TREATMENT APPROACH TO HOPE: UNDERSTANDING HOW TO INSTILL AND CULTIVATE HOPE IN AFRICAN AMERICAN MEN MANDATED TO ADDICTION TREATMENT

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Submitted to the Faculty of Adler University, Chicago Campus

Department of Counselor Education and Counseling

In Partial Fulfillment of the Requirements for

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Abstract

African American men have been victims of pervasive oppression for over 400 years. The mass incarceration phenomenon is one form of systemic discrimination that disproportionately incarcerates more Blacks than Whites due to drug-related issues, even though both races use drugs at the same rates. From over-policing Black dominant schools and neighborhoods to receiving harsher sentences and being disproportionately mandated to treatment, African American males continue to suffer from discrimination that impacts their hope. As hope has been shown to be essential for the process of therapeutic change, in this grounded theory research, addiction treatment providers shared their knowledge on how to instill hope in this population. Hope has been identified as being founded on interaction and sociocultural aspects as it was its instillation. Instillation of hope has also internal and external factors. Additionally, experts shared how they maintain their own hope to inspire their clients. Hope in counselors is grounded on empathy and humility.

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Dedication

To everyone who loves this community

and strives to provide equitable

opportunities for them to succeed.

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CHAPTER I: INTRODUCTION

Overview of the Literature

Drug law violations have been the primary source of intake in the prison system for decades; however, since the war on drugs was put in place, this number has increased tenfold, surpassing incarceration due to violent crimes (Drug Policy Alliance, 2018). This phenomenon is known as mass incarceration. Due to mass incarceration, the prison system is filled with drug-related issues (i.e., 47% of people in federal prisons, 14% in state prisons, and 24% in local jails; Sawyer & Wagner, 2020). More specifically, one in five incarcerated persons is imprisoned due to a drug offense (Sawyer & Wagner, 2020). The consequences of mass incarceration are countless. The punishment does not cease for the individual with the end of their sentence. As presented in the literature, stigma is only one form of discrimination; therefore, discrimination and oppression that affect African Americans mandated to addiction services are further discussed in the following chapters. For this overview, it is important to note that research showed that the perceived stigma due to having a criminal background directly predicted the ability to function in the community (Moore et al., 2016). A criminal background was also shown to impair one's ability to be employable as well as their eligibility for public benefits, education, and license or permit (Chin, 2017). Therefore, the drug laws that have been in effect since 1971 caused mass incarceration, which led to an increase in social dysfunctionality due to the discrimination of people who have a criminal background.

To exacerbate this issue, the racial representation in correctional facilities is disproportionate, affecting racial minorities the most. For example, 39% of the incarcerated population is Black and 40% is White, even though 13% of the general

population is Black while 64% is White, and both groups are shown to use substances at an equal rate (approximately 10%; Sawyer & Wagner, 2020; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Therefore, Black people are more likely to experience discrimination due to criminal background, but the discrimination that affects Black people is not limited to their criminal background. There seems to be a more complex relationship between racial and criminal discrimination.

Racial injustice has been documented in the United States since its existence. Discrimination and oppression against African American people started during slavery and remained through political and police enforcement even after its abolition. For example, the 13th Amendment that freed enslaved people says explicitly, "Neither slavery nor involuntary servitude, *except as a punishment for crime whereof the party shall have been duly convicted*, shall exist within the United States, or any place subject to their jurisdiction" (U.S. Const. art. XIII, § 1). However, the segregation that followed slavery led African Americans to be incarcerated for minor offenses hindering their ability to live freely in society and justly start a life with equal opportunities. Once incarcerated, per the 13th Amendment, they could return to slavery or involuntary servitude as a punishment for a crime (Tucker, 2016). Obasi et al. (2017) supported this statement by showing that 86% of African Americans have experienced "racial discrimination from police or the court system" (p. 374) and experience daily micro and macro aggression. Black individuals are also more likely to experience harsher consequences of drug use, such as greater morbidity, mortality, violence, and involvement with the criminal justice system than their White counterparts (Matsuzaka & Knapp, 2019). Starting from when they are in school, African Americans are more likely

to be subject to police punishment. This phenomenon is known as the school-to-prison pipeline, where the policies and legislations implemented to control youth at schools criminalize African American people starting from a young age (Cousineau, 2010). As a result, historical and contemporary racism against African American individuals contributes to the high rates of incarceration in the African American community and the reduced well-being of its members.

Despite the discrimination for being African American and for having a criminal background that affects African American men who use substances, there is also a stigma associated with substance use. As addiction is a severe mental illness characterized by its pervasiveness and persistency, and it has been associated with a lack of hope and stigma (Phillips & Shaw, 2013; Schauman et al., 2019). The stigma associated with substance use includes people being seen and treated as dangerous, disgusting, manipulative, and poorly motivated, resulting in a desire for social distance and punishment that remains even after people stop using drugs (Phillips, 2013; Phillips & Shaw, 2013). The experience of discrimination and stigma of a person who abuses substances is more significant than any other mental illness (Schomerus et al., 2011). Also, Schauman et al. (2019) found that the social discrimination that people suffering from severe mental illnesses are often subjected to leads to internalization of negative beliefs about the self and hopelessness; they called this effect the "'why try' effect." Thus, the intersection of the experiences of people who uses drugs with the racially discriminatory experiences lived by African American individuals leads to a unique experience for African Americans who use substances in the United States, resulting in increased oppression and difficulty succeeding in addiction treatment (Matsuzaka & Knapp, 2019).

The racial discrepancy in mandated addictions treatment is also notable as a significant number of clients coerced by the legal system are Black. Blacks are 9.09 times more likely to be incarcerated (White 6.15 times as likely), receive harsher criminal charges (8.24 times more likely to receive sales charges and 2.2 times more likely to receive possession charges as opposed to others), and longer-lasting sentences than Whites (1.74 vs. 0.71 years; Rosenberg et al., 2017). Blacks are also more likely to be mandated to treatment even though they report significantly lesser drug problems and prefer less harsh drugs (i.e., marijuana) than their White counterparts (Rosenberg et al., 2017). However, most treatments address drug use regardless of the drug of choice, neglecting the needs of those who are disproportionately mandated to drug treatment and might not need to receive intensive services (Rosenberg et al., 2017). Although mandated programs have some benefits, their effectiveness is contradictory, especially for Black people (Bilici et al., 2018; Chandler et al., 2009; Kopak et al., 2018; Robertson & Nesvag, 2019). Sahker et al. (2015) compared the completion rate of White (n = 324,635) and Black (n = 1,060,444) individuals in treatment for substance use disorder. The authors found that Black clients referred by the system had a significantly lower success rate (12% different) than their White counterparts referred by the same source; on the other hand, when they were self-referred or referred by health care providers, the difference between Black and White individuals who completed treatment was insignificant (less than 2% different; Sahker et al., 2015). The authors indicated that there might be a "systemic issue" (p. 28) in the criminal justice and addictions treatment interventions.

Once in the criminal justice system, the chances for African Americans to complete treatment successfully is 10% lower than Whites, and they reported experiencing more dissatisfaction (Mennis & Stahler, 2016). One of the reasons for their dissatisfaction is the reproduction of microaggression in treatment, as their needs are neglected compared to their White counterparts (Mennis & Stahler, 2016). Aspects related to oppression and discrimination such as living conditions, poor social and family functioning, fewer career opportunities, lack of support, and poor treatment motivation were documented to be obstacles to successful treatment completion (Patra et al., 2010). Among the many obstacles to their success in therapy, experiences of daily micro and macro aggression, including legal discrimination against African Americans, are often present and interfere with their ability to succeed in treatment and recovery (Mennis & Stahler, 2016). Therefore, when working with individuals who are a target of systemic discrimination, counselors cannot overlook the impact of oppression.

