviors, including illegal drug related activity (Jackson, Knight, & Rafferty, 2010; James, Hartnett, & Kalsbeek, 1983). James, Hartnett, & Kalsbeek (1983) concludes, African Americans exposure to oppressive conditions (e.g., slavery, segregation, etc.) and chronic psychosocial stress (e.g., chronic fear of job loss, chronic financial insecurity, chronic exposure to negative stereotyping, chronic exposure to microaggressions, etc.) resulted in African Americans developing an *active coping* stress management strategy. Active coping refers to a method of handling stress that involves mental and physical vigor, single-minded determination, and a commitment to succeed that extends over a prolonged period of time (James, Harnett, & Kalsbeek; Fernander, Dura'n, Saab, Llabre, & Schneiderman, 2003).

### **Research Question**

The purpose of this study was to determine the relationships between spirituality, active coping, drug-related criminal activity, education, substance use treatment, and substance use among African American male substance users. A hierarchical multiple

regression was used to analyze variables and determine significant relationships associated with African American male substance use. More exactly, this study examined the following factors to determine their influence on African American male substance use (*SubstanceUse*): strength of religious faith (*Spirituality*), active coping (*ActiveCoping*), drug-related criminal activity indexed by the number of times a participant has been arrested (*CrimActivity*), level of education (*Education*), and substance use/mental health treatment (*Treatment*) measured by the number of individual times a participant was *referred and engaged* in substance use and/or mental health treatment. Two additional factors were also examined: the interaction of spirituality and active coping (*SpiritualCoping*); and the interaction of active coping and education (*ACopingEduc*). *SpiritualCoping* and *ACopingEduc* were examined to determine if the combination of spirituality and active coping or the combination of active coping and education had a significant relationship with substance use among African American male substance users.

**Rationale for Variable Selection.** The variables for this study were selected based on a prominent presence in literature linking them to: (a) African American males' psychological and behavioral development (e.g., spirituality, active coping); and/or (b) substance use among African American males (e.g., drug-related criminal activity, education, substance use/mental health treatment). *Spirituality* has been linked to African American males' core belief system formation, psychological and behavioral development, and personal and professional success (Jang, 2004; Jett, 2013; Koenig & Larson, 2001; Smith, Hung, & Franklin, 2011; Wimberly, 2010). *John Henry Active Coping Scale* is the only measure specifically designed to assess stress and coping among African Americans (James,

Harnett, & Kalsbeek, 1983; Fernander et al., 2003). Similarly, the John Henry Active Coping identifies a psychological and behavioral coping style developed among African Americans in response to historical and current psychosocial stressors (James, Harnett, & Kalsbeek, 1983; Fernander, Dura'n, Saab, Llabre, & Schneiderman, 2003). *Drug-related criminal activity* is one of the most widely publicized outcomes associated with substance use among African American male substance users (Mukku, Benson, Alam, Richie, & Bailey, 2012). More importantly, over 60% of incarcerated African American males are incarcerated for substance use or drug-related criminal activity (Gleason, 2012; Mukku et al., 2012; Riordan & McDonald, 2009). *Education*, more specifically lower levels of education, has been linked with increased substance use among African Americans for at least 100 years (Allen, 1915; Terry, 1914). Lower education levels are cited as a prominent indicator of increased substance use among African American males (Daniels, 2012; Jett, 2013; Maur & King, 2007; National Center on Addiction and Substance Use at Columbia, 2010; Padgett, Stanhope, & Stefancic, 2011). *Substance use/mental health treatment* engagement represents one possible method for addressing the substance use and mental health concerns of African American male substance users. However, studies have suggested African American males' engagement in substance use/mental health services is hindered by: (a) barriers in the substance use/mental health system (e.g., prohibitive cost, lack of minority counselors; (b) lack of culturally sensitive treatment methodologies, etc.) and (c) African American males' perspective of substance use/mental health services (Mental Health: Culture, Race, and Ethnicity, 2001; Schwartz & Feisthamel, 2009; Ward & Besson, 2013).

In order to determine the relationships between spirituality, active coping, drug-related criminal activity, education, substance use treatment, and substance use among African American male substance users the following research question and hypotheses were investigated: (see Table 1).

Do spirituality, active coping, drug-related criminal activity, education, and the number of substance use/mental health treatment engagements have a significant relationship with substance use among African American male substance users?

1. H<sub>A</sub>: Spirituality has a significant negative relationship with substance use among African American male substance users. (Koenig & Larson, 2001; Wimberly, 2010)
2. H<sub>A</sub>: Active coping has a significant positive relationship with substance use among African American male substance users. (Ref: James, Harnett, & Kalsbeek, 1983; Fernander et al., 2003)
3. H<sub>A</sub>: Education has a significant negative relationship with substance use among African American male substance users. (Ref: Daniels, 2012; National Center on Addiction and Substance Use at Columbia, 2010)
4. H<sub>A</sub>: Drug-related criminal activity has a significant positive relationship with substance use among African American male substance users. (Ref: Gleason, 2012; Riordan & McDonald, 2009)
5. H<sub>A</sub>: The number of treatment engagements has a significant negative relationship with substance use among African American male substance users. (Ref: Schwartz & Feisthamel, 2009; Ward & Besson, 2013)

6. H<sub>A</sub>: The interaction of active coping and spirituality has a significant negative relationship with substance use among African American male substance users.
7. H<sub>A</sub>: The interaction of active coping and education has a significant negative relationship with substance use among African American male substance users.

Table 1

*Question, Hypothesis, Instrument, and Type of analysis used for study.*

Research Question	Hypothesis	Instruments	Type of Analysis
Do spirituality, active coping, drug-related criminal activity, education, and the number of substance use/mental health treatment engagements have a significant relationship with substance use among African American male substance users?	<p>H<sub>0</sub>: Spirituality, active coping, drug-related criminal activity, education, and the number of substance use/mental health treatment engagements do not have a significant relationship with substance use among African American male substance users</p> <p>H<sub>A</sub>: Spirituality, active coping, drug-related criminal activity, education, and the number of substance use/mental health treatment engagements have a significant relationship with substance use among African American male substance users.</p>	<p>Demographic Questionnaire (Horne, 2013).</p> <p>Drug Abuse Screening Test (Skinner, 1982).</p> <p>John Henry Active Coping Scale 12 (James, Harnett, and Kalsbeek, 1983).</p> <p>Santa Clara Strength of Religious Faith Questionnaire (Plante and Boccaccini, 1997).</p>	<p>A hierarchal multiple regression will be conducted on the independent variables, spirituality, active coping, drug-related criminal activity, education, and substance use/mental health treatment and the dependent variable substance use to determine if each independent variable has a significant relationship with substance use among African American male substance users.</p>

Table 1 Continued

Hypothesis 1	Hypothesis	Instruments	Type of Analysis
<p>Does Spirituality have a significant negative relationship with substance use among African American male substance users?</p> <p>Ref: Koenig &amp; Larson, 2001; Wimberly, 2010.</p>	<p>H<sub>0</sub>: Spirituality does not have a significant negative relationship with substance use among African American male substance users.</p> <p>H<sub>A</sub>: Spirituality has a significant negative relationship with substance use among African American male substance users.</p>	<p>Drug Abuse Screening Test (Skinner, 1982).</p> <p>Santa Clara Strength of Religious Faith Questionnaire (Plante and Boccaccini, 1997).</p>	<p>A hierarchal multiple regression was conducted to determine the relationship of the variables.</p>
Hypothesis 2	Hypothesis	Instruments	Type of Analysis
<p>Does active coping have a significant positive relationship with substance use among African American male substance users?</p> <p>Ref: James, Harnett, &amp; Kalsbeek, 1983; Fernander et al., 2003.</p>	<p>H<sub>0</sub>: Active coping does not have a significant positive relationship with substance use among African American male substance users.</p> <p>H<sub>A</sub>: Active coping has a significant positive relationship with substance use among African American male substance users.</p>	<p>Drug Abuse Screening Test (Skinner, 1982).</p> <p>John Henry Active Coping Scale 12 (James, Harnett, and Kalsbeek, 1983).</p>	<p>A hierarchal multiple regression was conducted to determine the relationship of the variables.</p>
Hypothesis 3	Hypothesis	Instruments	Type of Analysis
<p>Does education have a significant negative relationship with substance use among African American male substance users?</p> <p>Ref: Daniels, 2012; Jett, 2013; Maur &amp; King, 2007; National Center on Addiction and Substance Use at Columbia, 2010.</p>	<p>H<sub>0</sub>: Education does not have a significant negative relationship with substance use among African American male substance users.</p> <p>H<sub>A</sub>: Education has a significant negative relationship with substance use among African American male substance users.</p>	<p>Demographic Questionnaire (Horne, 2013).</p> <p>Drug Abuse Screening Test (Skinner, 1982).</p>	<p>A hierarchal multiple regression was conducted to determine the relationship of the variables.</p>

Table 1 Continued

Hypothesis 4	Hypothesis	Instruments	Type of Analysis
<p>Does drug-related criminal activity have a significant positive relationship with substance use among African American male substance users?</p> <p>Ref: Gleason, 2012; Riordan &amp; McDonald, 2009.</p>	<p>H<sub>0</sub>: Drug-related criminal activity does not does not have a significant positive relationship with substance use among African American male substance users.</p> <p>H<sub>A</sub>: Drug-related criminal activity has a significant positive relationship with substance use among African American male substance users.</p>	<p>Demographic Questionnaire (Horne, 2013).</p> <p>Drug Abuse Screening Test (Skinner, 1982).</p>	<p>A hierarchal multiple regression was conducted to determine the relationship of the variables.</p>
Hypothesis 5	Hypothesis	Instruments	Type of Analysis
<p>Does the number of treatment engagements have a significant negative relationship with substance use among African American male substance users?</p> <p>Ref: Schwartz &amp; Feisthamel, 2009; Ward &amp; Besson, 2013.</p>	<p>H<sub>0</sub>: The number of treatment engagements does not have a significant negative relationship with substance use among African American male substance users.</p> <p>H<sub>A</sub>: The number of treatment engagements has a significant negative relationship with substance use among African American male substance users.</p>	<p>Demographic Questionnaire (Horne, 2013).</p> <p>Drug Abuse Screening Test (Skinner, 1982).</p>	<p>A hierarchal multiple regression was conducted to determine the relationship of the variables.</p>

Table 1 Continued

Hypothesis 6	Hypothesis	Instrument	Type of Analysis
Does the interaction of active coping and spirituality have a significant negative relationship with substance use among African American male substance users?	<p>H<sub>0</sub>: The interaction of active coping and spirituality does not have a significant negative relationship with substance use among African American male substance users.</p> <p>H<sub>A</sub>: The interaction of active coping and spirituality has a significant negative relationship with substance use among African American male substance users.</p>	<p>Drug Abuse Screening Test (Skinner, 1982).</p> <p>John Henry Active Coping Scale 12 (James, Harnett, and Kalsbeek, 1983).</p> <p>Santa Clara Strength of Religious Faith Questionnaire (Plante and Boccaccini, 1997).</p>	A hierarchal multiple regression was conducted to determine the relationship of the variables.
Hypothesis 7	Hypothesis	Instrument	Type of Analysis
Does the interaction of active coping and education have a significant negative relationship with substance use values among African American male substance users?	<p>H<sub>0</sub>: The interaction of active coping and education does not have a significant negative relationship with substance use among African American male substance users.</p> <p>H<sub>A</sub>: The interaction of active coping and education has a significant negative relationship with substance use among African American male substance users.</p>	<p>Demographic Questionnaire (Horne, 2013).</p> <p>Drug Abuse Screening Test (Skinner, 1982).</p> <p>John Henry Active Coping Scale 12 (James, Harnett, and Kalsbeek, 1983).</p>	A hierarchal multiple regression was conducted to determine the relationship of the variables.

## **Population**

The participants of the study included 103 African American male substance users ranging from 19 to 68 ( $M = 42.31$ ,  $SD = 12.40$ ) located in a metropolitan city in the southeastern United States. The participants consisted of African American male substance users from predominately low income backgrounds (e.g., annual incomes under \$20,000) who were either active substance users or had engaged in substance use in within 12 months of the commencement of the study. The study was open to individuals engaged in substance use services, mental health services, substance use and mental health services, or no treatment services.

## **Summary of Method**

The researcher used a quantitative research design and multiple regression analysis. An a priori power analysis determined 89 participants were required for a medium effect size multiple regression model with: (a) 7 variables; (b) a statistical power of .80; and (c) a probability level of .05. A hierarchical multiple regression analysis was applied to the data using STATA 13.1 to examine the research question and test the hypotheses.

## **Terms and Definitions**

Throughout this study there are several terms that are commonly used. These terms are defined as they should be understood in the context of this study. The terms are: (a) active coping/John Henry Active Coping, (b) African traditional religion, (c) Black Church, (d) coping/Transactional Model of Stress and Coping, (e) modern counselor, (f) self-view/world-view, (g) spirituality and religion, (h) stress, (i) substance use, (j) traditional counselor.

**Active Coping.** Active Coping refers to a process of handling stress which embodies the legendary characteristics of John Henry: (1) efficacious mental and physical vigor (e.g., exerting an excessive amount of mental and physical energy to overcome negative stereotyping even though one does not have control over what another person thinks); (2) strong commitment to hard work (e.g., going to work with the flu because one believes hard work breeds success, while ignoring the physical consequences to self and others); and (3) single-minded determination to succeed (e.g., maintaining a narrow view of completing a task or overcoming an obstacle that eliminates alternative options) (James, Harnett, & Kalsbeek, 1983; Fernander, Dura'n, Saab, Llabre, & Schneiderman, 2003). The concept was developed by Drs. James, Hartnett, and Kalsbeek (1983) to explain the disproportionate amount of hypertension by African Americans. Active coping elucidates ethnic, racial, and cultural differences in the interpreting, assessing, and handling of stress related events. James, Hartnett, and Kalsbeek (1983) indicate it is, "Most appropriately operationalized as John Henry active coping in the presence of low socio-economic resources and is assessed by an interaction of the JHAC12 [John Henry Active Coping Scale 12] and some index of socioeconomic status most commonly, educational level" (James, Hartnett, & Kalsbeek, 1983, p. 262).

The literature supports the use John Henry Active Coping Scale with various ethnic and racial groups in diverse settings (e.g., medicine, education, counseling) (Farhall, Greenwood, & Jackson, 2007; Fernander et al., 2004; Schwartz & Feisthamel, 2009; Watson, Logan, & Tomar, 2008). However, no studies appear to exist that use the JHAC12 with a moderator variable other than socio-economic status, indexed by education level.

**African Traditional Religion.** African Traditional Religion (ATR) refers to the indigenous and fundamental religious beliefs and practices of the Africans handed down from generation to generation, upheld and currently practiced by many Africans and African Americans (Chivaura, 2006, Mbiti, 1990; Raboteau, 1978). The term African Traditional Religion represents the cultural beliefs and practices of over 1000 African tribes, past and present (Chivaura, 2006). Unlike many religions (e.g., Christianity, Buddhism, Judaism, Islam) it is not founded on the work of one person but is rooted in the lived experiences, environmental factors, and culture of the African community (Chivaura, 2006; Mbiti, 1990). ATRs seek neither to proselytize nor propagate, they are based on a construct which advocates: everything (e.g., people, animals, plants, rocks, etc.) are interconnected through a universal spiritual force; everything recognizes and worships a supreme deity; the supreme deity does not need a name or missionaries; and most important, there is no dichotomy between an individual's whole-self and the divine (Chivaura, 2006; Mbiti, 1990; Raboteau, 1978). *Whole-self* refers to the belief that individuals are monochotomous, possessing indivisible material and spiritual elements, as opposed to the belief that individual are dichotomous, possessing separate material and spiritual elements. Likewise, African Traditional Religion shapes African and African Americans' worldview/world-schema, and self-identity/self-schema. V. G. Chivaura, Senior Lecturer at the University of Zimbabwe, states:

The African worldview declares that our world has two aspects: They are the physical and the spiritual... The differences between African and European worldviews concerning earth and heaven relate to differences in their attitudes

towards the material and the spiritual. Africans regard them as compatible ... The danger of adopting the European worldview to solve African problems is therefore obvious. It is hostile to our worldview and idea of development. African development can only be truly achieved through an African worldview (Chivaura, 2006, p. 217).

Chivaura's statement highlights the autochthonous relationship between spirituality and personal identity, self-view/world-view of Africans. The same autochthonous relationship is noted among African Americans and in the Black Church.

**Black Church.** The Black Church refers to the intangible web that spiritually connects past and present African Americans to each other and the invisible transcendental realm. The term Black Church does not represent a particular denomination or a fixed structure, but it is associated with African American practice of spirituality, specifically Christianity (Cone, 1975; Lincoln & Mamiya, 1998; Raboteau, 1978). African American practice of spirituality juxtaposes elements of African and African Americans past and present religious, social, and cultural heritages with Western European views and practices of Christianity (Lincoln & Mamiya, 1998; Raboteau, 1978). As such, African Americans view and practice Christianity through the prism of African American historic concepts of the divine and their lived experiences. Key factors among African American lived experiences are their heritage of slavery and oppression, and current racial and systemic injustice (Cone, 1975; Leary, 2005; Lincoln & Mamiya, 1998; Raboteau, 1978). These factors created and sustain liberation theology as a major construct within the Black Church. Likewise, the Black Church's role as a physical and spiritual sanctuary for African Americans during the

periods of slavery and segregation established it as an African American central institution (Lincoln & Mamiya, 1998; Raboteau, 1978). As such, the Black Church has become: (a) the nucleus of the African American community; (b) the primary repository of African American culture; and (c) the indivisible hub of the African American identity (Cone, 1975; Lincoln & Mamiya, 1998; Moore, 1991; Raboteau, 1978; Roberts, 1994; Wimberly, 2010). Similar to African Traditional Religions, the Black Church promotes the autochthonous relationship between spirituality and self-identity. The result is the ethos of the Black Church influences almost every aspect of African American culture, identity, self-view, world-view, and psychosocial behavioral patterns (Cone, 1975; Lincoln & Mamiya, 1998; Moore, 1991; Raboteau, 1978; Roberts, 1994; Wimberly, 2010). *Ethos* refers to the characteristic spirit of a culture, era, or community as manifested in its beliefs and practices (Cone, 1975; Lincoln & Mamiya, 1998).

**Coping.** Coping refers to the complex process of handling stress or changing what one considers to be harmful or distressing to oneself or one's environment (Lazarus & Folkman, 1984). Lazarus & Folkman (1984) specify coping includes; making observations and describing thoughts from events that *actually* occurred; tying those observations to a particular context; and conducting observations of responses to stress over a long period of time or in various settings. Lazarus and Folkman (1984) operationalized the concept of *coping* in their *Stress, Appraisal and Coping Model (SACM)* (Lazarus, 1991). The name of the framework was later changed to the *Transactional Model of Stress and Coping (TSMC)*. The Transactional Model of Stress and Coping propagates the belief that individuals can be trained to manage their stress by developing coping mechanisms or altering their perspectives

regarding stress (Lazarus and Folkman, 1984). The Transactional Model of Stress and Coping has become the most widely used theoretical framework for assessing and investigating stress and coping. TMSC has historically been considered the gold standard for conducting stress and coping research (Newton & McIntosh, 2010; Somerfield & McCrae, 2000). However, TMSC has been criticized because it emphasizes *actual/experienced* events, and dismisses *perceived* events (e.g., perceived harmful looks or words, perceived acts of discrimination) an individual might consider threatening or harmful (Berjot & Gillet, 2011; Ewart, Jorgensen, Suchday, Chen, & Matthews, 2002; Kuo, 2011).