In addiction care, for example, counselors recognize that treatment is filled with obstacles for the client and the clinicians (Coppock et al., 2010; O'Hara & O'Hara, 2012). Counselors who work with individuals mandated to addiction treatment reported difficulty maintaining hope in their clients and for themselves. Coppock et al. (2010) interviewed clients and counselors and found that counselors' hope *in* their clients was directly related to therapy outcomes, more so than the initial clients' hope in themselves. More specifically to mandated addiction treatment, Flesaker and Larsen (2010) interviewed counselors who had experience with women on parole due to drug-related offenses and inquired about the role of hope in themselves when helping their clients reintegrate into society. The participants stated that hope was an essential source of

motivation for them to continue helping their clients, and without it, inspiring others to maintain or increase their hope was challenging and impeded their ability to be helpful. The participants emphasized that their hope in their clients impacted how their clients held hope in themselves when they relapsed or when another challenge was posed to them. O'Hara and O'Hara (2012) developed a grounded theory of hope in counselors. One of their findings was that hope *in* and *for* clients was central in instilling and maintaining their clients' hope in themselves. However, maintaining counselors' hope *in* and *for* their clients was not effortless. The severity of addiction issues can lead to multiple relapses, and the persistence of systemic oppression can lead to hopelessness in clients and; consequently, hopelessness in counselors.

McIntosh and McKeganey (2001), in their qualitative research about the changes in recovery, stated that two things are important to initiate the recovery process: (a) a desire to stop and (b) believing that there is a better future. These aspects of recovery are described as an individual's goal and agency through the lens of hope. Hope will be defined based on that of Snyder et al. (1991) as a cognitive construct based on the individual's perceived sense of (a) "goal-directed determination" (p. 571) and (b) plans on how to meet these goals. He named these two components *agency* and *pathway*, respectively. Snyder et al. emphasized that hope cannot exist without a goal-directed agency (efficacy expectation) and pathway (outcome expectation). As hope was shown to be essential for recovery, it should be a crucial factor to be addressed in addiction treatment.

The benefits of hope are numerous. Hope has been consistently shown to be an essential mediator for change (Coppock et al., 2010; Irving et al., 2004; Kimball et al.,

2017; Shumway et al., 2014; Snyder et al., 1991) and a common factor among all therapeutic approaches (Frank, 1974). Hope was linked to superior well-being, better functioning, buffer for racial adversities, and recovery from substance use (Irving et al., 2004; Kimball et al., 2017; Shumway et al., 2014; Yager-Elorriaga et al., 2014). Hope was also linked to oppression and discrimination, as pervasive oppressive experiences were indirectly related to levels of hope in people of color (Thompson et al., 2014). Researchers argued that hope is associated with superior coping, capacity to regulate emotions, fewer mental health symptoms (Irving et al., 2004), greater therapeutic outcome (Coppock et al., 2010), a movement toward change (Bradshaw et al., 2014), greater problem-solving ability, enhanced self-esteem, reduced depression, less psychological disturbance, positive attitude, and favorable representation of the self (Snyder et al., 1991). Hanna and Cardona (2013) suggested that movement toward an internal sense of freedom is the approach necessary to be used when treating minority groups, and without hope, a person who is oppressed will be unlikely to make efforts toward freedom.

In light of the systemic discrimination and oppression that Black individuals referred to drug treatment face, it is crucial to describe the sequelae that oppression causes on the oppressed as this should be a focus of clinical attention. Oppression causes a countless impact on one’s mental and physical health. For example, research showed that individuals who experience discrimination are more likely to present with chronic psychological distress and dysregulation of the stress system (Obasi et al., 2017), causing cardiovascular reactivity, chronic illness, endocrine, neurologic, and immune system compromises (Krieger, 2014). It also impacts one’s identity development (Aymer, 2010),

creates posttraumatic stress-related symptoms, and generates lower levels of hope (Chavez-Dueñas et al., 2019; Thompson et al., 2014). Once the stress system is not functioning properly, tendencies to use substances to cope with the distress are higher (Obasi et al., 2017). Once substances become a way to cope, dependency is more likely to develop, resulting in problematic use of substances and involvement in the criminal justice system. Windsor et al. (2010) referred to oppression as a system that maintains power imbalance, making it "impossible for certain groups of people to fit in and excel" (p. 23), which creates hopelessness. The difficulty to fit in might interfere with the hope-agency as one might not perceive themselves as able to achieve and excel. Hanna and Cardona (2013) defended that prolonged exposure to oppression leads to a lack of purpose and goal achievement, which are two components of hope (i.e., goal setting). All the biological and psychological sequelae of oppression affect those experiencing it for over 400 years, including African Americans. Therefore, to address hope in the oppressed population, attention must be paid to the biopsychosocial factors of oppression. Hope is a factor that facilitates the achievement of goals (Kimball et al., 2017). If oppression is an obstacle to success, the instillation of hope in the oppressed population must address experiences of discrimination and their consequences.

Another factor that was shown to be related to hope and oppression was the sociocultural identity of African Americans, as it appeared to be important in treating African Americans within the system. For example, Wakefield and Hudley (2009) indicated that individuals with pride in, knowledge of, and commitment to their ethnic identity reported more appropriate coping skills when facing inequitable treatment. Ani (2013) revealed that a solid ethno-racial identity served as a buffer against racial

adversities. Additionally, Banks et al. (2008) indicated that individuals whose racial awareness was high and strong cultural connection, which is part of developing a solid socio-cultural identity, had lower levels of distress related to racial discrimination. Banks et al. indicated that racial discrimination could lead to lower levels of hope, which is essential for success. The authors then stated that it is important to foster agency thinking for hope to be increased in clients whose race is a target of oppression (Banks et al., 2008). Therefore, as sociocultural identity was indicated to be a substantial buffer from negative stressors related to racial discrimination, providers who work with the African American population must be familiar and sensitive to their cultural background aiming to help them achieve a sense of pride and a hopeful outlook by drawing inspiration from the client's community.

In support of these findings and the relationship between hope and ethnic identity, Yager-Elorriaga et al. (2014) found that students who had resolved their issues with their ethnic identity demonstrated higher levels of hope and, consequently, better academic achievement. Ani (2013) suggested that African Americans who know and accept their racial identity and have a connection to their cultural background experience higher levels of hope as they feel more capable and determined to pursue their goals.

Despite the reference to the many variables that were shown to counterbalance the issues faced by the African American community involved with the criminal justice system due to drug-related issues, evidence-based treatments for addictions to date focus on problems related only to the addiction disease. Not necessarily the systemic issue of addiction in society that affects the individuals who are arrested continuously and disproportionately mandated to treatment (SAMHSA, 2014). Furthermore, as it was

observed that systemic issues related to race, substance use, and involvement with the criminal justice system reduce hope, how counselors instill and maintain hope in African Americans mandated to addiction treatment deserves to be explored.

Different scholars have suggested many hope treatments. Koehn and Cutcliffe (2012) showed that (a) creating a bond; (b) reconstructing a sense of personhood, facilitating connections, and envisioning change; and (c) reviewing the pathway to hope were the steps used to instill hope in substance use counseling. Koehn et al. (2012) suggested that for clients whose life situations are obstacles to hope instillation, such as racially discriminated clients and those who use substances, pacing sessions and validating the client's initial sense of hopelessness is crucial. Cheavens et al. (2006) developed a psychoeducational treatment format focused on helping clients develop and apply hope-related skills showed to increase the level of hope agency ($p = 0.04$) significantly, but not the pathway. Irving et al. (2004) assessed a didactic intervention to increase levels of hope and showed that the treatment model itself did not interfere with levels of hope. As illustrated, interventions to instill hope during psychotherapeutic treatment have been recommended and studied, although none showed effectiveness in increasing hope agency and pathways together. Specifically, no research was conducted on how hope has been approached in treating African American individuals referred to addiction treatment.

Purpose of the study

The importance of hope has been known for decades. However, theories about how hope is instilled in clients, especially minority clients, have not been developed. For example, Koehn and Cutcliffe (2012) described how to instill hope in the general

population, a few studies tested interventions to increase hope in the general population (Cheavens et al., 2006; Irving et al., 2004), and another study was performed explaining how counselors instill and maintain hope in their clients also in the general population (O'Hara & O'Hara, 2012). However, the population's race/ethnicity used in these studies was either not mentioned, or its presenting issues were not considered. Due to the gap found in the literature, a grounded theory approach to research was utilized to understand better how hope is conceptualized by the addiction counseling professionals and applied to the African American population referred to addiction treatment. It was expected that the results of this study would contribute to therapists knowing more about how, when, and what to use to increase hope in the therapeutic environment when working with African Americans mandated to addiction treatment. More specifically, a grounded theory was used to answer the following questions.