**Masking/Cool Pose.** Masking and cool pose are interchangeably operationalized as physically posturing in a stature that conveys strength, pride, and control (Majors & Mancini, 1992; Phillips, 2006). It is considered a method of emotional coping in an unreceptive or hostile environment. Masking allows African American males to outwardly adapt to situations by role-playing that they are emotionally unaffected by or in control of their surroundings (Majors & Mancini, 1992). Majors and Mancini (1992) suggest African American male enculturation into the masking/cool pose phenomena is based on their African heritage as well as their maltreatment during slavery and segregation in America. In African and African American cultures *coolness* is the state of being able to control one's emotions while under pressure or persecution (Hall, 2009; Majors & Mancini, 1992; Phillips, 2006). Masking was considered to be a sign of maturity in African tradition and folklore (Majors & Mancini, 1992). During slavery and segregation, African American males were trained to mask their anger and frustrations in order to protect themselves against revealing their emotions when under duress (e.g., verbally abused, physically abused, emotionally

abused) (Leary, 2005, Majors & Mancini, 1992). Leary (2005) suggests psychosocial stressors such as: racism, high unemployment, poverty, systemic injustice, and negative stereotyping reinforce feelings of hostility among African American males and encourage the continuation of masking. However, the constant use of masking may create psychological hindrances that negatively impact African American male identity, psychological health, self-view, and world-view (Phillips, 2006). Similarly, Hall (2009) suggests one of the negative impacts of cool pose is African American males engage in negative behavior and perform below their abilities in order to gain respect from their peers.

**Modern Counselors.** Modern counselors refers to, “ Licensed Professional Counselors (LPCs) and Licensed Psychologists (LPs) who: adhere to Western European philosophical, theoretical, and methodological standards of counseling and trace their psychotherapeutic foundations back to the work of Dr. Sigmund Freud in the 1880’s” (Horne, 2013, pp. 12). Several researchers (Cosgrove, 2004; Frame, 2002; Hodges & Derezotes, 2008) indicate modern counselor training has traditionally been based on Western European values and norms. Western European based counseling practices have traditionally minimized, dismissed, or pathologized the role of spirituality in the counseling process (Chattopadhyay, 2005; Post & Wade, 2009). Similarly, the literature indicates Western European normed counseling practices are biased towards independence rather than interdependence or collectivism. Researchers have suggested modern counselors’ Western European based values and practices often invalidate African Americans and other racial and ethnic groups’ holistic and interdependent spiritually based value systems (Cervantes, 2010; Comas-Diaz, 2006; Frame, 2002; Jett, 2013; Koenig & Larson, 2001; Moore-Thomas &

Day-Vitts, 2008; Post & Wade, 2009; Thompson, Bazile, & Akbar, 2004; Yeung & Chan, 2007).

**Self-view/Worldview.** Self-view/worldview refer to a mental structure of cognitive generalizations about the self or world derived from past experiences or culture knowledge, that provides a framework for organizing, processing, and interpreting information (Corey, Corey, & Callanan, 2011; Gerig, 2007; Sue & Sue, 2012). In the African American male context, Blackmon and Thomas (2013) state:

Ethnic socialization messages include cultural embeddedness, African American history, African American heritage, African American cultural values, and ethnic pride. Cultural embeddedness consists of displaying African American cultural artifacts in the home (e.g., African American magazines, television shows, art, toys, and/or dolls). African American history messages involve teaching youth about the history of African Americans (e.g., slavery, segregation, etc.) (Blackmon & Thomas, 2013, pg. 4).

The African American worldview embodies the belief that spiritual and material realities are indivisible (Chivaura, 2006; Mbiti, 1990). The Afrocentric self and worldviews reflect a collectivistic or interdependent state of being, as opposed to Western civilization's independent state of being. Similarly, in traditional African and African American culture, the *Ubuntu* or essence of a person is viewed as the most valuable asset (Mbiti, 1990; Chivaura, 2006; Malunga & Banda, 2004, Wimberly, 2010). As such, a person's value is not based or judged on material possessions, education, skills, or income, but is based on the respect one pays to oneself and others (Mbiti, 1990; Chivaura, 2006; Malunga & Banda,

2004). Respect of others includes: living and deceased family members; members of the community; strangers; and deities (Malunga & Banda, 2004).

**Spirituality.** For the purpose of this dissertation, spirituality refers to spirituality and religion interchangeably. Traditionally, spirituality and religion have been used interchangeably, but have increasingly grown to represent different conceptualizations of a similar phenomenon (Cashwell, Bentley, & Bigbee, 2007). “Spirituality is conceptualized as the individual or collective, experiential and/or existential, search for the sacred or transformative meaning in life which may or may not include a higher power or ritualistic approach” (Horne, 2013, p. 13). “Religion is conceptualized as the individual or collective, experiential and/or existential, search for the sacred or transformative meaning in life which may or may not include a higher power but typically utilizes a ritualistic or structured approach” (Horne, 2013, p. 13). For the purpose of this dissertation *spirituality* is inclusive of religion, religious related activities, and religious institutions and practices unless otherwise noted.

**Stress.** For the purpose of this dissertation stress is conceptualized as a physical and/or psychological tension or strain resulting from exposure to an actual or perceived harmful or threatening experience (James, Harnett, & Kalsbeek, 1983; Lazarus & Folkman, 1984). For the purpose of this dissertation a *stressor* is an actual or *perceived* event that causes physical and/or psychological stress (e.g., physical abuse, emotional abuse, discrimination, poverty, isolation associated feelings of loneliness, pressure to succeed, low self-esteem, low self-worth, etc.). High levels of stress and low coping resources are associated with negative emotional, physical, and behavioral consequences (Archibald,

Sydnor, Daniels, & Bronner, 2013; Moskowitz, Vittinghoff, & Schmidt. 2013; Stock et al., 2013).

**Substance Use.** Substance use refers to the overindulgence in and dependence of legal or illegal drugs or substances that lead to effects that are detrimental to an individual's physical and mental health, or the welfare of others (Anderson, Anderson, & Glanze, 1998). Substance use is operationalized as patterns of symptoms resulting from the use of substances which produce negative consequences, but continues to be used (*The Diagnostic and Statistical Manual of Mental Disorders* 5th ed.; *DSM-5*; American Psychiatric Association, 2013). For the purpose of this study substance use refers to the use of an illegal substance or the illegal use of legal substances. Substance user refers to individuals who: overindulge in or are dependent on illegal drugs or misuse legal prescription drugs.

**Traditional Counselor.** Traditional counselor refers to an individual who may or may not possess a license to practice counseling, but who has historically provided counseling services in association with their spiritual or religious duties (Horne, 2013). Traditional counselors (e.g., ministers, rabbis, shamens, community's spiritual figure, etc.) counsel within the dictates of their cultural context (Koenig & Larson, 2001). Traditional counselors exist as a part of their community and operate within the purview of their community's trust. Stansbury, Nelson, Harley, King, & Speigh (2012) point out African American ministers play an essential part in addressing the substance use and mental health concerns among African Americans. Sexton, Carlson, Booth, Siegal, & Leukefeld (2006) point out two key factors about traditional counselors: (a) African Americans who use illegal substances are more likely to seek assistance from a traditional counselor (e.g., African

American clergyperson) than a modern counselor; and (b) traditional counselors in African American communities play a major role in connecting people with mental health and substance use concerns to formal substance use and mental health treatment services. The American Counseling Association's division of Association of Multicultural Counseling and Development's Multicultural Counseling Competencies supports the inclusion of traditional counselors as part of the treatment team (Arredondo et al., 1996).

### **Contextual Background for Understanding and Interpreting the Influence of African American Male Spirituality**

Spirituality is a major historical and current influence in the development of identity, self and worldviews, and psychosocial development in African American males (Boyd-Franklin, 2010; Dixon, 2008; Jeffries, Dodge, & Sandfort, 2008; Koenig & Larson, 2001; Post & Wade, 2009; Williams, Keigher, & Williams, 2010). Research on African American spirituality indicates that African American males are inordinately spiritual. The Pew Forum on Religion and Public Life Study indicated 84% of African American males claim a spiritual or religious affiliation and 60% attend some form of weekly religious service (Pew Research Center, 2008). The religious participation of African American males exceeds that of any other male or female racial or ethnic group, except African American females (Pew Research Center, 2008). Likewise, current literature also indicates spirituality plays an important role in the academic success, caring behaviors, health, and coping abilities of African American males (Boyd-Franklin, 2010; Griffith, Ober, & Gunter, 2011; Holt et al., 2009; Letiecq, 2007; Mattis et al., 2000; Moore-Thomas & Day-Vines, 2008; Williams, Keigher, & Williams, 2010).

African American male identity has historically been tied to spiritual identity and cultural heritage. In most traditional African and African American cultures, there is no distinct delineation between individual identity and spiritual identity (Ebere, 2011; Lincoln & Mamiya, 1998; Mbiti, 1990; Raboteau, 1978; Snowden, 1983). The lack of delineation both increases the influence of spirituality on African American male identity and establishes and secures spirituality as their core value system. When early perceptions of Africans, the role of spirituality in traditional African cultures, and role of spirituality as a coping mechanism are considered, the influence of spirituality on African American male identity and behavior becomes more apparent (Cone, 1975; Ebere, 2011; Mbiti, 1990; Wimberly, 2010). Greco-Roman historian Diodorus indicated that the Ethiopians, for example, possessed a great wisdom and their religious practices made them a kind of chosen people in the eyes of the gods (Snowden, 1983, pg. 51). According to his sources Diodorus wrote, “Africans were considered to be the first of all men and the first to honor the gods whose favor they enjoyed” (Snowden, 1983, pg. 51). Diodorus’ view of Africans reflects the common image of Africans held in antiquity. Other Greco-Roman writers and artisans portrayed Africans in a positive light. Lucian of Samosata, a second century Syrian novelist noted, “Ethiopians gave the doctrine of astrology to men, being in all else wiser than other men, transmitted their discoveries about heaven” (Snowden, 1983, pg. 52). Vergil, Homer, and Plato, as well as other ancient philosophers and writers, also acknowledged the character, wisdom, and spirituality of Africans (James, 1989; Snowden, 1983). Equally, traditional African spiritual beliefs and practices permeate African American males’ belief systems and behaviors (Akbar, 2004; Mbiti, 1990; Wimberly, 2010).

**African Traditional Religions.** African Traditional Religions (ATRs) are among the oldest recorded continuous practiced religious belief systems (Akbar, 2004; Mbiti, 1990). ATRs are typically and inaccurately considered primeval by most modern scholars, however, this contributes to misunderstanding African American male spirituality in two important ways. First, it diminishes the significance and influence of ATRs on African Americans and thereby elevates modern spiritual practices, such as Western Christianity, Judaism, and Islam above ATRs. As a result, important elements about African Americans in general, and African American males specifically, are ignored or dismissed. Second, by elevating the importance of Western-based spiritual practices and belief systems over ATRs, many researchers have ignored important factors related to African American males' psychological development and behavioral patterns. Consequently, ignoring important factors about African American males' psychological development and behavioral patterns adds to the systemic injustices, psychosocial stressors, and barriers to substance use and mental health treatment services already effecting African American males (Garret et al., 2001; Levin, 2010; Mental Health: Culture, Race, and Ethnicity, 2001; Yeung & Chan, 2007).

While multiple ATRs have existed over time, they fundamentally consist of 3 major components that impact African American male belief systems and behaviors (Akbar, 2004; Beyers; 2010; Krüger, Lubbe, & Steyn, 2009; Mbiti, 1990). First, ATRs are founded on the belief in a transcendent omnipotent, omnipresent, omniscient supreme deity who requires no name. In traditional African culture, to name something is to exhibit power or control over it. While the power to name someone may seem insignificant to many people, it is significant to African Americans. In traditional African cultures, the naming rite was a

spiritual practice conducted by the community. The naming rite symbolizes the birth of a child *and* the child's acceptance into the community. More importantly, it recognizes the child's *mntu* existence. *Muntu* is a Bantu term that refers to a *sentient being* with volition. In Bantu tradition it includes deities, priests, the living, the dead, the living dead, and the uninitiated or those who lack tribal recognition. Conversely, *Kintu*, refers to things that lack *being* and volition such as rocks, trees, and animals. The significance of the naming rite has been made more relevant by Europeans and European Americans' continual renaming of American males of African descent as Niggers, Negroes, "Boys", Blacks, or African Africans. Jenkins (2006), Leary (2005), and Mbiti (1990) suggest the continuous renaming of Americans of African descent hinders African American males' success and creates additional psychological trauma by re-emphasizing the control Europeans and European Americans have exercised over African Americans.

Second, ATRs are founded on a belief in the transcendental nature of spirits. The belief that visible and invisible realities co-exist promotes a holistic understanding of oneself and one's world. Krüger, Lubbe, & Steyn (2009) surmised ATRs concept of the invisible reality is comprised of nature spirit, ancestral spirits, and deities, thereby providing a holistic concept of existence and identity. Similar concepts have also been associated with Buddhist, Native American, and Mestizo spiritualities (Cervantes, 2010; Comas-Diaz, 2006; Daya, 2000). Akbar (2004), Cervantes (2010), Comas-Diaz (2006), Daya (2000) and other researchers have suggested the disruption of this essential holistic component produces negative psychological and behavioral consequences. Eighty-three percent of all African Africans believe in spiritual beings other than a Supreme deity (Pew Research Center, 2008).

Therefore, it can be inferred that the majority of African American males, shaped by their spiritual and cultural heritage, possess a strong belief in the transcendental nature of spirits (Beyers, 2010; Pew Research Center, 2008). Therefore, it can be inferred that a disruption of African American males' spiritual beliefs (e.g., core belief system) would produce negative consequences.

Third, ATRs are founded on a belief that a transcendental life force connects: all people, past, present, and future; all things; and controls all behaviors (Akbar, 2004; Beyers, 2010; Krüger, Lubbe, & Steyn, 2009; Mbiti, 1990). The transcendental connection between all people helps to explain several key African American male traits. It assists in explaining the reverence African American males have for elders in the community. The traditional reverence placed on elders is also transferable to other forms of leadership. In African American male gangs, similar forms of reverence are displayed by new gang members towards Old School Gangsters (OGs). OGs may include the founders of a gang or senior members in the gang who have risen to a position of leadership or seniority (Daniels, 2012; Morris, 2012). This aspect of ATR reflects the considerable emphasis African American males place on the family, whether biological or communal. Morris (2012), Roettger et al. (2011), and Stock et al. (2013) suggest the lack of familial connectedness among African American males significantly increases their chances of substance use and/or gang related activity. Other researchers have noted the lack of familial and social interconnectedness among African American males creates unhealthy psychological and behavioral outcomes that hinder the social and academic success of African American males (Holt et al., 2009; Jenkins, 2006; Moore-Thomas & Day-Vines, 2008; Williams, Keigher, & Williams, 2010).

The emphasis on interconnectedness is also heard in the everyday language of African American males who regularly use the terms *brother* or *sister* to qualify relationships with individuals who are not biological siblings.

## **Conclusion**

Extensive research has been conducted in the fields of counseling, psychology, and substance abuse on African American male substance use. However, there is no specific literature on the relationship between spirituality, active coping, drug-related criminal activity, education, and substance use among African American male substance users. Notably, no research has been conducted on the interaction of spirituality and active coping on African American male substance users or the relationship factors associated with the interaction. Likewise, no research has been conducted to investigate if these relationship factors can be used in developing treatment methods that reduce substance use among African American males. Therefore, the researcher's purpose for this dissertation was to determine the relationships between spirituality, active coping, psychosocial factors, drug-related criminal activity, education, and substance use among African American male substance users.

## CHAPTER II –LITERATURE REVIEW

A review of the literature on spirituality, active coping, and psychosocial factors associated with substance use and drug-related criminal activity among African American male substance users revealed that research has primarily focused on two areas: (a) the relationship between substance use and the disproportionately high incarceration and recidivism rates among African American males; and (b) the relationship between substance use and common psychosocial factors (e.g., poverty, discrimination, low education, and racial disparities in the judicial system) among African American male substance users (Daniels, 2012; Mauer & King, 2007; Mukku et al., 2012; National Center on Addiction and Substance Use at Columbia, 2010; Stock et al., 2013). However, only minimal literature exists that examines the relationship between substance use and other psychological factors such as self and world views, chronic stress, and spiritual disposition among African American male substance users (Green et al., 2012). Conversely, the predominance of the literature on substance use among African American males focuses on psychosocial factors such as unemployment, disadvantaged neighborhoods, and discriminatory practices that influence substance use among African American male substance users. Green et al. (2012) and Rosenfield and Mouzon (2013), however, address the psychosocial and psychological factors associated with substance use and drug-related criminal activity among African American male substance users. For the purpose of this dissertation the term *psychological factors* refers to emotions and emotional responses (e.g., internalized motivations, love, stress, connectedness, pride, security, pride, coping styles, etc.) that influence an individual's cognitive processing and behavior. The term *psychosocial factors* refers to societal

structures, beliefs, and practices (e.g., externalized motivations, familial beliefs, familial structure, family and peer support networks, systemic ethnic and racial inequalities in hiring practices, systemic ethnic and racial inequalities in housing and wealth distribution, systemic ethnic and racial inequalities in health care diagnoses and treatment, etc.). The delineation between psychological factors and psychosocial factors is useful for assessing and individual's perception of locus of control, and thereby, addressing an individual's substance use and mental health concerns (Green et al., 2012; Rosenfield & Mouzon, 2013; Smith, Hung, & Franklin, 2011; Wimberly, 2010).

### **Inclusion Criteria**

Multiple resources were utilized to make certain a systematic and exhaustive listing of the available literature was included in the literature review. The major resources included; Google Scholar, North Carolina State University's library search, the Educational Research and Information Center (ERIC), EBSCO Host Online Research Databases (EBSCO), and the National Criminal Justice Reference Service (NCJRS). Multiple terms were entered for the search criteria including: African American male substance use; substance use, African American spirituality, African American male spirituality; ex-offender recidivism; coping, active coping, John Henryism, John Henry Active Coping, African American identity development, African American mental health, substance abuse treatment, and a combination of all of the aforesaid. The resources included: peer-reviewed articles, government reports and studies, books, book chapters, white papers, and conference reports. Key figures in the fields of the integration of spirituality in medicine and healing and active coping, Dr. Harold Koenig and Dr. Sherman James, respectively were cited in the

literature review. Personal correspondence was exchanged with Dr. Koenig in order to acquire a greater understanding of his work and contextual influences. Bibliographies were also provided by fellow researchers, mental health and substance abuse counselors. Finally, the researcher's: experience within the African American community; familiarity with African American male substance users; and numerous years of work as a pastor, Licensed Professional Counselor, and Licensed Clinical Addiction Specialist were weighted in the literature review.

### **Substance Use Among African American Males**

An abundance of literature exists on substance use among African American males. The bulk of the literature suggest a significant relationship between substance use among African American males and drug-related criminal activity which results in high rates of incarceration and recidivism among African American males (Bonzcar, 2003; Daniels, 2012; Green et al., 2012; Kethineni & Falcone, 2007; Maruschak & Parks, 2012; Maur & King, 2007; Riordan & McDonald, 2009; Substance Abuse and Mental Health Services Administration, 2010; Stock et al., 2013). The Substance Abuse and Mental Health Services Administration (SAMHSA, 2010) reported the percentage of substance use among African American males is significantly higher than the percentage of substance use among European American males, 13.7% versus 10.2% respectively. However, there are greater number of European American males who engage in substance use (Substance Abuse and Mental Health Services Administration, 2010).

The literature identifies several noteworthy psychosocial factors (e.g., easy accessibility to illegal substances, low level of education, high unemployment rates, ethnic

and racial discriminatory practices, inequalities in the judicial system, etc.) associated with high rates of substance use among African American males (Daniels, 2012; Elkington, Bauermeister, & Zimmerman, 2011; Mauer & King, 2007; Mukku et al., 2012; National Center on Addiction and Substance Use at Columbia, 2010; Stock et al., 2013; Whithers, Santibanez, Dennison, & Clark, 2010). Numerous researchers have also concluded that African American males who reside in disadvantaged homes or neighborhoods have a higher risk of being involved in the drug culture through: family relations; peer pressure; and gang related activity (Daniels, 2012; Maur & King, 2007; Mukku et al., 2012; Padgett, Stanhope, Henwood, & Stefancic, 2011). Daniels (2012) indicates many adult African American males enter the drug culture during their teens. Daniels (2012) also points out that many African American males become involved with the drug culture through their familial and peer relations. Several researchers report African American male substance users long-term substance use is linked to their physical addiction and psychological dependence, specifically their feelings of power, control, and joy (Daniels, 2012; Green et al., 2013; Montgomery & Burlew, 2011; Sanders, 2012; Stock et al., 2013).