Research Questions

1. How do addiction counselors who work with mandated individuals conceptualize hope in therapeutic change for African American men? (Conceptualization)
2. How do counselors instill hope in therapeutic change while treating African American males mandated to addiction treatment? (Practice toward others)
3. How do addiction counselors cultivate and maintain hope for therapeutic change in themselves and their practice/clients? (Self-practice and parallel process)

Research Approach

This study aimed to create a theory regarding the instillation of hope in African American men mandated to addiction treatment. Grounded theory (GT) is often used when a topic needs explanation, such as a topic with some existing knowledge in the literature but whose participants' perspective has not been explored. Through the GT methodology of research, these voices are heard, and the development of empirical knowledge is then created based on the relationship of the themes identified (Corbin & Strauss, 2008). The GT design selected for this research was Corbin and Strauss's (2008). Corbin and Strauss's design of GT is flexible and yet provides directions to potentialize rigor in the research. Corbin and Strauss stated that the researcher's accumulated knowledge about the topic in question does not force the ideas on the data. However, it allows it to be aggregated into the data collection process. The main difference between Corbin and Strauss's design and others is that it welcomes the influences of contemporary concepts and ideas such as feminism, political economy, and any other sociopolitical environment onto the phenomenon (Strauss & Corbin, 1994). Since this research was centered on the influence of race and oppression on the development and maintenance of hope, this approach to GT was deemed best suited because it appreciates existing knowledge and does not condemn a literature review, as the authors believed that knowledge is cumulative and it informs collection of data. As previous knowledge of hope has been documented but not in the population in question, grounded theory was deemed the most appropriate methodology to develop a throughout explanation of the phenomenon.

Significance of the Study

This study was written for current and prospective counselors and counselor educators who work with African American men mandated to addiction treatment. It contributes to research into hope, treatment for African American men, and mandated addiction treatment. As hope is one of the active ingredients of change, this research provides knowledge on the process of therapeutic change. Most importantly, it contributes to the effectiveness and appropriateness of mandated addiction treatment for African American men.

Counselor educators and supervisors should gain perspective on how the instillation of hope in African American men involved with the criminal justice system may differ from the dominant culture due to the idiosyncratic experiences of this population. Such insights should benefit counselors who work with this population, as it better equips providers on how to provide services to the population, stakeholders who seek to serve this population, and this population itself as African American individuals mandated to addictions treatment will receive more effective and appropriate treatment.

The criminal justice system will also benefit from this research as effective treatment would increase the utilization rate by African American men. Lastly, this research contributes to the body of literature regarding culturally sensitive practices, hope, and mandated addiction treatment.

Definition of Terms

This study used a qualitative methodology; therefore, operational definitions were not necessary to the study’s design. However, guiding construct definitions were provided below. These definitions were not set and might change in light of new data.

Addiction – This study used the term addiction to refer to a substance use disorder per the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM–5*; American Psychiatric Association, 2013). It was used interchangeably with the use of substances unless specified.

Addiction counselors – Addiction counselors used in this research include mental health providers with three or more years of experience, serve the African American population mandated to addiction treatment, and have a solid understanding and experience integrating multicultural and social justice practices.

Addiction treatment – Addiction treatment included mental health treatment of any sort and excluded medical treatment to substance use such as detoxification and medication-assisted treatment unless specified.

African American – African American individuals was used in this research referring to U.S. citizens who were born and raised in the United States and share the phenotype and culture of Black individuals.

African American drug offenders – African American drug offenders was used to describe individuals from African American group who were incarcerated due to drug offenses.

Black – Black individuals was used in this research when it refers to individuals who self-identify as Black per the Census definition, “a person having origins in any of the Black racial groups of Africa” (United States Census Bureau, n.d., para. 3) regardless of their ethnicity (Hispanic/Latino or non-Hispanic/Latino). It includes but are not limited to African Americans. Although Black was mentioned in this research during the

literature review, this study is focused on African Americans. The term Black was only used when referring to the term used in the original literature.

Cultural identity – This term was used loosely in the literature review as articles cited in this document has not discussed the meaning of cultural identity; therefore, during literature review, this term mirrored the term used in the original literature.

Ethnic identity – This term was used loosely in the literature review as articles cited in this document has not discussed the meaning of ethnic identity; therefore, during literature review, this term mirrored the term used in the original literature.

Hope – Snyder et al. (1991) defined hope as a cognitive construct based on the individual's (a) perceived sense of "goal-directed determination" (p. 571; hope-agency) and (b) the presence of plans on how to meet these goals (hope-pathway).

Mandated individuals – Mandated individuals are the individuals involved with the criminal justice system and are participating in addiction treatment as part of their sentence or being used in their court cases.

Racial identity – This term was used loosely in the literature review as articles cited in this document has not discussed the meaning of racial identity; therefore, during literature review, this term mirrored the term used in the original literature.

Sociocultural identity – The underlining psychological processes of marginalized groups are shown to be similar regardless of their ethnic or racial labels (Quintana, 2007). Therefore, the term sociocultural identity was used throughout this document as one's sociocultural identity regardless of their ethnic or racial identity.

CHAPTER II: REVIEW OF THE LITERATURE

As an attempt to understand the existing knowledge about hope in African American men mandated to addictions treatment, a review of the literature on hope, addictions, and factors that impact hope in African American men is discussed below. More specifically, research on the definition of hope, its importance, application, and treatment is described followed by the cost of addictions, its treatments effectiveness, and recovery within the criminal justice system. Afterwards, an analysis on the cultural, societal, and addictive factors that affect the presence and maintenance of hope in African American men mandated to addictions treatment is presented.

Hope

Definition

Hope has been around for approximately 2,000 years since humans started to be able to write. Hope is seen embedded deeply in religious writings, philosophy, and science. For example, the Greeks introduced the concept of hope as essential to the human experience (Smith, 1983) and this conversation continued with various religious schools linking hope to faith (Menninger, 1987). The views on hope were not always linked to positive endeavors but also referred to as an “illusion,” “evil,” or a “cheating lottery” (Menninger, 1987, pp. 450–451). Mostly coming from poets and philosophers in the 19th century. In the 1900s, the role of hope received attention from the psychiatrists who explored hope and mental health through one experiment with rats showing that the loss of hope likely leads to death (Menninger, 1987). The emergence of existential philosophies directed the discussion of hope becoming more openly discussed after the

end of World War II (Smith, 1983) when counseling theories started to study hope as a means for change.

Some counseling theories such as person-center and existential proposed a concept of hope. For instance, in the person-centered approach, hope was viewed as "the voice of the actualizing tendency" (Schmid, 2019, p. 129). In other words, hope was seen as the awareness of a person's self-actualization ability. Without hope, person-centered theorists believed that one would not be able to grow. In existential philosophy, Viktor Frankl connected hope to a fundamental role in counseling (Frankl, 1984). He associated life meaning with hope by explaining that life is only worth its meaning and the meaning of life is ascribed by the alignment between a person's values and goals set. This alignment resulted in inner strength to pursue one's goals; as a result, hope emerged. Regardless of the specific theory, research was conducted to find the active ingredients of therapy and Jerome Frank (1974) found that hope was one of the common factors among all therapeutic approaches. He described hope as favorable expectations that generate optimism, energy, well-being, and healing (Frank, 1974).

The definition of hope can also be found in different scholars. For example, Menninger (1987) viewed hope as the "dim awareness of unconscious wishes which . . . tend to come true" (p. 451). He explained that those wishes are accompanied by a plan of action. Whereas Smith (1983) focused on the cognitive aspect of hope by describing it as the belief that one is competent and that the world is responsive to their efforts. Dufault and Martocchio (1985) included the emotional aspect of hope by defining it as a "multidimensional . . . life force characterized by a confident yet uncertain expectation of achieving a future good which . . . is realistically possible and personally significant for

the hoping person” (p. 380). Finally, Ward and Wampler (2010) associated hopeful cognition and feelings with evidence, options, action, and connection by describing hope as “a belief and a feeling that a desired outcome is possible” (p. 216). They stated that this desired outcome should eventually be backed up by evidence that achievement is possible, the person should believe that they have options of pathways to pursue the desired outcome and the ability to do so, as well as feel and believe that they are able to take action toward the goal, and finally have meaningful connections that provide a sense that achieving the desired outcome is possible.