Recent literature displays a growing interest in investigating and understanding the underlying psychological factors associated with substance use among African American male substance users. Stock et al. (2013) reports positive self and worldviews are important elements of overall positive mental health and are associated with reports of decreased substance use among African Americans. Similarly, Green et al. (2012) reveals substance use among African American males is significantly aligned with chronic emotional distress caused by personal and psychosocial stressors. These studies suggest the roles self and

worldviews, and mental health play in substance use. More importantly, these characteristics point to possible methods of addressing substance use among African American males including programs that address: identity development; cultural appreciation; and targeted treatment methodologies that address stress and coping among African American males. *Targeted treatment methodologies* refers to treatment processes that are inclusive of African American male self and worldviews.

### **Incarceration, Recidivism, and Ex-Offender Discrimination Among African American Males**

There is an abundance of literature from governmental agencies and social scientists that reports on the incarceration, recidivism, and ex-offender discrimination experienced by African American males. The literature indicates more than 900,000 African American males are incarcerated and approximately 2 million are on probation or parole (Bonzcar, 2003; Maur & King, 2007; Riordan & McDonald, 2009). The literature points out substance use and drug-related criminal activity are the major cause of incarceration and recidivism among African American males (Bonzcar, 2003; Gleason, 2012; Harris & Keller, 2005; Holzer, Raphael, & Stoll, 2003; Maur & King, 2007; Riordan & McDonald, 2009; Seiter & Kadela, 2003). However, there appears to be a substantial lack of literature contributed by substance use and mental health counseling professionals investigating psychological factors associated with substance use among African American males. The gap in literature exposes the absence of counseling and treatment methodologies that specifically address the mental health and substance use concerns of incarcerated African American males. The absence also illustrates the need for counselors to explore and/or develop counseling methodologies

that specifically address the substance use and mental health concerns of incarcerated African American males and African American males in an ex-offender judicial status.

The majority of the literature identifies psychosocial factors (e.g., poverty, unemployment, at-risk family/neighborhoods) as significant determinants of African American male substance use (Daniels, 2012; Mauer & King, 2007; Mukku et al., 2012; National Center on Addiction and Substance Use at Columbia, 2010; Stock et al., 2013; Whithers, Santibanez, Dennison, & Clark, 2010). Similar to the literature addressing substance use among African American males, the literature regarding incarceration and recidivism among African American males appears to have begun to trend towards exploring the relationship between incarceration and recidivism and common psychological factors among African American males (Bellair & Kowalski, 2011; Holzer, Raphael, & Stoll, 2003; Mukku et al., 2012). This appears to have led to more current literature placing a greater emphasis on the relationship between incarceration and recidivism among African American male substance users and psychological factors involving: low self-esteem, low family esteem, low cultural identification, and a low sense of personal identity (Mukku et al., 2012). Elkington, Bauermeister, and Zimmerman (2011), Green et al. (2012), and Stock et al. (2013) indicate there appears to be a significant link between addressing the psychological concerns of African American male substance users and reduced drug-related criminal activity.

The Bureau of Justice Statistics reports 9 out of 10 people incarcerated are eventually released (Kethineni & Falcone, 2007; Seiter & Kadela, 2003; Steel, 2013). The literature also indicates 6 of the 9 return to prison within 3 years due to new charges or violation of release conditions (Harris & Keller, 2005; Holzer, Raphael, & Stoll, 2003; Kethineni &

Falcone, 2007; Seiter & Kadela, 2003). Holzer, Raphael and Stoll (2003) indicate unemployment or low earnings associated with ex-offender employment influences many to return to drug-related criminal activity. Bellair and Kowalski (2011) supports Holzer, Raphael, and Stoll (2003) findings that low skill employment and difficulties with obtaining suitable employment may be of equal or greater influence than traditional factors (e.g., poverty, low-education, at-risk family involvement), on recidivism among African American males. Other researchers contend common psychological factors (e.g., low self-esteem, self and worldview, attitudes towards work, personal motivation) among African American males may be significant factors that explain a portion of the high incarceration and recidivism rates among African American males (Mukku et al., 2012; Stahler et al., 2013).

### **The Implications of Substance use, Incarceration, and Recidivism among African American Male Substance Users on African American Families and Communities**

The literature on substance use and drug-related criminal activity among African American males illustrates substance use and drug-related criminal activity negatively impact African American families and communities (Bent-Goodly, 2013; Charles & Luoh, 2010; Freudenberg, Daniels, Crum, Perkins, & Richie, 2008; Giordano, 2010; Johnston, 2010; Wildeman & Muller, 2012). The aggregate literature focuses on two primary areas of concern associated with the implications of substance use, incarceration, and recidivism among African American male substance users and African American families and communities: increased violence; decreased economic opportunities; and increased social stratification.

African American families and neighborhoods with a high concentration of substance use and drug-related criminal activity experience higher rates of emotional and physical violence (Bent-Goodly, 2013; Daniels, 2012; Freudenberg et al., 2008; Kethineni & Falcone, 2007; Wildeman & Muller, 2012). Bent-Goodly (2013) reports over 60% of all intimate partner violence is linked to substance use. Furthermore, Mukku et al. (2012) submits that children born to African American males with substance use disorder and drug-related criminal activities have a significantly greater risk of: being involved in violent gang-related activities leading to injury, death, or incarceration. Similarly, Giordano (2010) suggests family instability associated with substance use and drug-related criminal activity places children at risk for numerous problems ranging from criminal involvement to increased risks of emotional and physical health concerns.

High rates of substance use and drug-related criminal activity among African American male substance users are linked to increased negative economic and social opportunities for African Americans. Seiter and Kadela (2003) and Kethineni and Falcone (2007) detail how the return of unemployed ex-offenders, into already financially challenged homes and communities, creates an even greater economic and emotional stress on families and communities-at-large. Furthermore, drug-related criminal activities in African American communities increases unemployment and crime rates which increases the social stratification of African Americans and African American neighborhoods (Seiter and Kadela, 2003). Other researchers have linked the loss of economic resources and drug-related criminal activity among African American male substance users to: (a) increased levels of homelessness; (b) decreased number of marriages among African Americans; and (c)

increased psychological stressors linked to mental health concerns among African Americans (Johnston, 2012; Mukku et al., 2012).

### **Stress and Coping Among African American Males**

African American males experience more stress in their day-to-day lives than European American males (James, Harnett, & Kalsbeek, 1983; Lincoln et al., 2011; Norman, 2008). High rates of unemployment, low education attainment, racial discrimination, poverty, low levels of spirituality, and encounters with the criminal justice have been identified as determinants for high levels of stress among African American males (Herndon, 2003; James, Harnett, & Kalsbeek, 1983; Jang, 2004; Lincoln et al., 2011; Mukku et al., 2012; Schwartz & Feisthamel, 2009; Stock et al., 2013; Sue, Capodilupo, & Holder, 2008; Wood & Hilton). Norman (2008) points out another major stressor identified among African American males are microaggressions (e.g., being ignored for service, assumed to be associated with criminal activity, followed by security personnel when entering high end stores, ridiculed because of hair texture). *Microaggression*, a term coined by Chester M. Pierce, refers to specific interactions between people of different ethnic/racial groups, cultures, or genders that can be interpreted as small acts of non-physical aggression (Sue, Capodilupo, & Holder, 2008). Sue, Capodilupo, and Holder (2008) state, “microaggressions tend to be expressed unconsciously by the perpetrator, yet communicate a hidden demeaning message to the person of color” (Sue, Capodilupo, & Holder, 2008, p. 329).

Numerous studies (Bennett et al., 2005; Fernander et al., 2004; Flaskerud, 2012; Norman, 2008; Rosenfield, & Mouzon, 2013) show a connection between high stress levels among African American males and negative psychological, physical, and behavioral

consequences. Jackson, Knight, and Rafferty (2010) show high stress levels among African American males is positively linked with high levels of: illegal substance use; drug-related criminal activity; morbidity; and high mortality rates. Furthermore, Jackson et al. (2010) suggest psychosocial-related stress is a key factor in reducing African American male life expectancy. However, only limited literature exists that examines methods of addressing stress and increasing coping resources among African American males (Flaskerud, 2012; Norman, 2008; Williams, Neighbors, & Jackson, 2003).

A comprehensive review of the literature points to three main foci associated with addressing stress and coping resources among African American males. First, barriers exist between African American males and mental health professionals that minimize opportunities for research and data collection (Hinton et al., 2010). Second, the predominance of measures used to assess coping styles and resources do not adequately assess active coping among African American male (Berjot & Gillet, 2011; Ewart, Jorgensen, Suchday, Chen, & Matthews, 2002; James, Harnett, & Kalsbeek, 1983; Kuo, 2011). Third, an increasing amount of literature focuses on exploring the role of spirituality as a coping resource among African Americans males (Green et al., 2013; Montgomery & Burlew, 2011; Sanders, 2012; Stock et al., 2013).

While general studies involving African American males are limited, stress and coping among African American males is a major focus of the literature (Matthews, Corrigan, Smith, & Aranda, 2006; Ward & Besson, 2013). Several studies (Berjot & Gillet, 2011; Conner et al., 2010a/b; Ellis, 2013; Mattis, 2002) illuminate the growing literature on coping among African Americans. However, mostly females are represented in the majority

of studies that focus on coping among African Americans (Matthews, Corrigan, Smith, & Aranda, 2006; Ward & Besson, 2013). The focus on African American females has produced a gap in the field of knowledge on coping resources among African American males in general, and African American male substance users specifically. *Coping resources* refers to an individual's ability to process and manage stress, including an individual's support assets (e.g., friends, family social network, financial support, emotional support, physical support) (Lazarus & Folkman, 1984). The cumulative literature that exists on coping among African American males highlights five important points. First, African American males experience more psychosocial stressors than European American males (Lincoln, Taylor, Watkins, & Chatters, 2011; Norman, 2008). Second, the combination of high levels of stress and low levels of coping resources have a positive relationship with: (a) negative emotional; (b) physical; (c) behavioral consequences; and (d) substance use (Brondolo, ver Halen, Pencille, Beatty, & Contrada, 2009; Green et al., 2012; Rosenfield & Mouzon, 2013). Third, coping styles and resources among African Americans differ from coping styles and resources among European Americans (Dyke et al., 2013; James, Harnett, Kalsbeek, 1983; Thomas, Witherspoon, & Speight, 2008). Fourth, spirituality serves as a major coping resource among African American males (Chickering, Dalton, & Stamm, 2005; Dancy, 2010; Jang, 2004; Leary, 2005; Mbiti, 1990; Raboteau, 1978; Riggins, McNeal, & Herndon, 2008; Watson, 2006; Wood & Hilton, 2012). Fifth, actual and perceived barriers negatively impact African American males' participation in substance use and mental health treatment services and research (Anglin, Link, Phelen, 2006; Connor et al., 2010a/b;

Constantine, 2007; Mental Health: Culture, Race, and Ethnicity, 2001; Schwartz, & Feisthamel, 2009; Thompson, Bazile, & Akbar, 2004).

### **Barriers Between Mental Health Services and African American Males**

A substantial amount of the literature reports actual and perceived barriers between the mental health profession and African American males negatively impacts African American males' engagement in mental health counseling and research (Connor et al., 2010; Lindsey, Joe, & Nebbitt, 2010; Mental Health: Culture, Race, and Ethnicity, 2001; Schwartz & Feisthamel, 2009; Thompson, Bazile, & Akbar, 2004; Ward & Besson, 2013). The literature indicates a key barrier is the mistrust of medical and mental health service organizations among African American males (Hinton et al., 2010; Thompson, Bazile, & Akbar, 2004; Ward & Besson, 2013). Ward and Besson (2013) also suggests the mistrust of researchers and mental health professionals is a major factor in the lack of African American male participation in research studies and mental health counseling. This position is supported by other researchers who point out one reason limited research exists concerning substance use and mental health concerns among African American males is due to African American males lack of participation in medical, substance use, and/or mental health related services (Connor et al., 2010; Hinton et al., 2010; Thompson, Bazile, & Akbar, 2004).

Several studies suggest that many African Americans mistrust of medical research, and vicariously research conducted by substance use/mental health professionals, is based on the historic maltreatment of minorities in medical research (e.g., the Tuskegee Experiment) (Byrd et al., 2011; Katz et al., 2008; Schwartz & Feisthamel, 2009). Similarly, Schwartz and Feisthamel (2009) suggest another reason African American males are reluctant to participate

in substance use/mental health treatment and research is attributed to the fact that African American males are disproportionately diagnosed with more severe mental health disorders than their European American male counterparts presenting with the same symptoms. The barriers between African American males and the mental health profession has resulted in: little information being known about African American males coping strategies; and the majority of African American coping research focusing on African American females (Matthews, Corrigan, Smith, & Aranda, 2006; Ward & Besson, 2013).

### **Culturally Inadequate Stress and Coping Measures**

The literature indicates Lazarus and Folkman's (1984) *Transactional Model of Stress and Coping* (TMSC) is one of the most widely used cognitive based theoretical frameworks for assessing stress and coping (Somerfield & McCrae, 2000; Newton & McIntosh, 2010). Nezelek, Vansteelandt, Mechelen, & Kuppens (2008) point out that TMSC has undergone modifications since its original conception but still serves as the primary theoretical framework for conceptualizing stress and coping. Nail, Di Domenico, & MacDonald (2013) report the TMSC is still the standard model for assessing stress and coping, but indicate other models (e.g., the Transactional Model of Cultural Stress and Coping, the Sociocultural Model of Stress, Coping, and Adaptation) are more culturally sensitive and culturally appropriate for assessing stress and coping among racial and ethnic populations.

Other researchers suggest the use of the Transactional Model of Stress and Coping model serves as a barrier to assessing and understanding stress and coping resources among members of ethnic and racial groups (Kuo, 2011; Thompson, Bazile, & Akbar, 2004; Tummers, Bekkers, Vink, & Musheno, 2013; Yeung & Chan, 2007). Thompson, Bazile, and

Akbar (2004) and Tummers, Bekkers, Vink, and Musheno (2013) propose stress and coping can only be adequately assessed and understood by identifying how a specific ethnic or racial cultural group (e.g., African American male) *perceives*, interprets, and understands stress and coping resources within a cultural context. While this dissertation does not presume to answer the debate on the generalizability and usefulness of the TMSC, the literature appears to present sufficient evidence for examining the primary concerns of the debate.

The aggregate literature identifies the primary concern regarding the Transaction Model of Stress and Coping's usefulness and generalizability as its basic premise that specifies stress is only associated with *lived events* (Lazarus & Folkman, 1984; Thompson, Bazile, & Akbar, 2004; Tummers, Bekkers, Vink, & Musheno, 2013). The literature indicates TMSC's basic premise does not account for tension and strain associated with discrimination and stigmatization that is *perceived* by members of racial and ethnic cultural groups (Berjot & Gillet, 2011; Ewart, Jorgensen, Suchday, Chen, & Matthews, 2002). Kuo (2011) reports cultural factors associated with racial and ethnic cultural groups restricts TMSC's usability because members of racial and ethnic cultural groups experience and actualize stress differently. Kuo (2011) further explains TMSC does not account for racial and ethnic cultural group variations regarding: (a) what is considered to be a stressor; (b) how stress is appropriately handled; and (c) what is viewed as a successful outcomes.

### **Spirituality Research with African American Males**

Chapter 1 of this dissertation presents an overview of the literature addressing the role of spirituality and its influence on the African American male identity, self and worldviews, and psychosocial behavioral patterns. This section reviews literature investigating

spirituality as a significant quantitative or qualitative predictor of African American male behavior. The literature reveals that the study of spirituality, as a prominent predictor of psychological, psychosocial, and/or physical factors among African American males is still an emerging area of research outside of the field of theology (Jett, 2013). However, the current literature shows the value of investigating the relationship between spirituality and psychological, psychosocial, and physical factors among African American males (Boyd-Franklin, 2010; Griffith, Ober, & Gunter, 2011; Holt et al., 2009; Jett, 2013; Koenig & Larson, 2001; Letiecq, 2007; Mattis et al, 2000; Moore-Thomas & Day-Vines, 2008; Williams, Keigher, & Williams, 2010). The current literature refutes common negative stereotypes portraying African American males as impious and prone to participate in violence, gang related activities, and substance use (Herndon, 2003). Furthermore, the current literature prompts further research that specifically targets the usefulness of spirituality in addressing substance use and mental health concerns among African American male substance users (Allen & Lo, 2010; Braithwaite, Koenig & Larson, 2001; Taylor, & Treadwell, 2009).

The majority of the literature investigating spirituality among African American males appears to center on three foci: (a) academic and professional achievement; (b) identity development; and (c) coping and stress management. The focus on the academic outcomes of African American males engaged in higher education may be based on the low college graduation rates among African American males. African American male college graduation rates are the lowest among both sexes and all ethnic and racial groups in U.S. (Strayhorn, 2010). As such, researchers have continued to investigate strategies for increasing college

participation and graduation rates among African American males. Current studies (Dancy, 2010; Wood & Hilton, 2012) indicate spirituality is a significant factor in determining academic outcomes among African American males. Similarly, Jett (2013) suggests increased spiritual levels are associated with increased academic performance among African American male college students majoring in science, technology, engineering, and math. The literature points out several associations that suggest spirituality is a major determinant of academic success among African American males. First, higher levels of spirituality are associated with higher grade point averages (Chickering, Dalton, & Stamm, 2005; Wood & Hilton, 2012). Wood and Hilton (2012) suggest spirituality increases individuals' motivation to strive for excellence in every area of life, resulting in better academic performances among African American male college students. Second, higher levels of engagement in spiritual activities is associated with higher levels of self-confidence and self-control (Jang, 2004; Riggins, McNeal, & Herndon, 2008; Watson, 2006). Riggins, McNeal, and Herndon (2008) propose African American males who have a high level of spirituality and spiritual participation exhibit higher levels of self-confidence and self-control, which enables higher levels of self-discipline. Self-discipline is considered an important determinant of academic success. Third, greater levels of engagement in spiritual activities was associated with a greater sense of emotional and physical support (Herndon, 2003; Jang, 2004; Wood & Hilton, 2012). The aggregate literature also reveals feelings of isolation among African American male college students are a common determinate of negative academic performance (Jang, 2004; Jett, 2013). Therefore, it appears that the literature indicates African American males who are engaged in greater levels of spiritual-based activities may

be better able to cope with feelings of isolation, or experience feelings of isolation to a lesser degree than African American with lesser spiritual activity. Similarly, Dancy (2010), Herndon (2003), and Jett (2010) report higher levels of spirituality were associated with lower levels of distress.

Other researchers indicate spirituality plays a significant role in African American male social mobility and professional success (Smith, Hung, & Franklin, 2011; Wimberly, 2010). The most notable congruence between the role spirituality plays in African American males academic and professional success is its role as a coping mechanism. Studies have indicated a sense of spirituality provided African American males with a sense of hope, community, and interconnectedness that diffused: (a) stress associated with work related feelings of isolation; (b) race-related stressors; and (c) routine work-related stressors (Jett, 2013; Koenig & Larson, 2001; Wimberly, 2010). Koenig and Larson (2001) and Wimberly (2010) point out a sense of hope is an essential component of psychological and physical healing. Likewise, Jang (2004), Koenig & Larson, (2001), Smith, Hung, & Franklin, (2011), and Wimberly, (2010) report African American males who report having higher levels of spirituality also report having a greater sense of an internal locus of control versus an external locus of control. An internal locus of control is conceptualized as an individual's belief that they have greater control over their actions, behaviors, and circumstances than psychosocial environmental factors. As such, individuals who report higher levels of internal locus of control typically exhibit higher levels of: independence, self-confidence, self-control, social mobility, and academic and professional achievement (Jang, 2004; Jett, 2013; Riggins, McNeal, & Herndon, 2008; Watson, 2006).