As a criticism of the existing concepts of hope, Mosley et al. (2019) viewed them as individualistic, which would not be beneficial for populations in which a collectivist value is instilled. They then introduced the term radical hope. Radical hope was suggested to describe a collectivist notion of hope that fits cultural minorities who have persistently experienced systemic oppression. Radical hope consisted of understanding the historical oppression of the cultural group as well as the movements of change, embracing ancestors, envisioning possible changes for the group, and creating meaning about individual experiences as a way to create pathways for change. The belief in a better future (agency) comes from the understanding of the past and the pride of ancestors. The pathway for change derives from the knowledge of resistance to oppression. Therefore, radical hope incorporates aspects of collectivism, individualism, past, and future to increase hope agency and pathway. It appears that the many theories of hope lead to three common elements: the presence of a goal, a belief that one is capable (agency), and the means to achieve the goal (pathway), whatever that may be.

A well-known definition of hope offered by Snyder et al. (1991) described these three common elements of hope. The authors defined hope as a cognitive construct based on the individual's (a) perceived sense of "goal-directed determination" (p. 571) and (b) the presence of plans on how to meet these goals. He named these two components *agency* and *pathway*, respectively. Snyder et al. emphasized that hope is a way of thinking that cannot exist without a goal-directed agency (efficacy expectation) and a pathway (outcome expectation). He expanded on the components of hope by explaining that goals are the target of actions and must be valuable to the individual to warrant sustained motivation (Snyder, 2002). Whether these goals are high or low probability is less important than the value that the individual places on the goal and the pathways that they find to pursue them. Snyder (2002) explained that pathways thinking is the ability that one presents in producing alternate routes to attain a goal. He stated that people who present with a low level of hope are less flexible in their way of thinking and less certain about the pathways for their goals. Finally, agency thinking is the motivation that one possesses to continuously pursue the pathways for their goals. It is their perceived capacity to achieve their goals (Snyder, 2002). Agency thinking allows the person to persist when obstacles arise.

Hope and Related Concepts

As well defined as hope has been, there is still confusion in the literature when it comes to its application. For example, hope has been confused with other similar concepts such as optimism, self-efficacy, and problem solving. Therefore, it is important to differentiate the concepts of hope from other common concepts. Optimism—or positive expectation—focuses on a positive outcome, which is similar to the agency part

of hope (Menninger, 1987). However, hope also accounts for the pathways, which is absent in optimism (Irving et al., 2004). Furthermore, while optimism is not often linked to reality (Menninger, 1987), "hope implies process, . . . a confident search" (Menninger, 1987, p. 452), and a strategy toward a realistic goal (Mosley et al., 2019). It is also important to distinguish hope from the concept of self-efficacy used by Bandura's theory. Self-efficacy and hope focus on the outcome of a goal but self-efficacy does not account for the pathway present in hope, it only addresses the agency part of hope (Irving et al., 2004). Regarding problem solving, while problem solving seeks to escape from a problem and find ways to find a reward, hope does not. Hope does not assume that the goal should be to get past a problem but gives equal importance to the goal, the agency, and the pathway (Irving et al., 2004). In summary, hope without agency is problem solving, hope without a pathway is optimism, and hope without a goal is self-efficacy.

Another concept that has been associated with the concept of hope in treatment and research is the placebo effect. Menninger (1987) mentioned that the unexplained effects of placebo when applied in medicine and scientific treatments, might be explained by the concept of hope. However, scientists are usually skeptical of the concept of hope due to being perceived as "intangible" or "impalpable" (Menninger, 1987). With the rise and advancement of the medical model, the focus on hope was diminished and criticized (Menninger, 1987). Therefore, scientific research still uses the concept of placebo when the effectiveness of the treatment is due to properties other than the treatment itself (Blease, 2018).

In the mental health counseling realm, the concept of placebo is often compared to the common factors of psychotherapy, which includes hope, and is widely used in

randomized controlled trials but minimally understood (Blease, 2018). Given that placebo indicates the activation of positive expectations, this concept can be compared to hope-agency which is one's perceived capacity to achieve their goals and activates motivation for change. Frank (1974) reinforced this idea stating that hope plays an important role in healing by mobilizing positive expectation, energy, and action. Another similarity between hope and the effects of placebo is that, just like hope, the placebo effect is individualized and situational and the short-term relief of symptoms in placebo will depend on the activation of hope (Frank, 1974). Clients must first hope that the treatment and the therapist themselves can help them before any change can be observed (Frank, 1974). However, common factors, more specifically hope in therapy are intentionally used to promote the necessary outcome, which is different from the effects of placebo that is not intentionally developed nor is an active ingredient to therapeutic change (Blease, 2018).

Another confusion seen in the literature of hope is the concept of false hope. Critics of the hope theory claimed that it is better to have low hope than high hope as false hope is a threat to the benefits of hope. The concept of false hope assumes that expectations are based on illusions, inappropriate goals are being pursued, and poor methods are used to achieve goals (Snyder et al., 2002). However, this criticism was demystified by Snyder et al. (2002). The authors explained that hope involves a recognition of one's limitations. Although people who have high hope hold a more positive self-referential (increased sense of hope agency) than those who do not have hope, a recognition of what is attainable and what is not is essential to sustain hope. Snyder et al. also addressed that clients who present with illusory expectations tend to

have a low level of hope but still be unsuccessful in their goal pursuit. Regarding the criticism of inappropriate goals, Snyder et al. stressed that hope can be associated with big goals, but to hold on to hope, big goals are broken down into small and attainable ones. Usually, a hopeful person pursues multiple goals in many different areas. Additionally, hopeful people tend to engage in adaptive strategies to achieve their goals instead of disengaging and avoiding, this alludes to the concept of pathway. If one does not demonstrate a pathway, one does not demonstrate high levels of hope. Therefore, according to Snyder et al., people who do not have these attributes might have a low to moderate level of hope, but there is no such a thing as "false" hope.

Addressing the concept of false hope is especially important to address given that individuals with substance addiction who engage in the treatment, particularly those who are mandated to treatment, do not often present as open and honest as other clients might (DiClemente et al., 2004). Therefore, counselors may perceive a "false" hope due to clients sometimes telling the treatment provider what they think they must. The state in which clients are not genuinely looking for a change and often denying the need for change is part of the precontemplation stage in the transtheoretical model of change (DiClemente, 1993) and it is not filled with hope. Therefore, to instill hope, clients must pass the point of precontemplation. In other words, intentional change has to be present for hope to move them forward.

It can be seen that the concept of hope has been well established but little information has been provided on how to instill and maintain hope throughout the process of counseling. To understand the application of hope in therapy, it is necessary to study the benefits of hope and what counselors are currently doing to integrate this

important concept into their treatments. Viktor Frankl claimed that if lack of hope is associated with mental illness, then its treatment should focus on its instillation (Frankl, 1984). Therefore, the benefits of hope for counseling will follow.

Importance of Hope

Research on the benefits of hope dates back to the 20th century after Jerome Frank suggested that "hope counteracts mental illness" (Cheavens et al., 2006, p. 61). More recently, a growing body of research has been conducted to support the idea that hope is paramount for the process of therapeutic change (e.g., Coppock et al., 2010; Irving et al., 2004; Kimball et al., 2017; Shumway et al., 2014; Snyder et al., 1991). Bradshaw et al. (2014) found that hope is a strong mediator of therapeutic change; more specifically, hope was positively associated with the contemplation of change. As Prochaska et al. (1992) suggested the five stages of change (pre-contemplation, contemplation, preparation, action, and maintenance), hope was found to be essential to move people beyond the pre-contemplation into the contemplation and ambivalence stages of change (Bradshaw et al., 2014). Bradshaw et al. stated that "hope is born or increased" (p. 306) in the movement from precontemplation to contemplation. In the pre-contemplation stage of change, the person does not "recognize the problem or the need to change" (DiClemente, 1993, p. 102), while in contemplation, the person acknowledges that there is a problem and considers the possibility of change. Hope, therefore, is essential in this stage as part of this movement toward change is believing in the ability to change.