There is a dearth of literature addressing the influence of spirituality as a coping resource among African American male substance users. However, the limited amount of research on the role of spirituality among African American male substance users is reflective of the limited literature that exists on spirituality in the field of counseling. Historically, modern counselors have minimized or dismissed the role of spirituality in psychotherapy and been reluctant to integrate spirituality into the counseling process (Cervantes, 2011; Garrett et al., 2011; Horne, 2013; Levin, 2010; Mental Health: Culture, Race, and Ethnicity, 2001; Meyers & Willard, 2003; Yeung & Chan, 2007). However, the literature shows researchers and counseling professionals are beginning to investigate the role of spirituality in psychotherapy, medicine, and education (Comas-Diaz, 2006; Garrett et al., 2011; Koenig & Larson, 2001; Meyers & Willard, 2003; Moore-Thomas & Day-Vines, 2007; Newton & McIntosh, 2010; Wade & Post, 2009). Spirituality serves as a major factor in the lives of African American males (Jett, 2013; Letiecq, 2007; Perry, 2013; Pew Research Center, 2008; Wimberly, 2012). Numerous researchers (Harper, 2012; Jenkins, 2006; Jett, 2013; Strayhorn, 2008; Wood & Hilton, 2012) indicate there is a significant relationship between spirituality and academic success, and social mobility among African American males. Other researchers suggest spirituality is a major coping resource among African American males throughout their lifespan and in most situations (e.g., career, marriage, family, health-related, day-to-day life) (Dancy, 2010; Dixon, 2009; Koenig & Larson, 2001; Leary, 2005; Letiecq, 2007; Mattis, 2001; Moore-Thomas & Day-Vitts, 2008; Post & Wade, 2009).

The literature on spirituality and its influence on psychological and psychosocial factors among African American males is incomplete for two essential reasons. First, spirituality is often identified as a key variable among African Americans males, but few studies provide a historical context that explains the salient connection of spirituality to African American males and the African American community (Jett, 2013). The lack of a historical context minimizes the influence of spirituality as a major predictive or relational factor that influences the cognitive processing, psychosocial behavioral patterns, core value systems, and day-to-day life of many African American males. Jett (2013) reports, “This absence, I believe, is especially problematic given the important role that religion and spirituality have played, historically and currently, in the struggle for equity and justice for African Americans” (Jett, 2013, pp. 327). Since spirituality serves as the core value system for most African American males, the gap in the literature serves as a severe hindrance for mental health and substance use counselors responsible for providing competent care and treatment to African American males with substance use and mental health concerns (Corey, Corey, & Callanan, 2011; Gerig, 2007; Pew Research Center, 2008; Sue & Sue, 2012).

Second, much of the literature investigating the influence of spirituality on coping is based on a definition of coping centered on Lazarus and Folkman’s (1984) *Transactional Model of Stress and Coping*. Lazarus and Folkman’s (1984) *Transactional Model of Stress and Coping*’s (TMSC) theoretical framework is the fundamental and most widely used theoretical model of coping (Nezlek, Vansteelandt, Mechelen, & Kuppens, 2008). However, the Transactional Model of Stress and Coping’s definition of coping and theoretical assumptions have led some researchers to reject its usefulness for assessing people from

diverse ethnic and racial cultural groups (Berjot & Gillet, 2011; Ewart, Jorgensen, Suchday, Chen, & Matthews, 2002). The aforementioned shortcoming in the literature demonstrates a gap in the field of knowledge regarding African American male spirituality/core value systems and coping strategies. This gap undermines researchers and counselors understanding and ability to competently address substance use and mental health concerns among African American males.

## **Conclusion**

A review of the literature examining the relationship between spirituality, active coping, drug-related criminal activity, education, and psychological factors among African American substance users reveals the complexity of the phenomena under investigation. Each major component and/or theme (e.g., spirituality, coping, psychological factors among African American males, psychological factors among African male substance users, substance use) represents a broad spectrum for research and investigation. The task of constructing a literature review is further complicated by varying degrees of literature available for each component. While there is a substantial amount of literature that addresses spirituality and drug-related criminal activity among African American males, only scant literature discusses stress and coping among African American males.

The literature clearly suggests spirituality interfaces with every aspect of existence among African American males. The literature points out African American males' spirituality has served as: (a) a coping resource; (b) a motivation for success; (c) a deterrent for criminal activity; (d) a source of identity; (e) a substance use recovery tool; and (e) a core belief system. However, the literature appears to highlight the fact that researchers know

little about psychosocial or psychological factors that influence self-views and behaviors among African American males in general and African American male substance users specifically. What is known from the literature is African American males are disproportionately represented in the judicial system and among people classified with severe mental health disorders. What is also known from the literature is substance use and mental health professionals have been reluctant to investigate the use of spirituality as method of contextualizing or addressing the psychosocial and/or psychological concerns of African American males.

### Chapter III – Method

The purpose of this study was to determine the relationships between spirituality, active coping, drug-related criminal activity, education, substance use treatment, and substance use among African American male substance users. Substance use is the primary cause of incarceration and recidivism for most African American males (Kethineni & Falcone, 2007). The National Center on Addiction and Substance Abuse at Columbia (2010) reports 1.5 million African American males involved in the criminal justice system, or over 60%, meet the medical criteria for substance use disorders. Similarly, the Substance Abuse and Mental Health Services Administration (SAMHSA) reports approximately 70% of people with a substance use diagnosis have co-occurring or underlying mental health concerns (Substance Abuse and Mental Health Services Administration, 2010). Substance use among African American males has also been linked to higher rates of: poverty; familial violence; sexually transmitted infections; and increased social and economic costs for communities and society at-large (Bent-Goodly, 2013; Braithwaite, Taylor, & Treadwell, 2009; Mukku et al, 2012).

Previous research has identified substance use as a coping mechanism for African American males in handling negative psychosocial factors such as; unemployment, discrimination, and poverty (Gibbons et al., 2010; Stock et al., 2013; Wills, Yeager, & Sandy, 2003). James, Harnett, and Kalsbeek (1983) suggested traditional methods of assessing coping, based on the *Transaction Model of Stress and Coping*, are culturally insensitive and inadequate to determine coping levels and strategies employed by African Americans. They conclude coping styles used by African Americans exhibit more intensive

mental and physical vigor than coping styles exhibited by European Americans (James, Harnett, & Kalsbeek, 1983). Furthermore, James et al., (1983) suggests African Americans with high active coping levels (e.g., predisposition to expend vigorous amounts of physical and/or psychological energy over an extended period of time addressing stress-related events as opposed to expending little or no physical or psychological energy addressing stress-related events) and high psychosocial stressors, (e.g., low education, low income, chronic financial strain, discrimination linked to ethnicity or social class) are more likely to display negative health and behavioral consequences. Previous researchers have identified spirituality as a major influence in shaping African American male identity, self and worldviews, and psychosocial behavioral patterns (Cone, 1975; Ebere, 2011; Lincoln & Mamiya, 1998; Mbiti, 1990; Raboteau, 2004; Snowden, 1983). Spirituality has also been associated with the development of positive coping strategies and influencing positive health outcomes (Dancy, 2010; Dantly, 2005; Harper, 2012; Koenig & Larson, 2001; Lincoln & Mamiya, 1998; Mattis et al., 2000; Moore-Thomas & Day-Vitts, 2008; Stock et al., 2013; Wills, Yeager, & Sandy, 2003). This chapter of the dissertation outlines the: (a) research design; (b) participants; (c) data collection and analysis; (d) description of the measures; (e) description of the variables; (f) research questions; (g) hypotheses; and (f) conclusion.

### **Research Design**

A cross-sectional survey research design using multiple regression was used for this study. In cross-sectional research studies, surveys are administered once, as compared to longitudinal survey research studies that administer surveys at various points in time. Cross-sectional research studies are an effective method for providing information about the

behaviors, attitudes, and beliefs of participants (Gay, Mills, & Airasian, 2009). Based on the focus of this study and the transient qualities associated with individuals with substance use concerns, the cross-sectional survey research design is the most appropriate. A survey research design can identify significant factors of interest and findings may support further experimental quantitative or qualitative research. The measures that were used for this study were researcher created (e.g., Demographic Questionnaire) or well-established in the behavioral health and/or social science fields. The established measures included the: Alcohol Use Disorders Identification Test (AUDIT), Drug Abuse Screening Test (DAST10), John Henry Active Coping Scale (JHAC12), and Santa Clara Strength of Religious Faith Questionnaire (SCSORFQ). The measures are provided in appendices A through E.

### **Participants**

The participants in the study consisted of 103 African American male substance users between the ages of 19 and 68 ( $M=42.31$ ,  $SD=12.40$ ), from predominately low income economic backgrounds, located in a metropolitan city in the southeastern United States. All participants had engaged in substance use within 12 months of the study. Seventy (67.96%) participants had attained a high school education or higher (e.g., some college, technical training, Associate's degree, Bachelor's Degree, Master's Degree, Doctorate Degree, etc.). Fifty-eight (56.31%) participants had never married. Sixty-six (64.08%) participants had at least 1 child ( $M = 1.64$ ,  $SD = 1.75$ ). Ninety (87.38%) participants had incomes below \$20,000. Seventy-four (71.85%) participants were unemployed. Ninety-five (92.23%) had been arrested at least once ( $M= 4.02$ ,  $SD=2.05$ ). However, only 41 (39.80%) participants indicated they had engaged in illegal activities to obtain drugs. Ninety (87.38%) participants

had moderate to severe substance use ratings (see Table 4). Eighty-three (81.58%) participants had engaged in either volunteer (60 participants), court-ordered (16 participants), or both types (7 participants) of substance use and/or mental health treatment engagements. Eighty-eight (85.43%) participants had moderate to high levels of spirituality. Fifty-three (51.46%) had low active coping scores.

## **Measures**

**Demographic Questionnaire (DQ).** A 10 item demographic questionnaire, developed for this study, was used to obtain participants' demographic information (see Appendix A). The DQ obtains information including the participants: age, education level, marital/partnership status, employment status, household income, number of children, number of arrests, number of substance use or mental health treatment engagements, type of substance use/mental health services (e.g., volunteer, court-ordered, etc.), and veteran status. Sawyer-Kurian (2004) suggests collecting collateral information (e.g., age, marital/partnership status, number of children, previous treatment engagements, employment and/or veteran status, etc.) provides: (a) an overview and understanding of an individual's personal and social context; and (b) assists clinicians and researchers in determining and/or interpreting what an individual deems important. *Treatment engagements* refers to the number of times an individual has been referred to and *engaged in* substance use or mental health services. Ward and Besson (2013), Schwartz and Feisthamel (2009), and Thompson, Bazile, and Akbar (2004) indicate African American males have a low participation rate in substance use and mental health services. The use of *treatment engagement* as a variable assisted the researcher in determining the relationship between substance use/mental health

treatment and substance use among African American males. Mauer and King (2007) and Daniels (2012) report substance use and drug-related criminal activity are the primary causes of high rates of incarceration and recidivism among African American males. The use of number of times a participant had been arrested, index as drug-related criminal activity, assisted in determining the relationship between drug-related criminal activity and substance use among African American male substance users. *Education* served as an index for highest level of academic education attained and was used by the researcher to determine the relationship between education and substance use among African American male substance users.

**Alcohol Use Disorder Identification Test (AUDIT10).** The Alcohol Use Disorders Identification Test (AUDIT10) is a 10-item questionnaire developed in 1993 for the World Health Organization for use with diverse populations in multinational settings (Saunders, Aasland, Babor, & Grant, 1993) (see Appendix B). The AUDIT10 screens for hazardous or harmful alcohol consumption, and correctly classifies 95% of people into either alcoholics or non-alcoholics. It is commonly used to monitor harmful alcohol consumption among high-risk groups (Bowring et al., 2013). Scores range from 0 to 4 per question and 0 to 40 per test. Scores 8 or above indicate a positive screen for substance use disorder/alcohol (Saunders et al., 1993). The AUDIT10 has a construct validity between .91 and .94 and a Cronbach alpha coefficient of 0.86 (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). The AUDIT10 demonstrates strong convergent validity with the Michigan Alcohol Screening Test (MAST) and Cut Annoyed Guilt Eye-opener (CAGE) questionnaire,  $r=.88$  and  $r=.78$  respectively

(Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). The results of the AUDIT10 will be used in future research.

**Drug Abuse Screening Test (DAST10).** Drug Abuse Screen Test 10 is a 10-item, yes/no self-report instrument that has been condensed from the 1982 version of the 28-item DAST (Yudko, Lozhkina, & Fouts, 2007) (see Appendix C). One point is scored for each question answered "yes," except for Question 3 for which a "no " receives 1 point. Question 3 asks, "Are you always able to stop using drugs when you want to?" Scores range from 0 to 10: 0 indicates no problem; 1-2 indicates low level concern/monitor; 3-5 indicates moderate level/further investigation suggested; 6-8 indicates substantial level/intensive assessment suggested; and 9-10 indicates severe level/intensive assessment suggested. The DAST10 was designed to provide a brief instrument for clinical screening and treatment evaluation and can be used with adults and older youth. The DAST10 has strong construct validity when used to assess substance abuse among African Americans and has a Cronbach alpha coefficient of .86 (Yudko, Lozhkina, & Fouts, 2007). The DAST10 has convergent validity with the MAST and DAST28 (Yudko, Lozhkina, & Fouts, 2007).

**John Henry Active Coping Scale (JHAC12).** The John Henryism Active Coping Scale (JHAC12) is a 12-item self-report measure (James, Harnett, & Kalsbeek, 1983, see Appendix D). The JHAC12 utilizes a five-point Likert scale to assess an individual's level of active coping: completely false, somewhat false, don't agree, somewhat true, or completely true. The JHAC12 score (*coping*) is the sum of the values assigned to each of the 12 questions. Scores on the JHAC12 can range from 12-60. The scores can be treated continuously or dichotomized at the median to determine high active coping (*hicoping*) and

low active coping (*lowcoping*). High active coping scores are scores falling above the median and low coping scores are scores falling below the median. The JHAC12 associates high active coping scores with negative health and behavioral consequences (James, Harnett, & Kalsbeek, 1983). The JHAC12 was developed by Drs. Sherman James, Sue Harnett, and William Kalsbeek, and is based on the premise that African Americans and members of underserved populations are routinely exposed to more psychosocial stressors than European Americans. As a result African Americans have developed coping strategies centered on: (1) efficacious mental and physical vigor; (2) strong commitment to hard work; and (3) single-minded determination to succeed (Fernander, Dura'n, Saab, Llabre, & Schneiderman, 2003). The JHAC12 has been used with diverse ethnic and racial populations. Reliable scores can be obtained from a JHAC12 survey with 9 or more responses. The JHAC12 has a Cronbach alpha coefficient between .61 and .80 when used to assess active coping among African American males (Fernander et al., 2004). The JHAC12 establishes convergent and discriminate validity with the *Coping Orientation to Problems Encountered (COPE Inventory)* and the *Marlowe- Crowne Social Desirability Scale (MAR-CRO)*, respectively (Fernander et al., 2004). The COPE is a 52-item self-report questionnaire that measures coping style, and the MAR-CRO is a 33 item questionnaire that measures social desirability as opposed to independence represented in the JHAC12 and COPE (Fernander et al., 2003).

**Santa Clara Strength of Religious Faith Questionnaire (SCSORFQ).** The SCSORFQ is a 10-item self-report measure designed as a non-denominational measure of spirituality and religious faith (Plante & Boccaccini, 1997, see Appendix E). More specifically, the SCSORFQ is used to assess spiritual and religious beliefs and behaviors

(e.g., “I pray daily,” “I look to my faith as a source of comfort,” “My faith impacts many of my decisions”). The SCSORFQ utilizes a four-point Likert scale with scores ranging from 10 to 40; higher scores are associated with higher levels of spirituality and religiosity. This instrument was selected because it is capable of assessing the core beliefs and behaviors associated with a participant’s spirituality or religiosity. The SCSORFQ has strong construct validity among diverse populations, including members of substance use communities, and has a Cronbach Alpha coefficient of .94 (Lewis, Shevlin, McGuckin, & Navrátil, 2001). The SCSORFQ has strong convergent validity with the Intrinsic Motivation Scale (IMS), Age Universal Religious Orientation Scale (AUROS), Religious Life Inventory (RLI), Belief in Personal Control Scale (BPCS), and the Duke Religious Index (DRI) (Lewis et al., 2001). The SCSORFQ has divergent validity with the Self-Righteousness Scale (SRS), Depression and Anxiety of the Cautold Emotional Control Scale (DACECS), and the Taylor Manifest Anxiety Scale Short-Form (TMAS-SF) (Lewis et al., 2001).

### **Data Collection**

Individual and group procedures were employed during the data collection process. Individual procedures refers to the procedures that were used in recruiting individual participants (e.g., an individual contacts the researcher) based on information the individual read on a flyer). Group procedures refers to procedures that were used in recruiting individual participants through the use of an organization (e.g., the researcher contacted an organization and requested a time to present the study to a group of individuals who may or may not have substance use concerns). Participants who completed and returned the survey study received a \$5 Walmart gift card. The researcher funded all compensation from the

researcher's personal finances. Participants also received a community resource guide which listed organizations that provided free or subsidized services (e.g., free clothing, free shelter, free or subsidized substance use/mental health services, free or subsidized medical services, etc.) (see Appendix F). The following sections present the procedures for individual and group data collection.

**Individual Procedures.** Individual participants were recruited through the use of flyers posted in the local community (e.g., community centers, college campuses, barber shops, housing developments, shelters, etc.) (see Appendix G). The flyers indicated: (a) the purpose of the study; (b) the participant criterion; (c) the name of the surveys included in the study; (d) the approximate time it takes to complete the survey; (e) the compensation for completing the survey; (f) the researcher's contact information; and (g) the IRB approval number. Interested persons were advised to contact the researcher for more information and/or to schedule a place and time to complete the survey. The researcher selected participants for the study who met the study's participant criteria and agreed to complete the 20-30 minute survey study. The researcher scheduled a time and location for the selected participants to complete the survey based on the participant's availability. The researcher administered the study to each participant in the following manner:

1. The researcher informed the participant to: (a) not to write their name or any information that could be used to identify them on any of the forms; (b) read the Informed Consent Form; (c) complete the survey; and (d) upon completion of the survey put the survey in the envelope, seal the envelope, and place the sealed envelope in the lockable container located with the researcher.

2. The researcher passed out: (a) an Information and Instruction Sheet (see Appendix H); (b) Informed Consent Form (see Appendix I); (c) Demographic Questionnaire; (d) AUDIT; (e) DAST10; (f) SCSORF; (g) JHAC12; and (h) an envelope to be used to seal the survey upon return.
3. The researcher informed participants to place the sealed envelope containing the completed survey in the lockable container located with the researcher.
4. The researcher compensated each participant with a \$5 Walmart gift card and a community resource guide for completing the study.
5. The researcher reminded each participant that the information on the informed consent form could be used to contact the researcher if the participant had additional questions following the study.

**Group Procedures.** Individual participants recruited from an organizational setting were recruited through the use of flyers and emails sent to community organizations (see Appendices G and J). The flyer indicated: (a) the purpose of the study; (b) the participant criterion; (c) the inclusion of survey information; (d) the approximate time it takes to complete the survey; (e) the compensation for completing the survey; (f) the P. I.'s contact information; and (g) the IRB approval number. The email: (a) requested a meeting with a representative of the organization to discuss the study; (b) contained a copy of the Informed Consent Form, Demographic Questionnaire, AUDIT, DAST10, SCSORF, and JHAC12; and (c) a statement emphasizing the importance of the voluntary nature of the study. The researcher met with a representative of the organization(s) to review the study's; purpose, participant criterion, measures, data collection procedures, and schedule a time to conduct the

survey. The researcher scheduled a time to administer the survey at the location determined by the organization. The researcher administered the study in group settings in the following manner:

1. The researcher introduced himself to the group and presented the Informed Consent Form.
2. The researcher instructed the group to: (a) read the Informed Consent Form and Information and Instruction Sheet; (b) not to write their name or any information that could be used to identify them on any of the forms; (c) determine if they met the conditions for participation in the study; (d) complete the survey; and (e) upon completion of the survey put the survey in the envelope, seal the envelope, and place the sealed envelope in the lockable container located with the researcher.
3. The researcher informed the group if individuals choose to participate in the study a packet containing: (a) the Informed Consent Form; (b) Information and Instruction Sheet; (c) Demographic Questionnaire; (d) AUDIT; (e) DAST10; (f) SCSORF; and (g) JHAC12; could be picked up at a designated area and returned and placed in the lockable container located with the researcher within 1 hour of the end of the scheduled group meeting.
4. The researcher exited the group meeting room after placing the surveys in the location determined by the organization and waited in a separate area.
5. The researcher compensated each participant who completed the survey with a \$5 Walmart gift card and a community resource guide for completing the study.

6. The researcher reminded each participant that the information on the Informed Consent Form could be used to contact the researcher if the participant had additional questions following the study.

**Potential Risks Procedures.** The purpose of this study was to determine the relationships between spirituality, active coping, drug-related criminal activity, education, substance use treatment, and substance use among African American male substance users. As such the study posed potential risks for the participants and the researcher (legal, emotional and/or psychological stress, safety, reputational, etc.). Based on the nature of the study procedures were developed and implemented to minimize potential risks to participants. The following are the procedures that were implemented to minimize potential risks:

***Legal and reputational risks procedures.*** In order to minimize any potential reputational or legal risks: (a) no personal identifiers were used in the study; (b) all surveys were returned to the researcher in a sealed envelope; (c) all envelopes were placed together in a lockable container; (d) envelopes were opened in batches of 25 to minimize the researcher's ability to connect participants with their individual survey responses; (e) all hardcopy data was stored and transported in a lockable container; (f) all hardcopy data was stored in the researcher's home safe when not being used; and (g) all electronic data (e.g., scanned copies of surveys) was stored on the researcher's password protected laptop computer.

***Emotional and psychological risks procedures.*** In order to minimize any potential emotional and/or psychological stress: (a) the study's purpose and names/types of surveys

were indicated on the Informed Consent Form; (b) potential risks were indicated on the Informed Consent Form; (c) at the time of the study the researcher informed all participants that they may withdraw from the study at any time and that participants can select not to answer questions that create negative emotional responses (e.g., stress, etc.).

*Participant and researcher personal safety risk procedure.* In order to minimize any potential personal safety risk the researcher conducted all individual data collections at a location that was considered safe by the researcher and the participant.

### **Data Analysis**

Data for this study was analyzed using Stata Data Analysis and Statistical Software version 13 (StataCorp, 2013). The research question and hypotheses were tested using a hierarchical multiple regression at a significance level of  $p < .05$ . A hierarchical multiple regression was used to determine if spirituality, active coping, drug-related criminal activity, education, and substance use/mental health treatment had a significant relationship with substance use among African American male substance users. Two second order variables: (a) the interaction of spirituality and active coping; and (b) active coping and education were also included in the multiple regression model. Interactions are commonly included in multiple regression models to determine the simultaneous influence of two independent variables on the dependent variable (Cohen et al., 2013; Hayes & Matthes, 2009).

A hierarchical multiple regression is used to examine theoretically based hypotheses. One benefit of a hierarchical multiple regression analysis is it permits the researcher to control for a particular variable or group of variables, as well as determine the order that variables are entered into the regression equation (Gelman, 2007). Another benefit of a

hierarchical multiple regression is the importance of an independent variable can be determined by the amount of additional variance it explains when entered in later steps of a sequential model (Petrocelli, 2003). However, the order that variables are entered into a multiple regression model (MRM) should be a theoretically based decision (Cohen et al., 2013; Petrocelli, 2003).

The theoretical philosophy used by the researcher to determine the variable entry order for this study centered on theoretical concepts proposed by Stock et al., (2013) and Green et al., (2012). Stock et al., (2013) and Green et al., (2012) suggest psychological variables (e.g., active coping, spirituality, substance use/mental health treatment) provide a greater explanation of substance use among African American male substance users than traditional social variables (e.g., education, drug-related criminal activity). While the researcher did not seek to determine the final outcome of the social variable versus psychological variable debate, the debate's theoretical foundation provided the theoretical foundation for the order variables were entered in the MRM in this study (Petrocelli, 2003).

The independent variables for this study were entered in the MRM in the following order. First, the traditional social variables (education, drug-related criminal activity) were entered into the MRM as the *control variables* due to their traditional use in explaining substance use among African American male substance users and their relevant importance in literature. Second, psychological variables (e.g., spirituality, active coping, substance use/mental health treatment) were entered into the MRM to examine: (a) their relationship with substance use among African American male substance users; and (b) to determine if the variables provided any additional explanations for substance use among African

American male substance users above and beyond education and drug-related criminal activity. Third, second order variables: (a) the interaction of active coping and spirituality, and (b) the interaction of active coping and education were entered into the MRM to determine if the simultaneous effect of the combined variables provided any additional explanations for substance use among African American male substance users that was not explained by the previous variables.

**Multiple Regression Model.** Categorical independent variables were dummy coded. Continual and categorical independent variables were transformed using Box-Cox (BC) transformation prior to being entered into the MRM. The results of the BC transformation are presented in chapter 4. In order for a multiple regression to be valid it must meet 4 assumptions: (a) variables are normally distributed; (b) a linear relationship between the dependent and independent variable(s); (c) variables are measured independent of error; and (d) homoscedasticity (Cohen, Cohen, West, & Aiken, 2013; Osborne & Waters, 2002). The results of the tests of assumptions for this study are presented in Chapter 4. The key statistics in a MRM are the  $R^2$ ,  $F$ ,  $b$ , and  $\Delta R^2$  statistics. The  $R^2$  value was used to determine how much variance was explained by each model compared to the total variance. The  $F$  value was used to determine how much variability the model explained comparative to how much it did not explain. The  $b$  coefficient was used to determine the strength and direction of the relationship between the independent and dependent variable. Therefore, the researcher used the  $b$  coefficient to determine whether an independent variable had a significant relationship with substance use among African American male substance users. The  $\Delta R^2$  value was used to determine the amount of change between models. Thus the  $\Delta R^2$  was used to determine

whether the inclusion of psychological variables (e.g., spirituality, active coping, substance use/mental health treatment) significantly improved the social model's (e.g., education, drug-related criminal activity) explanation of substance use among African American male substance users (Cohen et al., 2013; Petrocelli, 2003). The MRM was used to investigate the following research question and hypotheses:

- Do spirituality, active coping, drug-related criminal activity, education, and the number of substance use/mental health treatment engagements have a significant relationship with substance use among African American male substance users?
1. H<sub>A</sub>: Spirituality has a significant negative relationship with substance use among African American male substance users. (Ref: Koenig & Larson, 2001; Wimberly, 2010)
  2. H<sub>A</sub>: Active coping has a significant positive relationship with substance use among African American male substance users. (Ref: James, Harnett, & Kalsbeek, 1983; Fernander et al., 2003)
  3. H<sub>A</sub>: Education has a significant negative relationship with substance use among African American male substance users. (Ref: Daniels, 2012; National Center on Addiction and Substance Use at Columbia, 2010)
  4. H<sub>A</sub>: Drug-related criminal activity has a significant positive relationship with substance use among African American male substance users. (Ref: Gleason, 2012; Riordan & McDonald, 2009)

5. H<sub>A</sub>: The number of treatment engagements has a significant negative relationship with substance use among African American male substance users. (Ref: Schwartz & Feisthamel, 2009; Ward & Besson, 2013)
6. H<sub>A</sub>: The interaction of active coping and spirituality has a significant negative relationship with substance use among African American male substance users.
7. H<sub>A</sub>: The interaction of active coping and education has a significant negative relationship with substance use among African American male substance users.

## **Conclusion**

The purpose of this study was to determine the relationships between spirituality, active coping, drug-related criminal activity, education, substance use treatment, and substance use among African American male substance users. A cross-sectional survey research design using hierarchical multiple regression was used for this study. The participants of the study consisted of 103 African American male substance users between the ages of 19 and 68 from various socioeconomic statuses located in a metropolitan city in the southeastern United States. The study's measures are: a demographic questionnaire; Alcohol Use Disorders Identification Test (AUDIT); Drug Abuse Screening Test (DAST10); John Henry Active Coping Scale (JHAC12); and the Santa Clara Strength of Religious Faith Questionnaire (SCSORFQ). The study adhered to the North Carolina State University Institutional Review Board's standards for ethical research (see Appendix K). Data for this study was analyzed using Stata Data Analysis and Statistical Software version 13. The research question and hypotheses were tested using a hierarchical multiple regression at a significance level of  $p < .05$ .

## CHAPTER IV—RESULTS

The purpose of this study was to determine the relationships between spirituality, active coping, drug-related criminal activity, education, substance use treatment, and substance use among African American male substance users. The qualitative and descriptive results meet the Heppner et al. (2008) *gold standard* for research studies: (a) adequate sample size; (b) statistical power; and (c) valid and reliable instrumentation. Using data collected from a sample of 103 African American male substance users, between January and February 2014, this chapter reports the results of the following research question and hypotheses:

Do spirituality, active coping, drug-related criminal activity, education, and the number of substance use/mental health treatment engagements have a significant relationship with substance use among African American male substance users?

1. H<sub>A</sub>: Spirituality has a significant negative relationship with substance use among African American male substance users.
2. H<sub>A</sub>: Active coping has a significant positive relationship with substance use among African American male substance users.
3. H<sub>A</sub>: Education has a significant negative relationship with substance use among African American male substance users.
4. H<sub>A</sub>: Drug-related criminal activity has a significant positive relationship with substance use among African American male substance users.

5. H<sub>A</sub>: The number of treatment engagements has a significant negative relationship with substance use among African American male substance users.
6. H<sub>A</sub>: The interaction of active coping and spirituality has a significant negative relationship with substance use among African American male substance users.
7. H<sub>A</sub>: The interaction of active coping and education has a significant negative relationship with substance use values among African American male substance users.

### **Data Cleaning**

One hundred and thirty-seven surveys were collected during the study. Thirty-four surveys were removed from the study for the following reasons: (a) 5 surveys were returned without an Informed Consent Form and data classified as Missing Not At Random (MNAR); and (b) 29 surveys contained missing data classified as Missing Not At Random (MNAR), these surveys were removed utilizing Listwise deletion (Stern, 2011). Listwise deletion was selected to maintain a consistent number of cases across all variables used in hypothesis testing (Stern, 2011). A total of 103 surveys were included in the study. The 103 surveys included in the study represent 75.20% of the total surveys collected for the study. Among the 103 surveys used, 20 participants responded “0” to Demographic Questionnaire question 8, “How many times have you engaged in mental health or substance use treatment?” Since these participants had not engaged in mental health or substance abuse treatment, question 9, “Did you volunteer to enter treatment or was it court-ordered” was not applicable. Therefore,

20 participants did not respond to Demographic Questionnaire question 9. Data analysis was conducted using Stata Statistics/Data Analysis, Version 13.1 (StataCorp, 2013).

### **Assumptions**

A multiple regression model is required to meet 4 assumptions to be valid: (a) variables are normally distributed; (b) a linear relationship between the dependent and independent variable(s); (c) variables are measured independent of error; and (d) homoscedasticity (Cohen, Cohen, West, & Aiken, 2013; Osborne & Waters, 2002). In addition to the basic assumptions required for a valid multiple regression the assumption of multicollinearity was also tested. The following section presents the results of the test of assumptions for the multiple regression model.

**Normal distribution.** Skew and kurtosis were analyzed for all independent variables using the Skew/Kurtosis Test (sktest). All independent variables' skew and/or kurtosis exceeded the acceptable range of +/-1. All independent variables were transformed using a Box-Cox (BC) transformation to bring their skews and/or kurtosis within an acceptable range. Individual variables CrimActivity and Treatment values of 0 were changed to .001 in order to conduct Box-Cox transformations. The results are presented in Table 2. Following the Box-Cox transformation all independent variables' values were converted to z-scores.

Table 2  
*Skew and kurtosis pre and post Box-Cox transformation*

Variable	Skew	Kurtosis	BCTValue	Post-BC Skew	Post BC-Kurtosis
Spirituality	-.94	2.78	2.25	.06*	.00*
ActiveCoping	-1.02	3.58	2.10	.15*	.07*
CrimActivity	-.57	1.98	.70	.00*	.98*
Education	1.79	7.70	.15	.93*	.10*
Treatment	.24	1.83	.40	.00*	.08*

*Note.* \* Indicates that transformation improved skew and kurtosis to the acceptable range of +/-1. BCTValue indicates the Box-Cox transformation coefficient. BC indicates Box-Cox transformation.

**Linear relationship.** Osborne and Waters (2002) indicate, “Standard multiple regression can only accurately estimate the relationship between dependent and independent variables if the relationships are linear in nature” (p. 1). One method of testing the linearity of the variables in a model is to visually examine the standardized residuals versus standardized predicted values residual plot. The standardized residuals versus standardized predicted values residual plot for this study is presented in Figure 1. The horizontal-band pattern between +/-2 suggests a linear relationship between the independent variables. The consistency of the linear relationship minimizes the chance of a Type I (over-estimation) error for the independent variables in the MRM (Osborne & Waters, 2001).

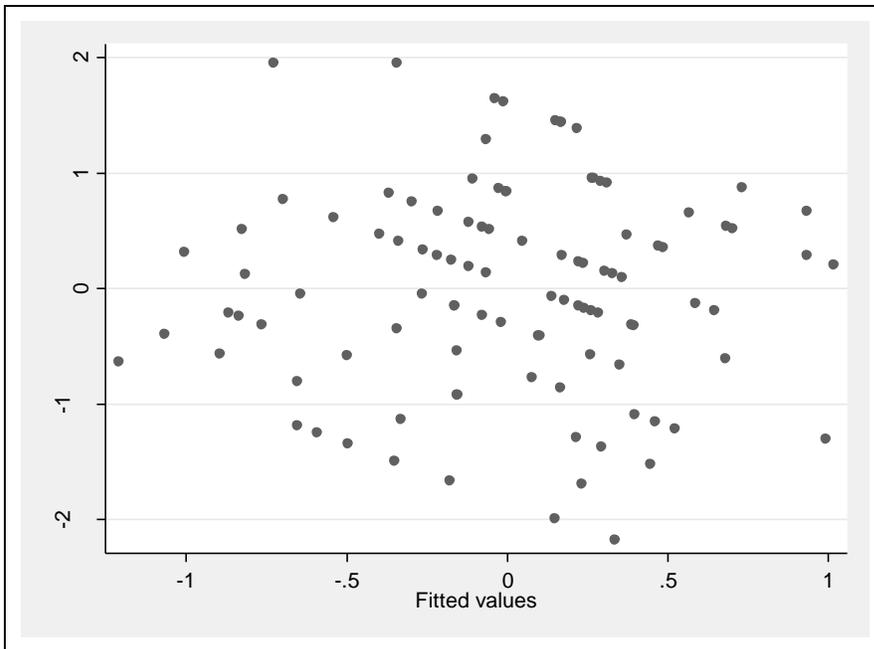


Figure 1. Standardized residuals versus standardized predicted values.

**Independence of errors.** The assumption of independence of errors confirms the errors associated with one observation are not correlated with the errors of any other observation (Cohen et al., 2013; Osborne & Waters, 2002). The independence of errors for this study was tested utilizing the Durbin-Watson statistic. The Durbin-Watson statistic examines the relationship between values within a regression model. Scores range between 0-4 and a score near 2 indicates the independence of errors. The Durbin Watson statistic score for this study was 1.87.

**Homoscedasticity.** Homoscedasticity refers to the consistency of the variance of errors across all levels of the independent variable (Cohen et al., 2013; Osborne & Waters, 2002). If the variance of errors is inconsistent across all levels of the independent variables the IVs are heteroscedastic. Heteroscedasticity increases the possibility of a Type I error.

Homoscedasticity can be examined visually by examining the standardized residuals versus standardized predicted values residual plot or by several numerical test. The results of the visual examination are presented in Figure 1. The horizontal-band pattern between  $\pm 2$  suggests the variance of the residuals is constant across all levels of the independent variables. Therefore, the visual examination indicates the model is homoscedastic and the possibility of a Type I error is minimal. The researcher also utilized the Breusch-Pagan / Cook-Weisberg Test for Heteroscedasticity to test the homoscedasticity of the study. The Breusch-Pagan / Cook-Weisberg Test tests the null hypothesis that the error variances are consistent across all independent variables versus the alternative that the error variances increase/decrease as a multiplicative function of one or more variables (Baum, Schaffer, & Stillman, 2003). A large chi-square value and a small probability value would indicate the presence of heteroscedasticity. The Breusch-Pagan / Cook-Weisberg tests chi-square and probability values for this study was .12 and .73 respectively. This indicates heteroscedasticity was not a concern in this study.

**Multicollinearity.** In a multiple regression model there should be no perfect linear relationships between the independent variables. The assumption of multicollinearity for this study was tested utilizing the Variance Inflation Factor (VIF). VIF scores greater than 5 and/or Tolerance scores less than 0.1 indicate the possibility of collinearity (O'Brien, 2007). The VIF and Tolerance for this study are presented in Table 3.

Table 3  
*Multicollinearity Statistics*

Variable	VIF	Tolerance
ActiveCoping	1.13	0.88
Spirituality	1.10	0.91
CrimActivity	1.07	0.93
Education	1.06	0.95
Treatment	1.05	0.96

### **Descriptive Statistics**

Descriptive statistics for variables used in the Multiple Regression Model (MRM); SubstanceUse, Spirituality, ActiveCoping, CrimActivity, Education, and Treatment, are presented in Tables 4, 5, 6, 7, 8, and 9 respectively. Variables used in the MRM are presented with the statistics of mean, standard deviation, and minimum and maximum values. Skew and kurtosis, pre and post Box-Cox transformation, for variables used in the MRM are reported in Table 2. The descriptive statistics for the Demographic Questionnaire's categorical variable not included in the MRM are contained in Table 10 with the variable value's frequency, percentage, and cumulative percentage. The descriptive statistics for the Demographic Questionnaire's continuous variables that are not included in the MRM are presented in Table 11.

Table 4

*Descriptive Statistics for Substance Use*

Category	<i>n</i>	Percent	Mean	Std. Dev.	Min	Max
SALow	13	12.62				
SAModerate	30	29.13				
SASubstantial	40	38.83				
SASevere	20	19.42				
SubstanceUse*	103	100.00	-1.59	1.00	-1.84	1.60
SubstanceUse**	103	100.00	5.80	2.60	1.00	10.00

*Note.* The DAST10 rates scores: 1-2 Low; 3-5 Moderate; 6-8 Substantial; 9-10 Severe. Transformed and original score total data are denoted by \* and \*\*, respectively.

Table 5

*Descriptive Statistics for Spirituality*

Category	<i>n</i>	Percent	Mean	Std. Dev.	Min	Max
Low	15	14.57				
Moderate	26	25.24				
High	62	60.19				
Spirituality*	103	100.00	-7.81	1.00	-1.84	1.20
Spirituality**	103	100.00	30.90	9.02	10.00	40.00

*Note.* Scores can range between 10 and 40, with higher scores reflecting stronger levels of faith. Scores were rated: 10-20 Low; 21-30 Moderate; and 31-40 High. Transformed and original total score data are denoted by \* and \*\*, respectively.

Table 6

*Descriptive Statistics for Active Coping*

Category	<i>n</i>	Percent	Mean (Mdn)	Std. Dev.	Min	Max
Low	53	51.46				
High	50	48.54				
ActiveCoping*	103	100.00	2.10 (.13)	1.00	-2.10	1.72
ActiveCoping**	103	100.00	44.13 (47)	11.53	12.00	60.00

*Note.* Scores can range between 12 and 60. Transformed and original total score data are denoted by \* and \*\*, respectively.

Table 7

*Descriptive Statistics for CrimActivity*

Category	<i>n</i>	Percent	Mean	Std. Dev.	Min	Max
Never Arrested	8	7.77				
1-2 Arrests	19	18.45				
3-5 Arrests	35	33.98				
6 or More Arrests	41	39.80				
CrimActivity*	103	100.00	3.33	1.00	-2.31	.89
CrimActivity**	103	100.00	4.02	2.05	00.00	6.00

*Note.* Transformed and original total score data are denoted by \* and \*\*, respectively.

Table 8

*Descriptive Statistics for Education*

Category	<i>n</i>	Percent	Mean	Std. Dev.	Min	Max
No H.S. Dipl.	33	32.04				
H.S. Dipl.	51	49.51				
Some College	9	8.74				
Assoc. Dg. /Tech.	5	4.85				
Bach. Dg.	3	2.92				
Masters/Doc.	2	1.94				
Education*	103	100.00	5.80	1.00	-1.93	2.95
Education**	103	100.00	3.02	1.53	1.00	10.00

Transformed and original total score data are denoted by \* and \*\*, respectively.