Researchers also argued that hope is associated with superior coping, capacity to regulate emotions, greater well-being, fewer mental health symptoms, better functioning

(Irving et al., 2004), greater therapeutic outcome (Coppock et al., 2010), recovery from substance use (Kimball et al., 2017; Shumway et al., 2014), a movement toward change (Bradshaw et al., 2014), greater problem-solving ability, enhanced self-esteem, reduced depression, less psychological disturbance, positive attitude, favorable representation of the self (Snyder et al., 1991), and buffer for racial adversities (Yager-Elorriaga et al., 2014). Hanna and Cardona (2013) suggested that movement toward an internal sense of freedom is the approach necessary to be used when treating minority groups, and without hope, a person who is oppressed will be unlikely to make efforts toward freedom.

Regarding substance use, previous research associated higher levels of hope with substance use avoidance (i.e., alcohol, marijuana, and tobacco) among teenagers (Carvajal et al., 1998), increased health promoted behaviors in adults engaged in 12-step programs (Magura et al., 2003), recovery sustainability (Shumway et al., 2014), reduced craving, and increased motivation to change (Bradshaw et al., 2014). Additionally, a review in the literature of what keeps people in recovery from substance addiction and mental health issues was made by Shumway et al. (2014) and they found that hope—as well as identity development and reclamation of agency—is one of the six mediators of recovery. Hanna and Cardona (2013) suggested that hope is one of the precursors of change, especially when working with “difficult” clients including but not limited to mandated clients. In an interview with eight university students, Kimball and colleagues (2017) found that hope is paramount to recovery.

Research has shown that hopelessness has been associated with despair (Schmid, 2019; Snyder, 2002). Smith (1983) summarized the importance of hope by saying that hope and despair are seen together. The lack of hope means despair and despair prevents

one's ability to continue coping with life adversities (Smith, 1983). As the importance of hope is clear, a question on how this essential feature is addressed in treatment remains. Therefore, a review of existing hope treatment follows.

Hope Treatment

Many hope treatments have been suggested by different scholars. For example, Koehn and Cutcliffe (2012) interviewed seven counselors and three clients in Canada to inquire how hope is instilled in sessions of substance use counseling. The authors concluded that (a) creating a bond; (b) reconstructing a sense of personhood, facilitating connections, and envisioning change; and (c) reviewing pathway to hope, were the steps used to instill hope in substance use counseling. However, the authors utilized a predominantly Caucasian sample, except for one client; therefore, they suggested that research with participants with a different racial-ethnic group was still needed. Koehn et al. (2012) then reviewed studies on hope and substance use treatment and provided techniques and activities to instill hope in treatments with the addiction population. They emphasized that for clients whose life situations are obstacles for hope instillation like racially discriminated clients and those who use substances, a different approach should be taken such as pacing sessions and validating the client's initial sense of hopelessness is crucial. Although many studies on hope treatment were concluded, none of them have shown to be effective in increasing hope agency and pathways in clients who identify as African American and are mandated to addictions treatment and for the population in question, the approach utilized to instill hope is different than the one used in the treatment of a privileged racial group whose obstacles for success is reduced.

Another attempt to develop a hope treatment was made by Cheavens et al. (2006) as they developed a psychoeducational treatment format focused on helping clients develop and apply hope-related skills (i.e., hopeful thinking and goal pursuit activities). The pilot investigation on hope treatment that Cheavens et al. conducted consisted of eight sessions of 2-hour groups divided into four parts: (a) discussion of participants' previous week and revision of homework; (b) psychoeducation of one new hope-related skill and a discussion of the applicability of the skill; (c) encouragement of group process related to the presented skill; and (d) assignment of next week's homework. The intervention showed to significantly increase the level of hope agency ($p = 0.04$), but not the pathway; meaning that the participants demonstrated that the proposed intervention impacted their perceived confidence in achieving their goals but did not alter their perceived ability to develop routes to achieve their goals; therefore, hope as a whole (agency and pathway) was not increased. The authors also utilized a predominantly female Caucasian population who completed on average 16 years of education, which is different from the population of interest in this research.

Another research study was conducted using predominately Caucasian (90%) and female (69%) populations; however, this time they included a below poverty sample (82%) that faces social obstacles just like the population in this study. Irving et al. (2004) assessed a didactic intervention to increase levels of hope consisting of 5 weeks of didactic sessions to prepare the client to engage in individual therapy. The focus of the didactic sessions was on establishing goals for treatment, developing skills to find pathways and remove blockages to goal achievement, as well as learning self-motivation skills. The findings of Irving et al.'s study showed that the treatment model itself did not

interfere with levels of hope, emotional distress management skills, coping skills, symptomatology, well-being, or level of functioning. However, they have found that hope levels significantly improved after the 11th session of individual therapy for both, the control and treatment groups. The authors argued that the level of hope for the studied population was significantly lower than the previously examined population and attributed the inconsistency of results to the low socioeconomic status and long history of mental illness that might have contributed to increased goal blockages experiences. Suggesting that for individuals who have a long history of both, goal blockage experiences, such as systemic oppression, and mental illness, such as addictions to substances, the results of this study are relevant as hope levels might be unalterable after didactic sessions.

Although many treatments and strategies to increase hope were suggested, Koehn et al. (2012) stressed that hope is learned and counselors should avoid pushing a search for hope on those clients whose life holds little hope. They suggested a more general approach to instill hope that could include people of color who face many systemic obstacles when using substances. They encouraged counselors to (a) find meaningful ways to explore hope, (b) use strength-based assessments to help individuals become aware of the opportunities of hope in their lives, (c) make hope visual through symbols or words to transform unhealthy coping strategies into healthy ones and increase hopeful outlook, (d) use group activities to find meaning and motivation to address problems related to substance use, and (e) discuss the role of hope in recovery from substance disorders.

Another suggestion to counselors was made by O'Hara and O'Hara (2012) after they researched a theory of hope instillation based on an interview with 11 counselors whose experience with addiction was unknown. The authors grouped the strategies used by the counselors to foster hope into three categories: (a) relationship-focused, (b) task-focused, and (c) transpersonal and transcendent-focused strategies. The relationship strategies involved those that fostered trusting and supportive relationships. Task-focused strategies incorporated cognitive, behavioral, or insight-oriented. Transpersonal and transcendent-focused strategies included spiritual and reflexive practices that aim to increase meaning and awareness beyond everyday circumstances (O'Hara & O'Hara, 2012). It is noted that these strategies were not focused on African American men mandated to addictions treatment; therefore, as seen above, hope instillation will present with more obstacles than for the general psychotherapy client.

As illustrated, interventions to instill hope during psychotherapeutic treatment have been recommended and studied, although none showed to be effective in increasing hope agency and pathways together. Yet there have not been studies on how to instill and maintain hope during the treatment of marginalized populations recovering from substance use. As mentioned by Ani (2013), to increase hope in racial minority population, integration of ethno-racial identity is paramount as people who have more awareness of background history, same-race role models, and bond with their community present with greater levels of hope, reduced mental health signs, increased agency, and self-esteem (Banks et al., 2008; Yager-Elorriaga et al., 2014). And as stated by Irving et al. (2004), long history of mental illness poses an increased challenge to instill hope, including people with a long history of addiction issues. Therefore, the question about the

elements that play an important role in the hope instillation for African American men mandated to addictions treatment still lies. A review of the research on hope in counselors as there has been evidence that to instill hope, one has to have hope, will then proceed.

Hope in Counselors

Previously seen in psychiatric hospitals in the 20th century, the "hopelessness and goal-lessness" (Menninger, 1987, p. 459) of clients are often assimilated with their treatment providers. Menninger (1987) mentioned the importance of the support system as well as the treatment team to hold hope for clients. He referred to hope as "unnarcissistic and beyond self." He stated that the lack of providers' hope *in* and *for* their clients provokes massive despair (Menninger, 1987). Fortunately, with the advancement of medicine, this hopelessness for the mentally ill is seldom seen nowadays. However, this history of providers' hopelessness in their clients helps illuminate how hope is often approached in addictions treatments. Notwithstanding the importance of counselor's hope is well documented, both clients' hope for themselves and the providers' hope for their client is often low (Flesaker & Larsen, 2010) in the addiction realm.