Table 9

*Descriptive Statistics for Treatment*

Category	<i>n</i>	Percent	Mean	Std. Dev.	Min	Max
No Treatment	20	19.42				
1-2 Treatment	30	29.13				
3-5 Treatment	35	33.97				
6 or More Treatment	18	17.48				
Treatment*	103	100.00	4.41	1.00	-1.78	1.13
Treatment**	103	100.00	2.73	2.08	00.00	6.00

*Note.* Treatment scores indicate the number of separate times a participant has engaged in substance treatment or mental health services. Transformed and original total score data are denoted by \* and \*\*, respectively.

Table 10

*Descriptive Statistics for Participants' Partner, Employment, Treatment Type, and Vet Status*

Category	Descriptor	<i>n</i>	Percent
Partner	Single, Never Married	58	56.31
	Married/Dom. Partner	9	8.74
	Separated	11	10.68
	Divorced	18	17.47
	Living w/nonfamily	6	5.83
	Widowed	1	0.97
	Total	103	100.00
Employment	Unempl. Looking	66	64.09
	Unempl. Not Looking	8	7.77
	Empl. P/T	4	3.88
	Empl. F/T	5	4.85
	Retired	2	1.94
	Disabled	16	15.53
	Student	2	1.94
Total	103	100.00	
Treatment Type	N/A	20	00.00
	Volunteer	60	70.93
	Court-ordered	16	20.93
	Both	7	8.14
	Total	103	100.00
Veteran Status	Veteran	10	9.71
	Non-Veteran	93	90.29
	Total	03	100.00

Table 11  
*Descriptive Statistics for Participant's Age, Income, and Dependents*

Category	Descriptor	<i>n</i>	Percent
Age	18-30 Years Old	26	25.24
	31-42 Years Old	19	18.45
	43-55 Years Old	45	43.69
	56-68 Years Old	13	12.62
	Total	103	100.00
Income	Below \$19,999	90	87.38
	\$20,000-\$39,999	9	8.74
	\$40,000-\$59,999	3	2.91
	\$60,000-\$79,999	1	0.97
	Total	103	100.00
Dependents	No Children	37	35.92
	1-2 Children	35	33.98
	3-4 Children	23	22.33
	5-8 Children	8	7.77
	Total	103	100.00

### **Correlation of Dependent Variable to Independent Variables**

The Pearson correlation coefficient ( $r$ ) was used to determine the strength and direction of the relationship between the dependent variable and each independent variable. Values of the  $r$  range from +1 to -1 with 0 indicating no linear relationship and +/-1 a perfect positive or negative relationship. The strength of the linear relationship is categorized as small (+/- .1 to .3), medium (+/- .3 to .5), or large (+/- .5 to 1) (Field, 2009). The results are presented in Table 12.

Table 12  
*Pearson Correlation Coefficients for DV with each IV*

Variable	<i>r</i>	Sig.
Spirituality	0.02	0.85
ActiveCoping	-0.20	0.05*
CrimActivity	0.16	0.10
Education	0.07	0.48
Treatment	0.40	0.00***
SpiritCoping	-0.13	0.18
ACopingEduc	-0.01	0.92

Note. \* $p < .05$ ; \*\*\* $p < .001$ .

### Multiple Regression Model

A multiple regression model was generated and used to determine if: (a) strength of religious faith (*Spirituality*); (b) active coping (*ActiveCoping*); (c) drug-related criminal activity (*CrimActivity*); (d) education (*Education*); and (e) the number of times a participant engaged in substance use/mental health treatment (*Treatment*) had a significant relationship with substance use (*SubstanceUse*) among African American male substance users. Two second order variables were also entered into the multiple regression model: the interaction of spirituality and active coping term *SpiritualCoping*; and the interaction of active coping and education term *ACopingEduc*. The second order variables were entered into the multiple regression model to determine if the simultaneous effect of the combined variables provided any additional explanations for substance use among African American male substance users. All variables were standardized to maximize the compatibility of the variables. A Box-Cox transformation was performed on all independent variables in order to bring their skew and kurtosis into acceptable range for a multiple regression (i.e., +/-1; see Table 2).

Substance use was entered as the dependent variable. In Step 1, education and drug-related criminal activity were entered as the independent variables and served as the control variables. In Step 2, spirituality, active coping and substance use/mental health treatment were added to the regression equation to explain additional variance in substance use. In the final step, the interaction of spirituality and active coping term *SpiritualCoping*, and the interaction of active coping and education term *ACopingEduc* values were added to the regression model to explain any additional variance in substance use not explained by independent variables in the previous steps.

The results of the analysis are presented in Table 13. Overall, the independent variables explained a significant amount of the variance on substance use among African American males substance use. Contrary to the researcher's expectation, the results of Step 1, revealed education and drug-related criminal activity did not have a significant relationship with substance use among African American male substance users,  $\beta = .09$ ,  $t(100)=.92$ ,  $p>.35$  and  $\beta = .17$ ,  $t(100)=1.75$ ,  $p>.08$  respectively. Education and drug-related criminal activity accounted for nearly 3% of the variance in substance use among African American male substance users,  $R^2 = .0347$ ,  $F(2, 100) = 1.80$ ,  $p>.17$ . Contrary to the researcher's expectation, after controlling for education and drug-related criminal activity Step 2 revealed the addition of active coping revealed a significant *negative* relationship with substance use among African American male substance users,  $\beta = -.22$ ,  $t(97)=-2.34$ ,  $p<.02$  as opposed to a significant positive relationship. Similarly, contrary to researcher's expectation, substance use mental health treatment demonstrated a significant positive relationship with substance use among African American male substance users as opposed to a negative

relationship,  $\beta = .35$ ,  $t(97)=3.80$ ,  $p<.001$ . Contrary to the researcher's expectation, spirituality did not have a significant relationship with substance use among African American male substance users,  $\beta = .07$ ,  $t(97)=.71$ ,  $p>.48$ . The inclusion of active coping, substance use/mental health treatment, and spirituality in this model significantly improved the explanation of variance for substance use among African American males, accounting for nearly 18% additional variance than the previous model,  $\Delta R^2 = .177$ ,  $F(5, 97) = 7.26$ ,  $p<.001$ . The final step, Step 3, revealed that the inclusion of the interaction terms SpiritualCoping and ACopingEduc did not have a significant relationship with substance use among African American male substance users,  $\beta = -.11$ ,  $t(95)= -1.26$ ,  $p>.21$  and  $\beta = -.03$ ,  $t(95)=-.27$ ,  $p>.79$  respectively. The inclusion of SpiritualCoping and ACopingEduc accounted for an additional 1% of variance above and beyond variance accounted for by the previous variables in the model,  $\Delta R^2 = .014$ ,  $F(7, 95) = .88$ ,  $p>.41$ . Concerning the number of substance use/mental health engagements in the final model, for participants with the same scores on all the other variables the participant with one additional substance use/mental health treatment engagement is estimated to score .33 higher on the Drug Abuse Screening Test (*SubstanceUse*),  $\beta = .33$ ,  $t(95)=3.54$ ,  $p<.001$ . Similarly, regarding active coping in the final model, for participants with the same scores on all the other variables the participant with one unit of increase on the John Henry Active Coping Scale (*ActiveCoping*) is estimated to score -.26 lower on the Drug Abuse Screening Test (*SubstanceUse*),  $\beta = -.26$ ,  $t(95)=-2.62$ ,  $p<.01$ .

Table 13

*Hierarchical Regression for Substance Use Among African American Males*

<b>Step and Independent Variable</b>	$\beta$	$R^2$	$\Delta R^2$
<sup>a</sup> Step 1			
Education	.09	.03	.00
CrimActivity	.17		
Step 2			
Education	.10	.21***	.18
CrimActivity	.14		
Treatment	.35***		
Spirituality	.07		
ActiveCoping	-.22*		
Step 3			
Education	.08	.23***	.01
CrimActivity	.13		
Treatment	.33***		
Spirituality	.07		
ActiveCoping	.26**		
SpiritCoping	-.11		
AcopingEduc	-.03		

Note. \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ . <sup>a</sup>Control variables included Education and CrimActivity. Control variables accounted for nearly 3% of the total variance.

### Hypothesis Testing

**Hypothesis 1: Spirituality.** Spirituality has a significant negative relationship with substance use among African American male substance users. Spirituality did not have a significant negative relationship and substance use among African American male substance users, ( $\beta = .07, p = .48$ ). This was contrary to the researcher's expectation. Therefore the researcher failed to reject the null hypothesis. It was believed that participants who scored high on the Santa Clara Strength of Religious Faith Questionnaire would score low on the Drug Abuse Screening Test. However, 88 (85.43%) participants scored high or moderate on the Santa Clara Strength of Religious Faith Questionnaire, 60.19% and 25.24 (see Table 5).

This score corresponds to the Pew Forum on Religion and Public Life study which indicated 84% of all African American males report spirituality is important (Pew Research Center, 2008).

**Hypothesis 2: Active Coping.** Active coping has a significant positive relationship with substance use among African American male substance users. There was a significant negative relationship between active coping and substance use among African American male substance users ( $\beta = -.26, p = .01$ ). It was believed that high levels of active coping (e.g., mental and physical vigor, strong commitment to work, single-minded determination to succeed) would produce stressors leading to increased substance use. Contrarily, increased scores on the John Henry Active Coping Scale were associated with significantly lower levels of substance use. Therefore the null hypothesis could not be rejected.

**Hypothesis 3: Education.** Education has a significant negative relationship with substance use among African American male substance users. There was not a significant negative relationship between education and substance use among African American male substance users ( $\beta = .08, p = .37$ ). It was believed that participant with lower levels of education (e.g., no high school diploma or equivalency) would comprise the majority of the participant pool and would demonstrate higher scores on the Drug Abuse screening Test. However, 70 (67.96%) participants had a high school level education or higher (see Table 8). The null hypothesis could not be rejected.

**Hypothesis 4: Drug-related criminal activity.** Drug-related criminal activity has a significant positive relationship with substance use among African American male substance users. There was not a significant positive relationship between drug-related criminal

activity and substance use among African American male substance users, ( $\beta = .13, p = .18$ ). It was believed that there would be a significant increase in drug-related criminal activity with increased substance use among African American male substance users. However, there was no discernable difference in drug-related criminal activity with increased substance use. This was contrary to the researcher's expectation. The null hypothesis could not be rejected.

**Hypothesis 5: Treatment.** The number of substance use/mental health treatment engagements has a significant negative relationship with substance use among African American male substance users. There was not a significant negative relationship between the number of treatment engagements and substance use among African American male substance users, ( $\beta = .33, p = .001$ ). It was believed African American male substance users would not increase substance use/mental health treatment engagements with increased substance use. Contrary to the researcher's expectation, African American male substance users increased substance use/mental health treatment engagements as substance use increased. The null hypothesis could not be rejected.

**Hypothesis 6: Interaction of active coping and spirituality.** The interaction of active coping and spirituality has a significant negative relationship with substance use among African American male substance users. The interaction of active coping and spirituality did not have a significant negative relationship with substance use among African American male substance users, ( $\beta = -.11, p = .21$ ). It was believed spirituality would mediate the effects of active coping on substance use among African American males, resulting in lower substance use. Contrary to the researcher's expectation the interaction of active coping

and spirituality did not significantly influence substance use among African American male substance users. The null hypothesis could not be rejected.

**Hypothesis 7: Interaction of active coping and education.** The interaction of active coping and education has a significant negative relationship with substance use among African American male substance users. The interaction of active coping and education did not have a significant negative relationship with substance use among African American male substance users, ( $\beta = -.03, p=.80$ ). It was believed education would mediate the effects of active coping on substance use among African American males, resulting in lower substance use. Contrary to the researcher's expectation the interaction of active coping and education did not significantly influence substance use among African American male substance users. The null hypothesis could not be rejected.

## **Conclusion**

This chapter presented the results of the Multiple Regression Model used to determine the relationships between spirituality, active coping, drug-related criminal activity, education, substance use treatment, and substance use among African American male substance users, and the hypotheses testing. Active coping and the number of separate treatment engagements proved to have a significant relationship with substance use among African American male substance users. There was no indication that spirituality, drug-related criminal activity, or education had significant relationships with substance use among African American male substance users. The hierarchal multiple regression supported Stock et al. (2013) and Green et al.'s (2012) theory which suggests psychological factors (e.g., spirituality, active coping, substance use/mental health treatment) might have significant

relationships with substance use among African American male substance users. As such, the results suggest counseling professionals, counselor educators, and future research could explore methods of engaging and retaining African American male substance users in substance use/mental health treatment in order to address their psychological concerns.

## CHAPTER V- DISCUSSION

The purpose of this study was to determine the relationships between spirituality, active coping, drug-related criminal activity, education, substance use treatment, and substance use among African American male substance users. Illegal substance use and drug related criminal activity are the primary causes for the disproportionate incarceration and high recidivism rates of African American males (Bonzcar, 2003; Kethineni and Falcone, 2007; Maur & King, 2007). Numerous studies (Bonzcar, 2003; Daniels, 2012; Maur & King, 2012; Mukku et al, 2012; Riordan & McDonald, 2009) have been conducted addressing the relationship between drug-related criminal activity, education, substance use treatment, and substance use among African American male substance users. Only limited research has been conducted, however, investigating the relationship between spirituality or active coping and substance use among African American male substance users. This study appears to be the first study that is used to examine the relationship between spirituality, active coping, drug-related criminal activity, education, substance use treatment, and substance use among African American male substance users. For the purpose of this study spirituality, active coping, and substance use were assessed using the Santa Clara Strength of Religious Faith Questionnaire (SCSORFQ), John Henry Active Coping Scale (JHAC12), and Drug Abuse Screening Test respectively. Drug-related criminal activity, education, and number of substance use/mental health engagements was obtained from the participants' Demographic Questionnaires.

The researcher sought to add to the counseling literature regarding: (a) significant psychological and psychosocial relationships among African American male substance users;

(b) characteristics and behavioral patterns associated with African American male substance users; and (c) spirituality, African American male core belief systems. The findings of this study provide a foundation for additional quantitative and qualitative research focused on the influence of spirituality and active coping among African American male substance users. In addition, the findings provide a foundation for future investigations concentrated on developing effective mental health and substance use treatment strategies for African American males. Chapter 5 includes: (a) a summary of the findings; (b) generalizations and limitations of the findings, (c) implications for practice and recommendations for future research.

### **Summary of Findings**

A multiple regression model (MRM) was used to address the following research question, hypotheses, and interactions:

Do spirituality, active coping, drug-related criminal activity, education, and the number of substance use/mental health treatment engagements have a significant relationship with substance use among African American male substance users?

H<sub>a</sub> 1: Spirituality has a significant negative relationship with substance use among African American male substance users.

H<sub>a</sub> 2: Active coping has a significant positive relationship with substance use among African American male substance users.

H<sub>a</sub> 3: Education has a significant negative relationship with substance use among African American male substance users.

H<sub>a</sub> 4: Drug-related criminal activity has a significant positive relationship with substance use among African American male substance users.

H<sub>a</sub> 5: The number of treatment engagements has a significant negative relationship with substance use among African American male substance users.

H<sub>a</sub> 6: The interaction of active coping and spirituality has a significant negative relationship with substance use among African American male substance users.

H<sub>a</sub> 7: The interaction of active coping and education has a significant negative relationship with substance use values among African American male substance users.

The results of the study indicated significant findings regarding substance use among African American male, low income, substance users. Likewise, the study generated non-significant, but valuable, descriptive findings regarding the core belief systems and behavioral patterns of African American male, low income substance users. This section discusses: (a) significant relationships, active coping and the number of substance use/mental health treatment engagements; (b) non-significant relationships, spirituality, drug-related criminal activity, and education; and their potential relationship with or influence on substance use among African American male substance users.

**Significant findings.** Active coping and the number of substance use/ mental health treatments had a significant relationship with substance use among African American male, low income, substance users.

**Active coping.** The MRM revealed active coping had a significant relationship with substance use among African American male substance users. The average score on active

coping was 44.13 on a scale of 12 to 60, with a median score of 47. Scores above the median indicate a high or excessive level of physical and emotional vigor, determination, and a strong sense of personal efficacy when addressing stressful events (Fernander et al., 2004). A significant negative relationship between active coping and substance use among African American male substance users may suggest inadequate coping resources. As such, increased coping resources among African American male substance users may reduce substance use.

The findings related to active coping and substance use are similar and dissimilar to previous research on coping and substance use among African American male substance users. While virtually no research exists that examines the relationship between *active coping* and substance use among African American male substance users, previous research has associated high levels of stress and low coping resources with high levels of substance use (Brondolo et al. 2009; Green et al, 2012; Rosenfield & Mouzon, 2012). Previous research conducted using the John Henry Active Coping Scale with African American males has typically associated high active coping scores with increased levels of stress and negative psychological and behavioral patterns (e.g., hypertension, smoking, substance use, etc.) (James, Harnett, & Kalsbeek, 1983; Fernander et al., 2004). The current study, however, found higher levels of active coping were associated with lower substance use among African American male substance users. One reason for the different findings may be that this study appears to be the first study to use the John Henry Active Coping Scale score to examine the relationship between active coping and substance use among substance users. Therefore, the different findings may more than likely reflect studying within-group versus

between-group differences. Another reason for the different findings in this study may be related to JHACS's use of a dichotomous scale (e.g., low active coping, high active coping) to assess active coping. More specifically, there may be levels at the lower and upper end of the JHACS that are possibility linked to negative consequences and a midrange range of scores, inclusive of low and high coping scores, that are linked to positive consequences. The participants in this particular study may reflect the latter. However, the findings indicate high levels of substance use among African American male substance users has a significant negative relationship with high levels of active coping (e.g., physical and emotional vigor, determination, a strong sense of personal efficacy).

***Substance use treatment.*** The number of mental health/substance use treatment engagements displayed a significant positive relationship with substance use among African American male substance users. Similarly, the MRM indicated the number of mental health/substance use treatment engagements had a significant relationship with substance use among African American male substance users. Eighty-six (83.50%) participants indicated they engaged in either: (a) volunteer (60 participants); (b) court-ordered (16 participants); or (c) volunteer and court-ordered (7 participants), substance use and/or mental health treatment.

The findings for substance use treatment engagements among African American male substance users presented a different view than previous research. The preponderance of previous research pointed out African American male substance users had low participation rates in mental health or substance use treatment (Bryd et al., 2011; Katz et al., 2008; Schwartz & Feisthamel, 2009). There may be several explanations for differences in the

current study and previous research. First, the metropolitan area in which the study was conducted had a high number of free and Medicaid sponsored mental health/substance use treatment services. Second, the metropolitan area in which the study was conducted had a high number of African American mental health and substance use counselors. This may have positively influenced African American male substance users' perceptions of substance use/mental health treatment services and led to increased participation in substance use/mental health treatment. Third, many of the African American communities with high substance use rates have substance use/mental health treatment services located near the community or are easily accessible by public transportation. Fourth, many of the substance use/mental health treatment service providers in the metropolitan area in which the study was conducted provide transportation for clients. The aforementioned explanations address key factors identified by previous researchers as reasons for low African American participation in substance use/mental health treatment, including: (a) costs associated with substance use/mental health treatment; (b) low number of substance use/mental health treatment providers; (c) lack of culturally sensitive and/or minority substance use/mental health counselors; and (d) lack of accessibility to substance use/mental health treatment service providers due to a lack of transportation (Hinton et al., 2010; Thompson, Bazile, & Akbar, 2004; Ward & Besson, 2013).

**Non-significant findings.** Spirituality, drug-related criminal activity, and education did not have a significant relationship with substance use/ mental health treatments had a significant relationship with substance use among African American male, low income,

substance users. However, the descriptive statistics for spirituality, drug-related criminal activity, and education provided collateral information about the participants in this study.

*Spirituality.* The MRM indicated spirituality did not have a significant relationship with substance use among African American male substance users. However, the participants responses to the Santa Clara Strength of Religious Faith Questionnaire illustrated several important factors that may assist counselors and researchers working with African American male substance users, including: (a) an average participant score of 31 on the Santa Clara Strength of Religious Faith Questionnaire (SCSORFQ; scores range from 10 to 40), SD = 9; (b) 79 (76.70%) participants “agreed or strongly agreed” that their religious faith was extremely important to them; (c) 76 (74.76%) participants “agreed or strongly agreed” their faith was an important part of who they are as a person; and (d) 76 (74.76%) participants “agreed or strongly agreed” their faith impacts many of their decisions.