The value of hope in counselors was shown to be paramount especially in their work with people whose life poses many obstacles for hope such as marginalized individuals facing addictions and incarceration. For example, Coppock et al. (2010) interviewed clients and counselors and found that counselors' hope *in* their clients was directly related to therapy outcomes, more so than the initial clients' hope in themselves. More specifically to mandated addiction treatment, Flesaker and Larsen (2010)

interviewed counselors who had experience with women on parole due to drug-related offenses and inquired about the role of hope in themselves when helping their clients reintegrate into society. They described hope for their clients as believing that a future was possible for them. The participants stated that hope was an important source of motivation for them to continue helping their clients and without it, inspiring others to increase their hope was challenging and would impede their ability to be helpful. The participants also emphasized that their hope in their clients impacted how their clients maintained their hope in themselves when they relapsed or when another challenge was posed to them. O'Hara and O'Hara (2012) developed a grounded theory of hope in counselors and one of their findings was that hope *in* and *for* clients were central components in instilling and maintaining their client's hope in themselves. The authors explained that having a supportive and empathic relationship with someone who believed in them was helpful for a successful treatment. However, maintaining counselors' hope *in* and *for* their clients was not shown to be an effortless process as the severity of addictions issues can lead to multiple relapses and the persistence of systemic oppression can lead to hopelessness in clients; consequently, hopelessness in counselors.

The obstacles for addiction counselors to maintain hope can be categorized in regard to the profession or clients. Issues regarding the profession include working under difficult conditions such as restriction in funding and delivery of services, low salaries, limited opportunities, constant changes in license and certification (Vilardaga et al., 2011). Problems related to clients include working with challenging clients who are often mandated to treatment and resistant to actively engage in the process while dealing with a disease that has high rates of relapse and comorbidity (Vilardaga et al., 2011). Therefore,

the demands of the job interfere with counselors' hope and their genuine engagement in treatment as they reported that working with treatment-resistant individuals is emotionally draining and easily leads to burnout, especially for those who work with marginalized individuals (Flesaker & Larsen, 2010). If counselors are not able to sustain a hopeful outlook when dealing with individuals with addiction, therapeutic relationships would be hindered, likely impeding the client's overall progress.

To counteract the impact of the counselor's lack of hope and burnout on clients' progress, studies were conducted. Vilardaga and colleagues (2011) researched the influence of Acceptance Commitment Therapy (ACT), mindfulness, and work-site factors on the burnout level in addictions counselors. It was found that work-site factors such as perceived control of the site and social support of counselors significantly accounted for their burnout (10%–12% of the variance for burnout). Coworker lack of support, high workload, and tenure predicted feelings of low accomplishment. Low salary predicted depersonalization (not caring about clients). Both, sense of accomplishment and depersonalization directly impacted hope *for* and *in* clients. Avoidance of negative experiences, lack of commitment to work-related values, and cognitive fusion with stigmas towards clients were the major predictors of burnout. Tenure was also positively associated with low accomplishments due to the poor conditions of the addiction counselors' field. The authors suggested the implementation of ACT practices in addiction agencies aiming to reduce burnout of counselors. This research showed how worksite variables were related to burnout, specifically to hope-agency (feeling that one can accomplish) as well as counselor's attitudes toward working with this population. If

the counselor's hope influences the success of treatment, the variables that affect them should be understood.

Previous research has shown some ways to increase and sustain counselors' hope to offer their clients hope. For example, Flesaker and Larsen (2010) found five themes to be relevant for counselors in holding on to hope when working with the legally involved population. They are the following: (a) understanding hope as oriented to the future, inter and intra-relationship bounded, meaningful, and necessary for change; (b) seeing life as a journey; (c) shifting perspectives to find hope in every situation; (d) honoring client's experiences by having realistic expectations; and (e) learning the skills of finding and using hope in treatment. However, in this study, the race of the clientele was not discussed; consequently, inferences about how to maintain hope when working with minority population involved in the legal system cannot be made because in treating African American clients within the criminal justice system, cultural competence seems to be vital to instillation of hope as racial discrimination is an additional obstacle for African Americans to maintain a hopeful outlook and succeed in their goals.

Some cultural variables to hope instillation appeared to be important in treating African Americans within the system. For example, Ani (2013) suggested that an African American's knowledge about their background and history was associated with higher levels of hope given that the participants in her study attributed the intra- and inter-cultural understanding (i.e., strengths and messages of their heritage) as a factor that influenced their goal setting and pursuit, sense of purpose, and their responsibility to the larger group. She suggested that ethno-racial identity itself is not a factor that shapes African Americans' goal setting but it does cause an impact on their need to succeed and

their agency thinking. The author also discovered that a strong ethno-racial identity served as a buffer against racial adversities. Banks et al. (2008) also indicated that racial discrimination can lead to lower levels of hope and confirmed that individuals whose racial awareness was high, which is part of developing a strong sociocultural identity, had lower levels of distress related to racial discrimination. The authors indicated that it is important to foster agency thinking to increase hope. Mosley et al. (2019) discussed the concept of radical hope and how to foster hope in people of color, which consists of becoming aware and empowered by history and resistance, becoming proud of their ancestors, envisioning possibilities, and creating meaning and purpose. Therefore, it is important for providers who work with the African American population to be familiar and sensitive to their cultural background aiming to help them achieve a sense of pride and hope-agency and draw inspiration from their community to increase their sense of hope-pathway, goals, and hope-agency.

In reviewing the above literature, if counselors do not have hope to offer, there is little hope for clients to move through the challenges of recovery, especially if one has to combat an oppressive system. As found in Flesaker and Larsen's (2010) study, the counselor's hope functioned as a crucial means to instill client's hope in recovery treatment, but to foster hope in racially oppressed groups such African American individuals, additional factors must be present. As noted in Noble-Carr et al.'s (2014) study, to foster hope in marginalized groups, it is important to help members understand their cultural background, improve their sense of belonging, and their ethnic pride. To better understand the link between sociocultural identity and hope, further analysis on how racial oppression impact hope is discussed.

Hope and Oppression

Oppression was presented by Prilleltensky (2008) as an act of domination and control from one group of people onto another. Dr. Isaac Prilleltensky, a scholar devoted to the work of wellness through fairness stated that oppression is manifested when a group is perceived as different and therefore marginalized from the dominant group (Prilleltensky, 2008). This process is supported by Chavez-Dueñas et al. (2019) and described as "othering" (p. 50) which is a type of psychological oppression in which one is perceived and treated as different leading to erosion of feelings of hope, safety, predictability, stability, and increased vulnerability to racial trauma (Chavez-Dueñas et al., 2019).

More than half of Black individuals reported often experiencing discrimination in a variety of situations such as in interactions with the police and the criminal justice system, employment, social interactions, health care treatment settings, and in the educational system (Bleich et al., 2019; Robert Wood Johnson Foundation, 2017). Thus, oppression is prevalent in the United States and is one obstacle to hope (Prilleltensky, 2008). Windsor et al. (2010) referred to oppression as a system that maintains power imbalance making it "impossible for certain groups of people to fit in and excel" (p. 23), which creates hopelessness. The difficulty to fit in might interfere with the hope-agency as one might not perceive themselves to be able to achieve and excel. As reviewed closely below, African Americans are a group that has been experiencing constant and pervasive racial oppression in the United States and its consequences are severely affecting their hope, specifically their hope-agency and establishment of goals.

Scholars have studied the aftereffects of oppression as it relates to biological and psychological unwellness impacting hope goal, agency, and pathway. Biologically, oppression was shown to be associated with poorer physical health including cardiovascular reactivity, chronic illness, endocrine, neurologic, and immune system compromises (Krieger, 2014). Obasi et al. (2017) described how oppression causes dysregulation of the stress regulatory system increasing the likelihood of developing negative coping skills including the use of substances to cope, but the use of substances is deemed illegal in the United States and African Americans are more likely to be incarcerated for substance possession; consequently, discriminated due to criminal background (Drug Policy Alliance, 2018; Kamalu et al., 2010). These consequences impact, therefore, the hope pathway as the dysregulation of the stress regulatory system deviates one from healthy ways to accomplish their goals. Psychologically, Prilleltensky (2008) found that oppression leads to an internalized sense of inferiority; traumatic symptoms (Bryant-Davis & Ocampo, 2006; Comas-Diaz, 2007); increased psychological distress (Chavez-Dueñas et al., 2019); and impact on one's identity development (Aymer, 2010). All of which impact hope agency given that the perception of their ability to succeed is impaired. Hanna and Cardona (2013) defended that prolonged exposure to oppression leads to a lack of purpose and goal achievement which are two components of hope (i.e., goal setting). They also indicated that the reverse relationship is also true as, without hope, one might seldom move toward liberation (resistance to the forces of oppression). Smith (1983) mentioned that oppression leads to a lack of coping and future-oriented expectations given the unresponsiveness of the world. Thompson et al. (2014) researched the consequences of racial oppression and found that increased experience

with racism was negatively related to hope regarding work goals. Consistent with the idea of racial oppression and hope, Dunbar (2001) reported that oppression not only leads to despair or hopelessness but also helplessness, numbing, paranoid-like guardedness, medical problems, dysphoria, poorly mediated effects, distancing of own sociocultural groups as well as poor self-esteem (Prilleltensky, 2008).

All the biological and psychological sequelae of oppression affect those who have been experiencing it for over 400 years, African Americans. Therefore, to address hope in the oppressed population, attention needs to be paid to the biopsychosocial factors of oppression. Hope is known to be a factor that facilitates the achievement of goals (Kimball et al., 2017) and if oppression is an obstacle to success, then the instillation of hope in the oppressed population must address experiences of discrimination and their consequences.

In summary, oppression affects the person in its entirety as it impacts their biological system; their feelings, thoughts, and behaviors; as well as their perceived sense of self. When the impact is so pervasive and persistent it is likely to result in hopelessness and despair. As pointed out by Obasi et al. (2017), experiences of discrimination alter the stress response system of the individual, consequently, increasing the likelihood of substance use as a way of coping. However, using substances to cope with oppression only seems to cause more oppression as in the United States substance use is a criminal offense and systemic oppression is present in the criminal justice system. For example, Blacks are 80% more likely to be charged with drug-related offenses than Whites even though they reported using substances at the same rate (Alper et al., 2018; Rosenberg et al., 2017; Tucker, 2016). Therefore, to avoid compounded oppression in marginalized

groups, addictions treatment could be an alternative to incarceration for those who present with problematic use of substances that results in substance use disorders. To better understand how addictions have been approached in U.S. society, a review of the disorder of addiction and its treatment will proceed.

Addictions

Addictions to substances is a disorder that affects the individual's psychological, behavioral, neurological, and cognitive areas leading to the use of substances despite the negative consequences that it creates (American Psychiatric Association, 2013). The disorder is characterized by a lack of control over the substance, social impairment due to use, risky use, and pharmacological symptoms (American Psychiatric Association, 2013). In the United States, substance use is deemed as a criminal offense since 1909 (Courtwright, 1992); however, substance use continues to persist. For example, 3% (8.3 million people) of people aged 12 and over reported substance use disorder in 2019 excluding alcohol use disorder, which encompass 5.3% of people 12 and older (SAMHSA, 2014). In prisons, 65% of the population was diagnosed with some substance use disorder and another 20% did not meet the full criteria for the disorder but were under the influence of substances at the moment of the arrest (SAMHSA, 2014). In the general population, the use of substances was also documented. More than 60% of the adult general population reported having used substances in 2018, one month prior to the survey conducted by SAMHSA (2014). This indicates the pervasiveness of substance use and addictions in our society and how the criminal justice system is the main organization dealing with people who suffer from substance use disorders.

There are many aspects of addictions that impair one's ability to succeed. For example, the use of substances changes the user's brain chemicals; consequently, their thoughts, behaviors, and feelings. Substance use may also change one's lifestyle given the preference for environments and people who are in favor of their habits. Substance use also may lead to incarceration given the criminalization of drugs, consequently, increased stigma. Additionally, being from a marginalized community due to race potentialize the stigma, stress level, and obstacles. These obstacles were shown to hinder hope given that hope includes one's sense of ability to successfully pursue and achieve goals.

If incarceration is the main approach to drug use, the rate of arrests will continue to rise as people continue to experience issues with drugs. In the criminal justice system, people arrested due to drug use can be mandated to treatment, but those who belong to racial minority groups (e.g., African American individuals) might face systemic discrimination (racial profiling). For example, people of color mandated to treatment are less likely to complete treatment than their White counterparts; 8.6% of African Americans compared to 10.6% of Latinos and 14.1% of White completed treatment in a study in 2011 (Mennis & Stahler, 2016). These statistics demonstrate a significant discrepancy in treatment completion. Whether the needs of African Americans are being addressed properly in mandated addiction treatment is in question. The factors that lead African Americans to be referred to treatment at a disproportionate rate should also be questioned to understand the experiences that clients have before entering treatment.

Cost of Addictions

It is important to analyze the importance of addictions treatment in the United States. If effective research and treatment are not conducted to reduce the costs of addictions, the price paid can be high. For example, the financial cost of addiction to society surpasses the cost of many other chronic diseases in the United States such as obesity, asthma, and diabetes. A report issued in 2011 by the U.S. Department of Justice (USDJ) indicated that the annual cost with diabetes did not surpass $174 billion and $147 billion with obesity, while the cost with substance abuse issues was more than $193 billion. The amount designated for treatment for substance use was $14.6 million, a fraction of the total cost to society. The report projected that both costs tended to increase given the legalization of cannabis and the increased rate of prescription drug misuse (National Institute on Drug Abuse [NIDA], 2014).

Although the monetary cost is high, the impact of addiction on the individual and society goes beyond economics. It includes issues related to criminality, public health, work productivity, and family disruptions. For example, as a result of substance use, the USDJ (2011) found that in 2007 more than $61 billion was spent on costs related to crime, over $11 billion on health costs, and more than $120 billion on productivity costs. Totaling $193,096,930 spent annually due to the consequences of substance addiction. This amount was consistent with previous years. The cost presented in 2011 excluded those attributed to the impact that the use of substances caused on the environment due to the production of substances, the involvement of families in foster care due to parental use, the impact on children of parental addiction, and the money spent on an individual purchase. These annual costs also do not include alcohol and unregulated inhalants.

There are multiple ways to prevent or reduce this cost in different stages of the issue. For instance, law enforcement might help reduce the production and distribution of illicit drugs. Community-based interventions may contribute by preventing the initiation of individual drug use. A thorough screening and brief interventions can reduce the progression of the disorder (USDJ, 2011). Effective and efficient treatments, community resources, and interdisciplinary interventions could assist in reducing relapse. The NIDA argued that if treatment is the focus of combating addictions related issues, a lot of money can be saved from public spending. For every dollar spent in addiction treatment programs, more than $12 can be saved in health care costs and between $4 to $7 in drug-related crimes and criminal justice costs (NIDA, 2014, p. 11). However, the dollar amount that the U.S. government spends on treatments is not enough to address the issue. In 2009, $24.3 billion was allocated from the federal government to invest in the treatment of drug addiction (SAMHSA, 2014).

Although important, treatment is an attempt to remediate the problem after much damage has already been inducted into the society, the individual, and the family. More can be done to reduce costs associated with addictions and prevent the damages caused by substance use. It is beyond the scope of the dissertation to discuss prevention methods, so if treatment is part of the remediation, it should be done effectively.

Efficacy and Effectiveness of Addictions Treatment

There is various research on the efficacy and effectiveness of existing addiction treatments. However, it is not clear how they address hope in each stage of treatment, especially for African American population, who was previously shown to be more likely to be referred to treatment. Therefore, a review of some factors that contribute to

treatment efficacy such as matching system, treatment engagement, referral sources, and social determinants will follow.

There are many options of treatment currently offered in the United States. According to the American Society of Addiction Medicine (ASAM), clients should be referred to different treatment levels depending on their needs and the severity of the addiction aiming for an optimal level of care (Stallvik et al., 2015). This matching system was shown to be a predictor of treatment success and cost-effectiveness (Stallvik et al., 2015). Treatment can be categorized per setting such as inpatient, outpatient, and residential; or by treatment approaches such as intensive outpatient program (IOP), detoxification, medical assisted treatment (MAT), individual or group therapy, and peer support group. Referral sources and funding resources also vary widely, impacting the concept of treatment success. For example, a client who is mandated to addictions treatment might be successful in treatment if they present at least three negative drug screens while for self-referred clients 1 year of sobriety means success. Therefore, it is important to differentiate the expected results of each treatment to ensure a consensus in the measurement of treatment success.