The findings on spirituality among African American male substance users is supported by previous research which indicated high levels of spirituality among African American males (Pew Research Center, 2008). Current literature (Jang, 2004; Jett, 2013; Koenig & Larson, 2001; Smith, Hung, & Franklin, 2011; Wimberly, 2010) also suggests spirituality is a significant characteristic of African American males regardless of social economic or psycho-social status. Consequently, the prevalence of high levels of spirituality found among most African American males may explain why spirituality did not have a significant stand-alone relationship with substance use among African American male substance users in this study.

*Drug-related criminal activity.* Drug-related criminal activity did not have a significant relationship with substance use among African American male substance users. The descriptive statistics indicate 95 (92.23%) participants had been arrested at least once (see Table 7). However, only 41 (39.80%) participants responded yes to question 9, “Have you engaged in illegal activities in order to obtain drugs”, on the Drug Abuse Screening Test. This infers the majority of participants did not engage in illegal activity to support their substance use and were arrested for reasons other than drug-related criminal activity excluding substance use. These findings appear to diverge from previous research surrounding the relationship between drug-related behavior and drug-related criminal activity among African American male substance users (Bonzcar, 2003, Daniels, 2012; Maruschak & Parks, 2012; Maur & King, 2007).

Previous research indicates substance use and drug-related criminal activity are the major causes of African American incarceration (Bonzcar, 2003, Maur & King, 2007). However, the majority of previous research does not distinguish between substance usage as a criminal activity and drug-related criminal activity used to obtain drugs (e.g., theft, selling drugs, etc.). The lack of delineation between substance use as a criminal activity and other drug-related activities may explain why drug-related criminal activity did not have a significant stand-alone relationship with substance use among African American male substance users in this study. More importantly, the findings appear to contradict popular perceptions that the majority of individuals with substance use concerns support their substance use habits through criminal activity. Mukku et al. (2012) supports this assertion as

approximately 60% of incarcerated African American males are incarcerated for nonviolent substance use offenses centering on usage.

**Education.** Education did not have a significant relationship with substance use among African American male substance users. While the study did not show education had a significant relationship with substance use among African American male substance users, the findings aligned with previous research which indicated substance use is more prevalent among individuals with lower levels of education (Daniels, 2012; Elkington, Bauermeister, & Zimmerman, 2011; Mukku et al., 2012; Stock et al., 2013; Whitters et al., 2010). Eighty-four (81.55%) participants reported education levels equivalent of a high school diploma or less.

While it was surprising that education did not have a significant relationship with substance use among African American males, there may be several explanations. First, the participant pool was comprised of a wide age range, Ages ranged from 19 to 68, contrasted to numerous substance use studies which were focused on African American male young adult substance users between the ages of 18 and 35 (Chaves et al., 2004; Daniels, 2012; Elkington, Bauermeister, & Zimmerman, 2011; Gibbons et al., 2011; Green et al., 2012). The inclusion of older study participants may reflect a segment of the African American male substance use population that has returned to school to complete a General Educational Development (GED) certificate or higher education that is not reflected in studies with younger participants. Second, the inclusion of 70 (67.96%) participants with education levels equivalent of a high school diploma or higher may represent a different segment of African American male substance users whose educational characteristics are not reflected in previous studies. Third, substance use is found among African American male substance

users of various socio-economic and educational levels and those realities are found in this particular study.

### **Limitations and Generalizability**

Research is framed by the limitations and generalizability of the research design, scope of study, and findings. Therefore, identifying the limitations and generalizability of a study assists future researchers, practitioners, and policy makers in accessing the applicability of the study. Likewise, by identifying the limitations and generalizability of a study researchers are presented with potential starting points for future research. This section discusses the limitations and generalizability of the study.

**Delimitations and limitations.** The study was delimited to African American male substance users in a southeastern United States metropolitan area who volunteered to participate in a self-report study. Participant survey responses and life circumstances may differ from other African American male substance users living in a non-southeastern U.S. metropolitan area. Another, limitation of the study was the overwhelming majority of participants had education levels of high school or below (80%) and incomes below \$20, 000 (90%). Therefore, the findings may not be relevant for African American male substance users with higher education levels and/or incomes. Additionally, the participants in this study resided in a metropolitan location that has: (a) over 100 substance use/mental health services providers; (b) a large cadre of ethnically diverse counselors, specifically African American mental health/substance use counselors; and (c), convenient access, via public transportation, to treatment services. As such, the findings from this study may not be applicable to African American male substance users residing in areas where there is/are: (a)

limited substance use/mental health service providers; (b) limited numbers of ethnically diverse counselors; or (c) limited access to transportation to and from substance use/mental health treatment service providers.

**Generalizability.** The findings of this study may be generalizable in part to a substantial number of African American male, low income, substance users that match, in part or whole, the characteristics of the study's participants. Moreover, the findings may be generalizable to African American male substance users in urban areas who are engaged in free, subsidized, or Medicaid sponsored substance use/mental health treatment services. Additionally, the findings on active coping among African American male substance users appear to be consistent with current research conducted among African American males in the general population. Therefore, the findings on active coping may be applicable to a broader spectrum of African American males in diverse settings.

### **Implications for Counseling, Counselor Education, and Future Research**

This study presents numerous implications and opportunities for the counseling professionals, counselor educators, and researchers. This study provides insight into the psychological and behavioral patterns of African American male substance users and in a broader sense African American male culture. However, at best this study is only a limited sampling of one segment of African American male communities. As such, this study exposes the need for counseling professionals, counselor educators, and researchers to obtain a greater understanding of the broader culture dynamics that have a role in shaping the thoughts and behaviors of African American males.

**Active coping.** Active coping had a significant negative relationship with substance use among African American male substance users. This may indicate African American male substance use is associated with living in high stress environments with low coping resources. More importantly, this could point out a need for counseling professionals, counselor educators, and researchers to investigate substance use prevention and treatment methodologies that focus more on individual coping skill development than on substance use reduction and/or substance use abstinence. In order to address this implication future research might explore between-group studies that examine the long-term outcomes of groups using coping skills development, substance use reduction, and substance use abstinence. Counselor educators engaged in teaching substance use classes may also choose to focus on creating training programs that assist counseling students in: (a) identifying links between substance use and high levels of stress in the counseling process; and (b) distinguishing between substance use as a primary disorder and substance use as a coping resource.

**Substance use treatment.** The number of substance use and/or mental health treatment engagements did have a significant relationship with substance use among African American male substance users. While this may not be surprising, it is interesting because previous research had reported low treatment engagements among African American male substance users. However, 83 of the 103 participants in this study reported engaging in mental health and/or substance use treatment services. More importantly, 67 of the 83 participants volunteered to engage in treatment services versus being court-ordered to engage in treatment. One possible explanation for this divergence in reporting may be that the

participants reside in an area with a large number of African American mental health and substance use service providers and counselors. Future research may want to investigate whether African American males, specifically African American male substance users, are more likely to volunteer for substance use/mental health treatment if the service provider or counselor is African American. Similarly, future research may want to explore whether African American male substance users continue treatment engagements longer if working with African American male counselors.

Based on this study's findings on treatment engagements among African American males, one question future research could investigate is, "Why do so many African American males who have voluntarily engaged in treatment services return to substance use?" The 83 participants in this study who engaged in substance use/mental health treatment and returned to substance use may highlight a need to evaluate current substance use and mental health treatment modalities for their appropriateness for use with African American male substance users. Counseling professionals and future researchers may want to investigate: (a) the cultural appropriateness and effectiveness of current treatment methodologies for meeting the needs of African American male substance users; (b) current treatment methodologies ability to access and address African American male core belief systems; (c) the inclusion of traditional counselors (e.g., ministers, rabbis, shamen, community's spiritual figure, etc.), who may or may not possess a license to practice counseling, but who have historically provided counseling services in association with their spiritual or religious duties in the process; and (d) developing models of treatment specifically designed for African American male substance users.

Regarding substance use, there may be strategies counselor educators can integrate into the counseling pedagogy that may benefit future counselors. First, counselor educators may be able to assist counseling students in understanding substance use among African American male substance users may be linked to a lack of coping resources. Second, counselor educators may be able to develop pedagogies that assist counseling students in distinguishing between an individual's addiction to a drug (e.g., alcohol, marijuana, cocaine, etc.) and an individual's addiction to the drug culture. *Addiction to the drug culture* refers to an individual's sense of belonging to a group, feeling of excitement, and/or feeling of self-worth (Mosher et al., 2012). Distinguishing between these two types of addictions may assist future counselors with diagnosing substance use and mental health disorders, and assist with developing individual substance use treatment plans.

**Spirituality.** First and foremost, if counseling professionals and researchers are to develop and implement effective culturally sensitive substance use and mental health prevention and treatment strategies, it is essential to understand African American males' core belief systems are based on *spirituality*. While spirituality did not have a significant relationship with substance use among African American male substance users, a high level of spirituality was prevalent with the majority of participants who indicated: (a) spirituality was an important part of their self-identity; and (b) spirituality played an important role in their decision-making. Accordingly, counseling professionals and researchers should seek to conduct additional quantitative and qualitative research that contributes to: (a) understanding African American male psychological and behavioral patterns; (b) understanding the influence of spirituality and spiritual communities on shaping African American male

psychological and behavioral patterns; and (c) developing methods for integrating spirituality into the counseling process. The integration of spirituality in the counseling process has gained wider acceptance in the counseling profession. Therefore, counselor educators may seek to integrate methodologies and practices into the syllabi that equip counseling students to address spirituality in counseling sessions.

**Drug-related criminal activity.** Drug-related criminal activity did not have a significant relationship with substance use among African American male substance users in this study. However, drug-related criminal activity is frequently cited as being significantly linked to incarceration and recidivism among African American male substance users (Bonzcar, 2003; Green et al., 2012; Maruschak & Parks, 2012; Mukku et al., 2012; Riordan & MacDonald, 2012; Stock et al., 2013). Counseling professionals and researchers could advocate for a greater delineation in literature and research between drug-related non-violent substance use and drug-related acts that involve physical or emotional harm (e.g., theft, selling drugs, etc.). A greater distinction between these elements might create greater public awareness of the differences and assist in creating positive changes in the judicial sentencing of individuals with substance use concerns. Consequently, changes in the drug-related sentencing laws might encourage individuals with substance use concerns who fear legal repercussions or negative consequences to engage in substance use treatment at a higher rate and/or at an earlier stage of their substance usage. Likewise, a greater delineation might reduce unsubstantiated fears of individuals with substance use concerns among the general populace, counseling professionals, and researchers. Thereby creating a greater alliance of

people willing to work among individuals with substance use concerns and in communities with high numbers of individuals with substance use concerns.

**Education.** Education did not have a significant relationship with substance use among African American male substance users in this study. Lower levels of education as well as lower income levels have been linked with higher levels of substance abuse in previous studies. Since low levels of education are often associated with low income, future researchers may want to investigate whether a significant difference in substance use exists between groups with low levels of education and low incomes and groups with low levels of education and high incomes. A significant difference between the groups could point to more cost-effective and efficacious treatment methodologies. If future research indicated high levels of substance use were more strongly correlated with low income versus education, future counseling professionals, counselor educators, and researchers might advocate for economic equality. If future research indicated high levels of substance use were more strongly correlated with education, future counseling professionals, counselor educators, and researchers could advocate for school programs that minimize student expulsions and increase student in-school disciplinary study programs. This could minimize the amount of time students spend out of school due to disciplinary concerns and possibly increase student retention and graduation rates.

Approaches to education is an area counseling professionals, counselor educators, and researchers could examine. While this study did not distinguish between the numbers of high school diplomas and GEDs among the participants, future research may choose to investigate whether individuals with substance use concerns and high school level education are more

likely to obtain a high school diploma or GED. More specifically, are individuals with substance use concerns and high school level education more likely to obtain their high school level of education while initially enrolled in grades 1-12 or return to complete the GED at a later stage in life? If the latter, research may be able to identify reasons individuals drop out and later returned to school. The findings could provide insight into holistic measures which may minimize the education dropout rate among individuals with substance use concerns.

### **Conclusion**

Substance use among African American males and its relationship with drug-related criminal activity (e.g., theft, robbery, assault, etc.) and incarceration is a major concern for families, communities, and governmental agencies. This phenomena has been studied for over 100 years. Specifically, many of the social and environmental factors (e.g., oppression, economic inequalities, education, single parent homes, etc.) that are currently linked to substance use among African American males were identified by health professionals 100 years ago (Allen, 1914; Terry, 1915). However, substance use among African American males is more prevalent today than it was 100 years ago.

The purpose of this study was to determine the relationships between spirituality, active coping, drug-related criminal activity, education, substance use treatment, and substance use among African American male substance users. This study identified active coping and the number of mental health/substance use treatment engagements had a significant relationship with substance use among African American male substance users. The results indicated active coping had a significant negative relationship with substance use

among African American male substance users,  $\beta = -.26$ ,  $t(95)=-2.62$ ,  $p<.01$ . This indicates that for African American male substance users with the same scores on all the other variables one unit of increase on the John Henry Active Coping Scale (*ActiveCoping*) is estimated to score  $-.26$  lower on the Drug Abuse Screening Test (*SubstanceUse*). The results also indicated substance use/mental health treatment had a significant positive relationship with substance use among African American male substance users,  $\beta = .33$ ,  $t(95) =3.54$ ,  $p<.001$ . This indicates for African American male substance users with the same scores on all the other variables one additional substance use/mental health treatment engagement is estimated to score  $.33$  higher on the Drug Abuse Screening Test (*SubstanceUse*). Equally important, this study also identified the prevalence of high levels of spirituality among African American male substance users in this study. Recommendations were suggested in hopes that counseling professionals and future researchers would continue to investigate methods for developing and delivering culturally sensitive efficacious assistance to African American male substance users and the wider African American community. Recommendation were also suggested in hope of assisting counselor educators in preparing future counselors for working with African American male substance users and the wider African American community.

In addition to identifying significant relationships with substance use among African American male substance users, the study also presented relevant factors associated with African American male culture, such as: (a) the role spirituality plays in developing African American males' core belief systems; (b) the role spirituality plays in shaping African American male behavioral patterns; (c) the role spirituality plays as a coping mechanism

among African American males; (d) the importance of spirituality as a part of African American males' self-identity; and (e) the importance of spirituality in African American males' decision-making process. The relevant factors provide a scope for contextualizing the findings and recommendations. Finally, it is hoped that the researcher's presentation of this research will bring attention to gaps in the counseling literature in order to improve the effective substance use and mental health treatment of all African American males.

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## APPENDICES

## Appendix A

### Demographic Questionnaire (DQ)

Please check all that apply

1. What is your age? \_\_\_\_\_

2. What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.

8th grade or less  9<sup>th</sup> grade or some high school, no diploma

High school graduate, diploma or GED  Some college credit, no degree

Tech/vocational training  Associate degree  Bachelor's degree

Master's degree  Doctorate degree  Professional degree

3. What is your current marital or partnership status?

Single, Never married  Married/Domestic Partnership  Separated

Divorced  Living with another person  Widowed

4. Employment status

Unemployed, Looking for work  Unemployed, Not looking for work

Employed, P/T  Employed, F/T  Retired

Disabled  Student

5. Household Income

Below \$19,999  \$20,000-\$39,999  \$40,000- \$59,999

\$60,000 -\$79,999  \$80,000-\$99,999  \$100,000 or over

6. Number of children \_\_\_\_

7. If you have been arrested, how many times have you been arrested?

0  1  2  3  4  5  6 or more

8. How many time have you engaged in mental health or substance use treatment?

0  1  2  3  4  5  6 or more

9. Did you volunteer to enter treatment or was it court-ordered?

Volunteer  Court-ordered

10. Are you a veteran?  Yes  No

## Appendix B

### Alcohol Use Disorders Identification Test (AUDIT10)

**1. How often do you have a drink containing alcohol?**

(0) Never (1) Monthly (2) 2-4 times a month (3) 2-3 times a week (4) 4 or more times a week

**2. How many drinks containing alcohol do you have on a typical day when you are drinking?**

(0) 1-2 (1) 3 or 4 (2) 5 or 6 (3) 7-9 (4) 10 or more

**3. How often do you have six or more drinks on one occasion?**

(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily

**4. How often during the last year have you found that you were unable to stop drinking once you started?**

(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily

**5. How often during the last year have you failed to do what was normally expected of you because of drinking?**

(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily

**6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?**

(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily

**7. How often during the last year have you felt guilt or remorse after drinking?**

(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily

**8. How often during the last year have you been unable to remember what happened the night before because of drinking?**

(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily

**9. Have you or someone else been injured as the result of your drinking?**

(0) no (2) yes, but not in the last year (4) yes, during the last year

**10. Has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down?**

(0) no (2) yes, but not in the last year (4) yes, during the last year

**Total Score:** \_\_\_\_\_

### **Alcohol Use Disorder Identification Test (AUDIT)**

Please Note: Alcohol is inclusive of: beer, wine, liquor or any other alcoholic beverage. Scores are in parentheses. A score of 8 or more is considered a positive screen.

Saunders, J. B., Aasland, O. G., Babor, T.F., De La Fuente, J. R., & Grant, M., 1993. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption.

## Appendix C

### Drug Abuse Screening Test (DAST10)

These questions refer to the past 12 months.

#### Circle Your Response

1. Have you used drugs other than those required for medical reasons?

Yes No

2. Do you abuse more than one drug at a time?

Yes No

3. Are you always able to stop using drugs when you want to?

Yes No

4. Have you had "blackouts" or "flashbacks" as a result of drug use?

Yes No

5. Do you ever feel bad or guilty about your drug use?

Yes No

6. Does your spouse (or parents) ever complain about your involvement with drugs?

Yes No

7. Have you neglected your family because of your use of drugs?

Yes No

8. Have you engaged in illegal activities in order to obtain drugs?

Yes No

9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

Yes No

10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?

Yes No

**Total Score:** \_\_\_\_

### Drug Abuse Screening Test (DAST-10)

The questions included in the DAST-10 concern information about possible involvement with drugs not including alcoholic beverages during the past 12 months. In the statements, "drug abuse." refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs.

The various classes of drugs may include: cannabis (marijuana, hashish), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

**SCORING THE DAST-10:** For the DAST-10, score 1 point for each question answered "yes," except for Question 3 for which a "no " receives 1 point.

#### DAST-10 INTERPRETATION

DAST-10 Score	Degree of Problem Related to Drug Abuse	Suggested Action
0	No Problem	None at this time
1-2	Low Level	Monitor, Re-assess at later date
3-5	Moderate Level	Further Investigation
6-8	Substantial Level	Intensive Assessment
9-10	Severe Level	Intensive Assessment

1982 by the Addiction Research Foundation. Author: Harvey A. Skinner Ph.D. \*\*\*\*\* **If an applicant/recipient meets the criteria for a positive screen (a score of 8 or more) on the AUDIT and/or the moderate level for the DAST-10, refer to the Qualified Substance Abuse Professional.**

## Appendix D

### John Henry Active Coping Scale (JHAC12)

Interviewer should introduce JHAC12 questions to respondents as follows:

I'd like to ask you some questions about how you see yourself right now, today, as a man/woman living and doing things in the real world. I am going to read several statements to you, and after I read each statement, I want you to tell me if what I've just said is either TRUE or FALSE for you, personally. Are you ready to begin?

**Note to Interviewer:** For some respondents, it may be more effective to first ask whether the statement is TRUE or FALSE, then ask for degree (i.e., completely true, or somewhat true).

	Complete ly False	Somewh at False	Don' t Kno w	Somewhat True	Completel y True
1. I've always felt that I could make of my life pretty much what I wanted to make of it.	1	2	3	4	5
2. Once I make up my mind to do something, I stay with it until the job is completely done.	1	2	3	4	5
3. I like doing things that other people thought could not be done.	1	2	3	4	5
4. When things don't go the way I want them to, that just makes me work even harder.	1	2	3	4	5
5. Sometimes I feel that if anything is going to be done right, I have to do it myself.	1	2	3	4	5
6. It's not always easy, but I manage to find a way to do the things I really need to get done.	1	2	3	4	5

7.	Very seldom have I been disappointed by the results of my hard work.	1	2	3	4	5
8.	I feel that I am the kind of individual who stands up for what he/she believes in, <u>regardless of the consequences.</u>	1	2	3	4	5
9.	In the past, even when things got <u>really</u> tough, I never lost sight of my goals.	1	2	3	4	5
10.	It's important for me to be able to do things the way I want to do them rather than the way other people want me to do them.	1	2	3	4	5
11.	I don't let my personal feelings get in the way of doing a job.	1	2	3	4	5
12.	Hard work has really helped me to get ahead in life.	1	2	3	4	5

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- A. **Conceptual Definition:** John Henryism is a strong personality predisposition to engage in *effortful, active coping* with psychosocial stressors in one's environment.
- B. **Measurement:** John Henryism is measured by a 12-item Likert-type scale containing 5 response options per item. The assessment tool is called the John Henryism Active Coping Scale or, simply, the JHAC12. The response to each item is assigned a value of 1 to 5 as follows:

<u>Response</u>	<u>Value</u>
completely false	1
somewhat false	2
don't know	3
somewhat true	4
completely true	5

If 3 or fewer of the 12 items have missing responses, the average value of the non-missing responses can be substituted for the missing response. If responses are missing for more than 3 of the 12 items, the John Henryism score cannot be reliably calculated.

The John Henryism score is the sum of the values assigned to each of the 12 responses. Scores can range from a low of 12 to a high of 60. High scores (e.g., above the median) connote mental and physical vigor, tenacity, and a strong sense of personal efficacy when confronting psychosocial environmental stressors.

- C. **Psychometric Properties:** The JHAC12 is a unidimensional scale; i.e., the Cronbach alpha coefficients in community-based, adult samples range from the mid .70's to the low .80's. Scores tend to increase modestly with age, plateauing in the late 40's and early 50's. African-Americans have been observed to score higher than whites on John Henryism; however, among blacks, men and women tend to score similarly.
- D. **Analysis:** The John Henryism score can be dichotomized at the median in order to categorize respondents into "high" and "low" John Henryism groups. Median values may be determined for race-sex specific subgroups or for the entire population if comparisons across race-sex are desired. The analysis variable can also be treated continuously and any statistically significant interaction between John Henryism and another variable (e.g., socioeconomic status) can be illustrated by choosing John Henryism scores at the 25<sup>th</sup>, 50<sup>th</sup>, or 75<sup>th</sup> percentiles depending upon cell sizes. We recommend that investigators take into consideration the role of socioeconomic status when interpreting any observed effects on John Henryism on health outcomes.

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## Appendix E

### Santa Clara Strength of Religious Faith Questionnaire (SCSORFQ)

Thomas G. Plante and Marcus Boccaccini

**Please answer the following questions about religious faith using the scale below.**

Indicate the level of agreement (or disagreement) for each statement.

1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree

- \_\_\_\_\_ 1. My religious faith is extremely important to me.
- \_\_\_\_\_ 2. I pray daily.
- \_\_\_\_\_ 3. I look to my faith as a source of inspiration.
- \_\_\_\_\_ 4. I look to my faith as providing meaning and purpose in my life.
- \_\_\_\_\_ 5. I consider myself active in my faith or church.
- \_\_\_\_\_ 6. My faith is an important part of who I am as a person.
- \_\_\_\_\_ 7. My relationship with God is extremely important to me.
- \_\_\_\_\_ 8. I enjoy being around others who share my faith.
- \_\_\_\_\_ 9. I look to my faith as a source of comfort.
- \_\_\_\_\_ 10. My faith impacts many of my decisions.

To score, add the total scores. They will range from 10 (low faith) to 40 (high faith)

## Appendix F

### Community Resource List

Agency:	Phone:	Address:	Service Provider:	Persons Served:	Days:	Hours:
<b>MEALS:</b>						
Urban Ministries of Durham (Community Kitchen)	682-0538 Ext. 21	410 Liberty St.	Hot meals: Breakfast, Lunch and Supper	Everyone welcome  Open 365 days a year	Mon-Fri-	Breakfast: 8:15-9:00am; Lunch: 11:00am-12:30pm; Supper: 7:00pm
Russell Memorial	682-2523	703 S. Alston Ave.	Hot Breakfast	Will pick up 2 van loads from the Urban Ministries	Sun. Morn	Begins at 7:15am
Nehemiah Christian Center	688-4203	514 N. Mangum St.	Soup Kitchen; (Lunch only); 1 bag of food to go	Everyone welcome	Tuesday Only	11:45am - 1:30pm
Asbury Temple United Methodist Church	688-4578	201 Alston Ave	Hot meal and grocery	Everyone Welcome	4 <sup>th</sup> Sat. of each month	9:00am-11:30am
Seed Time and Harvest	220-2896	804 Berwyn Ave.	Lunch and arts and crafts	Senior citizens only	Thurs.	11:00am-3:00pm
<b>GROCERIES:</b>						
DSS Adult Services (without children)	560-8600	220 E. Main St.	Food assistance	Persons without children	Mon-Fri	8:15am-1:00pm <b>Must</b>
DSS Immediate Service (With children)	560-8301	300 N. Duke St.	Food assistance	Persons with children	Mon-Fri	8:15am-5:15pm <b>Must call for</b>

Alliance of AIDS Services	596-9898	1018 Main St.	Food Pantry— Limited to clients of the Alliance of AIDS	Persons with HIV or AIDS	Wed.	9:00am/ anytime
<b>CLOTHING:</b>						
Catholic Charities	286-1964	902 Broad St.	Clothing Closet	Some adult; Mostly Children's clothes	Mon., and Thurs.	9:00am-10:30am
Nehemiah Christian	688-4203	514 N. Mangum	Clothing Closet	Everyone Welcome	Tues. only	12:30pm
Salvation Army Thrift Store	688-7306	124 Latta Rd	Clothing- Minor cost for clothing; Everyone welcome	Salvation Army at 909 Liberty St. can give	Mon-Sat	9:00am-5:00pm
<b>SHELTER:</b>						
Urban Ministries of Durham	682-0538	412 Liberty St.	Shelter. food, clothing	Single men; single women; 9 nites for famil	365 days a year; Call ahead to see if a famil	Pre-Check in: 6:30 pm Check in 7:00pm-8:30pm
Lutheran Family Services (Trinity House)	419-0020	912 Cheviot Ave	Shelter/group home for adolescents (11-	With referrals from Dept. of Social Services	Mon-Sun	365 days out of the year
Durham Rescue Mission	688-9641 or 688-4909	1201 E. Main St.	Shelter	Single men; single women and	Mon-Fri	8:00am-4:00pm

ARISE : Durham Coalition for Domestic Violence Services	403- 6562 (24 hrs) 403- 942 5	206 N Dillard St.	Temporary Shelter for battered women and children;	Women and children; Domesti c violence, sexual	365 days a year	
<b>TRANSITIONAL HOUSING:</b>						
Genesis Home (St. Philips House)	683- 5878	300 N. Queen St	Transitional housing for recovering substance abuse persons	Families with childr en only; No single person s		
House of Refuge for Women	598- 8279	2611 S. Alston Ave	Transitional housing for recovering substance abuse persons	Recoverin g substanc e abuse persons	Mon- Fri	10:00am -5:00pm
St. John's House of Refuge						
Housing for New Hope (Dove House)	682- 3777	1406 Holloway St.	Transitional housing for recovering substance abuse persons	Women only; Emph asis on addict ion recov ery; Vocat ional devel opme nt; Life skills	365 Days a year	
Housing for New Hope(Phoenix House)	680- 0371	602 Holloway St.	Transitional housing for recovering substance	Men only; Emph asis on	365 Days a year	4:00pm- 7:00pm

			abuse persons	addiction recovery.		
Just a Clean House						
Interfaith Hospitality Network	682-2846	1216 N. Roxboro St.	Family shelter; 3 family capacity	Families only; Generally a waiting period; No services for recently recovering or active substance abusers; Max. stay is 90 days	Mon-Fri	9:00am-5:00pm
AIDS Community Residence Association, Inc.	956-7901	115 Market Suite 300	Housing	<b>ONLY:</b> Persons with HIV or AIDS living in Durham County	Mon-Fri	9:00am-5:00pm
<b>PERM. HOUSING:</b>						
Habitat for Humanity	682-0516	215 N. Church	Builds homes for low income	Families must assist in building of	Mon-Fri	9:00am-5:00pm <b>Call for more info</b>
Durham Housing	683-1551	330 E. Main St	Public housing	Those that meet	Mon-Fri	8:30am-5:00pm

Durham Affordable Housing Coalition	683-1185	400 W. Main St Suite 408	Call for more info or visit website at <a href="http://www.dahc.org">www.dahc</a>		Mon-Fri	9:00am-5:00pm
L.W. Reid/ New Bethel Apartment Homes	286-7898	2614 Crest St. (Beside New Bethel Church)	L.W. Reid: 19 1 Bedroom apts. and 5 efficiency apts. New Bethel: 21 1 Bedroom apts	Senior citizens 62 yrs. And older; (Equal Opportunity Housing); under 62 handicapped	Mon-Fri	8:00am-4:30pm
<b>Substance Abuse and Mental Health</b>			<b>Also See Transitional Housing</b>			
Believe Program (Urban Ministries of Durham)	682-0538	412 Liberty St. (Located across the street from WTVD)	6 month live-in recovery program ; Located	Homeless, single women only; (No families or	Walk-ins welcome ; No fee	Leroy Joyner, Recovery Group Manager
ADATC Butner, NC	575-7928	1003 Butner, NC	Residential treatment for substance abuse	Recovering substance abuse persons	8:00am-5:00pm	Must have medical r
TROSA (Triangle Residential Options for Substance Abusers)	688-3054	1820 James St	2 year in-house recovery progr	Single men and single women	Mon-Fri	9:00am-3:00pm

Durham Center ACCESS	313-0260	2609 N. Duke St.	Short-term in-house medical detox program; Substance abuse counseling	Durham County residents only	7 days a week  Limited number	24 Hrs
The Durham Center (Durham County Mental Health)	560-7100	501 Willard St.	Substance abuse services; Managing behavioral, mental health and developmental disabilities	All	Mon-Fri	8:30am-5:00pm Crisis Center-24Hrs: (Durham Center ACCESS) 210 ON
Duke Addictions Program and Family Care	684-3850	2213 Elba St.	Individual and intensive counseling group on 1-on	Men, women; Need insurance or cash	Mon-Fri	8:30am-5:00pm

**\*\*\* For medical assistance contact 911 for emergencies or Lincoln Medical Assistance, 1301 Fayetteville St., Durham, NC to make an appointment for medical and/or dental services.**

**Appendix G**

**Recruitment Flyer**

**RESEARCH STUDY ON AFRICAN AMERICAN MALE  
SPIRITUALITY AND SUBSTANCE USE.**



**Please consider participating in this research study if you are an African American male that uses, or has used, alcohol and other drugs in the last 12 months. Participation is VOLUNTARY, CONFIDENTIAL, and ANONYMOUS.**

**What is the study about?**

The study explores African American males' spirituality, coping, and substance use.

**Who can participate?**

African American male who use drugs who are at least 18 years old.

**What do I need to do?**

Complete a survey with pen and paper. You will not put your name on the survey. Your responses will be anonymous and confidential.

**How much time will it take? Is there compensation?**

About 20- 30 minutes. Participants will receive \$5 Walmart gift card for completing the study.

**Who do I need to contact to participate or for more information?**

Please contact Robert Horne, Principal Investigator, Counselor Education Doctoral Candidate, NC State University at **919.423.4484** or

**Rahorne@ncsu.edu**

**When and where will the study take place:** Contact Principal Investigator.  
**This study been approved by the NC State University Institutional Review Board for the Protection of Human Subjects in Research.**  
**(IRB Approval #3726)**

## **Appendix H**

### **Information and Instruction Sheet**

#### **Spirituality, active coping, drug-related criminal activity, education, substance use services, and substance use among African American male substance users.**

The purpose of this study is to identify the role of religion, stress, education, and substance use treatment among African American male substance users.

The results of this study will be used to identify the role of spirituality, stress, drug-related criminal activity, education, and substance use treatment among African American male substance users who are 18 or over. Additional information, including: age, veteran status, marital/partnership status, will be used to identify demographic differences among the participants.

#### **Steps for completing the study**

1. Please review the Informed Consent Form.
2. The study has a total of 52 multiple choice questions and will take approximately 30 minutes to complete. As a participant, you may choose the information that you are comfortable sharing in the research study and you may discontinue participation in the study at any time.
3. When you complete the study: place the survey in the envelope, seal the envelope, and place the sealed envelope in the designated container located with the researcher.

If you have questions at any time please ask the researcher.

You will receive a \$5 Walmart gift card upon completion of the study. Withdrawal prior to completion of the survey instruments forfeits all compensation.

Thank you for your participation!

Robert A. Horne, LPC, LCAS  
Doctoral Candidate, North Carolina State University

## Appendix I

### Informed Consent Form North Carolina State University This form is valid from 1/27/2014 through 1/27/2015

#### INFORMED CONSENT FORM for RESEARCH

*Spirituality, active coping, drug-related criminal activity, education, substance use services,  
and substance use among African American male substance users.*

Robert A. Horne, LPC, LCAS, NCC, Doctoral Candidate

Dr. Marc A. Grimmert, Doctoral Student Advisor

#### **What are some general things you should know about research studies?**

You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

#### **What is the purpose of this study?**

The purpose of the proposed research is to identify the role of religion, stress, education, and substance use treatment among African American male substance users. Additional information, including: age, veteran status, marital/partnership status, will be used to identify demographic differences among the participants.

#### **What will happen if you take part in the study?**

If you agree to participate in this study, the Principal Investigator (P.I.) will review this informed consent form with you and provide an opportunity for you to ask questions. The P.I. will explain the survey instruments used in the study;

- Demographic Questionnaire
- Alcohol Use Disorders Identification Test (AUDIT10)
- Drug Abuse Screening Test (DAST10)
- John Henry Active Coping Scale (JHAC12)
- Santa Clara Strength of Religious Faith Questionnaire (SCSORFQ).

1. You will need approximately 30 minutes to complete the surveys.

2. The Primary Investigator (P.I.) will provide you with: (a) pencil; (b) copies of the surveys, and (c) an envelope to use to return the completed surveys to a designated container located with the P.I.

As a participant, you may choose the information that you are comfortable sharing in the research study and you may discontinue participation in the study at any time. The P.I. will remind you that you can use the information on this informed consent form to contact the P.I. if you have any additional questions following the study.

#### **Risks**

This study includes questions involving participants' spirituality, illegal substance use, and drug-related criminal activity which may: (a) stimulate negative emotional reactions or stress; (b) may be harmful to participants' reputation; or (c) create legal risks for participants engaged in criminal activity.

In order to minimize any potential reputational or legal risks: (a) NO personal identifiers (e.g., names, addresses, social security numbers, physical descriptions except for sex and race, etc.) are used in the study; (b) all surveys are returned to the P.I. in a sealed envelope; (c) all envelopes are placed together in a container and opened in batches of 25 to minimize the P.I.'s ability to identify participants or participants' individual survey responses; and (e) all surveys and survey materials are stored and transported in a lockable container.

In order to minimize any potential emotional and/or psychological stress: (a) the study's purpose and names/types of each individual survey is indicated on the Informed Consent Form; (b) participants may withdraw from the study at any time, (c) participants may select which questions they are comfortable answering, and (d) participants who experience emotional stress or discomfort can use the Community Resource List, enclosed in the survey packet, to contact a mental health or substance use treatment provider for services.

### **Benefits**

Each participant of the study will be provided a community resource contact list. The list will provide contact information for free and state funded: substance use and mental health services; housing assistance; food assistance; medical assistance; and veteran services. There are no other direct benefit to the participants of this study. The P.I. will benefit from the experience and knowledge gained through the research process. The benefits obtained by the P.I. will contribute to the P.I.'s educational experience and contributions to literature. Participants may benefit from the primary investigator's future contribution to the field of knowledge.

### **Confidentiality**

The information collected in the study will be kept confidential to the full extent allowable. Data will be collected on hardcopy forms and scanned in batches of 20 onto the P.I.'s password protected computer. Hardcopy forms will be kept in the P.I.'s locked safe, in the P.I.'s home office. No references will be made in oral or written reports, which could link you to the study. **You will NOT be asked to write your name on any study materials so that no one can match your identity to the answers that you provide.**

### **Compensation**

You will receive a \$5 Walmart gift card for completing the study. Withdrawal prior to completion of the survey instruments forfeits all compensation. Participation in the study last approximately 20-30 minutes.

### **What if you have questions about this study?**

If you have questions at any time about the study or the procedures, you may contact the Primary Investigator, Robert A. Horne, at [Rhorne6@gmail.com](mailto:Rhorne6@gmail.com) or 919.423.4484.

### **What if you have questions about your rights as a research participant?**

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus (919.515.4514).

### **Consent To Participate**

"I have read and understand the above information and agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time please check the box below and complete the attached surveys. You are welcome to a second copy of this form for your records.

I agree to participate in this research.

**DO NOT SIGN OR PLACE ANY PERSONAL IDENTIFIERS ON THIS PAGE**

## Appendix J

### Recruitment Email Script

Dear [Professional's name],

My name is Robert Horne and I am a Doctoral Candidate in the Counselor Education Program at North Carolina State University. Currently, I am conducting a dissertation research study to identify the role of: (a) spirituality, (b) stress, (c) drug-related criminal activity, (d) education, and (e) substance use treatment among African American male substance users who are 18 or over.

Substance use among African American males is an important health and social concern. However, little research exists that examines relationship between substance use and: (a) the psychological and psychosocial factors; or (b) spirituality and coping; among African American male substance users. Therefore, because you are a licensed professional with experience working with clients and support groups that have substance use concerns, I would like to ask for your assistance in conducting this study.

The study is a survey study and includes: a demographic questionnaire; AUDIT10; DAST10; Strength of Religious Faith Questionnaire; and the John Henry Active Coping Scale 12. Copies of each survey are attached to this email. The surveys comprise a total of 52 self-reported questions which take approximately 20-30 minutes to complete. I am also attaching a copy of the Informed Consent Form, and the recruitment flyer to post. Study participants will receive a \$5 Walmart gift card upon completing the study.

I would like to schedule a meeting with you to discuss the study and the individual and group data collection procedures to be used in the study. Additionally, I would ask that you post the attached flyer at your agency or treatment facility. Individual clients who may be interested in participating in this study may contact me directly via email (rahorne@ncsu.edu) or telephone (919.423.4484).

[Professional's name], I greatly appreciate your consideration and hope that your organization will choose to participate in this study. I look forward to talking with you in the future. Lastly, all participation in this study is completely voluntary.

Sincerely,

Robert A. Horne, LPC, LCAS, CCSI, ICAADC, NCC

## Appendix: K

### IRB Approval

North Carolina State University is a land-grant university and a constituent institution of the University of North Carolina

Office of Research and Innovation  
Division of Research Administration

NC STATE UNIVERSITY

Campus Box 7514  
Raleigh, North Carolina 27695-7514

919.515.2444 (phone)  
919.515.7721 (fax)

From: Deb Paxton, IRB Administrator  
North Carolina State University  
Institutional Review Board

Date: January 27, 2014

Title: Spirituality, active coping, drug-related criminal activity, education, substance use services, and substance use among African American male substance users.

IRB#: 3726

Dear Robert Horne,

The project listed above has been reviewed by the NC State Institutional Review Board for the Use of Human Subjects in Research, and is approved for one year. **This protocol will expire on 1/27/2015 and will need continuing review before that date.**

NOTE:

1. You must use the attached consent forms which have the approval and expiration dates of your study.
2. This board complies with requirements found in Title 45 part 46 of The Code of Federal Regulations. For NCSU the Assurance Number is: FWA00003429.
3. Any changes to the protocol and supporting documents must be submitted and approved by the IRB prior to implementation.
4. If any unanticipated problems occur, they must be reported to the IRB office within 5 business days by completing and submitting the unanticipated problem form on the IRB website.
5. Your approval for this study lasts for one year from the review date. If your study extends beyond that time, including data analysis, you must obtain continuing review from the IRB.

Sincerely,



Deb Paxton  
NC State IRB