It is agreed, however, that engagement in treatment leads to success in recovery. Robertson and Nesvag (2019) conducted a study using grounded theory to understand how people using drugs transformed their lives into a non-using lifestyle. They listened to 17 male and female adults with a history of multiple drugs use and alcohol consumption living in the Stavanger University Hospital area. They researched the process of recovery in three separate phases, (a) involvement in treatment settings, (b) leaving treatment, and (c) changing routine to a drug-free lifestyle. Robertson and Nesvag found that treatment

is crucial in the recovery process but only if they are committed. Note that the authors did not utilize court-ordered individuals in this study. It can be inferred that the aspect of commitment in recovery might be different for people who are mandated to treatment from those who are self-referred.

A great number of clients who are in treatment for substance use disorders are coerced by the legal system. Therefore, it is important to review the contradictory effects of court-mandated treatment. Chandler et al. (2009) suggested that outpatient treatment and court supervision in drug court cases are more effective in terms of rearrests and abstinence than incarceration alone, but they did not specify whether these were effective in helping people with substance use disorders engage in long-term recovery after being discharged from court supervision. These researchers claimed that drug courts have "rearrest rates about half those of matched comparison samples and much lower than those of drug court dropouts" (p. 3). This suggests that mandated treatments help reduce recidivism and increase adherence to treatment when compared to incarceration alone, but not long-term recovery. However, Patra et al. (2010) suggested that characteristics of those who benefited from court-mandated treatment are still unknown and successful completion is not necessarily linked to sustained change. In sum, it can be concluded that the benefit of court-mandated treatment for long-term recovery from substance use is still not clear, especially for people of color.

Recovery

Recovery from a substance use disorder may take different formats. For some it means total abstinence from the preferred substance, for others, it may be using a less harmful substance. Yet, some may measure recovery by noticing a change in mindset and

lifestyle that is not limited to higher control of the drug. In a study conducted by Neale et al. (2014), the authors ran a Delphi study that questioned multiple service providers on what they think is the most important aspect in recovery. The results varied according to the primary setting and focus of treatment that the provider worked at. For example, addiction psychiatrists focused on indicators such as the use of substances, mental health, quality of interpersonal relationships, and how they use their time. The staff of residential rehabilitation centers mainly targeted indicators of the relationship that one has with the substances. Last, staff from inpatient detoxification units measured the total abstinence from substances, ways in which one uses their time, criminal activity, well-being, and hopeful goals. It can be observed that across providers, the relationship with substances is the main indicator of recovery although not the only one.

However, as demonstrated by McIntosh and McKeganey (2001) in their qualitative research about the changes in recovery, “giving up drugs [is] not a once and for all experience” (p. 50). The process involved changing aspects of their personalities, changing habits, making a rational decision to quit that is governed by the desire to change. McIntosh and McKeganey also stated that two things are important to initiate the recovery process: (a) a desire to stop and (b) believing that there is a better future. Through the lens of hope, these aspects of recovery are described as an individual’s goal and agency. In other words, believing that one is capable of changing and that there is an achievable future that is different from the present are parts of the concept of hope (i.e., hope agency). McIntosh and McKeganey suggested that not only seeing that there is an alternative lifestyle is essential for recovery but also that this alternative is achievable (i.e., hope pathway). Therefore, McIntosh and McKeganey suggested that giving up

drugs may be part of recovery but having a goal, hope agency, and hope pathways are paramount for recovery. However, when added obstacles to treatment such as the involvement with the criminal justice system that forces the participants to change, hope might not be so easy to achieve. A throughout review of treatment in the criminal justice system will follow.

Treatment and the Criminal Justice System

It is difficult to talk about addictions without mentioning the criminal justice system. In the United States, one in five incarcerated people are jailed due to a drug-related offense, and approximately 60% of those are for drug possession (Sawyer & Wagner, 2020). Therefore, prisons and jails are the main facilities housing people who have a problematic relationship with drug use. Part of this phenomenon is due to drugs being seen in the United States as a criminal offense that warrants incarceration as opposed to treatment. The incarceration statistics related to drug-related offenses are even higher for people of color.

To understand this phenomenon, it is necessary to return to history and the War on Drugs in the 1980s. Experts argue that the movement that toughened policies regarding drug use arose due to the political and economical necessity to keep racial segregation alive after the liberation of slaves in 1965 (Tucker, 2016). The 13th Amendment that freed slaves specifically says, “Neither slavery nor involuntary servitude, *except as a punishment for crime whereof the party shall have been duly convicted*, shall exist within the United States, or any place subject to their jurisdiction” (U.S. Const. art. XIII, § 1). However, the segregation led African Americans to be incarcerated for minor offenses hindering their ability to live freely in society and justly start a life with equal

opportunities. Once they were incarcerated, per the 13th Amendment, they could return to slavery or involuntary servitude as a punishment for a crime. In 1965, a law was passed that increased prison sentences for drug dealers and users starting a war on drugs (Tucker, 2016). The war on drugs increased incarcerated population by 800% in 17 years and the majority were Blacks or Latinos which represent 57% in state prisons and 77% in federal prisons even though they represent 30% of the general population (Alexander, 2010; Drug Policy Alliance, 2018; Tucker, 2016).

Even though Whites and people of color use drugs at a comparable rate (0.77% of Whites and 1.28% of Blacks reported using substances in 2019; SAMHSA, 2014), people of color are arrested and prevented from functioning in society at higher rates (in 2019, 71% of the Black population and 26% of the White population were arrested due to drug use violations; USDJ, 2019). For example. people of color in the United States are 3.5 times more likely to be arrested due to substance use than Whites, even though they represent less than 40% of the general population and is known to use substance at the same rate or less than their White counterparts (Tucker, 2016). Once mandated to treatment, the chances for African Americans to complete treatment successfully is 10% lower (Mennis & Stahler, 2016). They reported experiencing more dissatisfaction and a lower utilization rate in treatment (Mennis & Stahler, 2016). One of the reasons for their dissatisfaction is the reproduction of microaggression in treatment as their needs are neglected as compared to the needs of their White counterparts (Mennis & Stahler, 2016). Among the many obstacles to their success in treatment, experiences of daily micro and macro aggression including legal discrimination against African Americans are often

present and interfere with their ability to succeed in treatment and recovery (Mennis & Stahler, 2016).

In court-ordered addiction treatment, racial difference is evident. Blacks are 9.09 times more likely to be incarcerated (White 6.15 times likely), receive harsher charges (8.24 times more likely to receive sales charge and 2.2 times more likely to receive possession charges as opposed to other charges), and longer-lasting sentences (1.74 vs 0.71 years) than Whites even though African Americans reported significantly lesser drug problems and preference for less harsh drugs (i.e., marijuana; Rosenberg et al., 2017). Blacks are also more likely to be mandated to treatment and most treatments address drug use regardless of the drug of choice, neglecting the needs of those who are disproportionately mandated to drug treatment and might not need to receive intensive services (Rosenberg et al., 2017). The disparity within the criminal justice system regarding drug use indicates racial bias in every step, from over-policing Black dominant neighborhoods to sentencing. As a consequence, the African American population who are sentenced with drug-related charges are either mandated to invasive forms of treatments that do not match their needs (e.g., inpatient for marijuana use) and/or receive punishments that exceed their sentences (i.e., exclusion from public assistance such as financial aid and housing benefits as well as job scrutiny). When mandated to treatment by the criminal justice system, African Americans are less likely to complete when compared to their White counterparts (41% vs. 54%; Sahker et al., 2015).

Evidence-based treatments for addictions to date focus on issues related to the addiction disease, not necessarily the systemic issue of addiction in the society that affects the individuals who are arrested continuously and disproportionately mandated to

treatment (Mennis & Stahler, 2016; SAMHSA, 2014). Even though Blacks reported having less serious drug problems than Whites (37% of Blacks and 13% of Whites reported no drug problem in the month prior to the most recent arrest) and preferring "softer" drugs such as marijuana (49% of Blacks vs. 10% of Whites) as opposed to heroin (50% of Whites vs. 7% of Blacks), they are referred to intensive outpatient programs with a small difference of 8% favoring Blacks (Rosenberg et al., 2017). The disproportionate rates in drug choice, arrest, and mandated treatment can be explained by biases within the criminal justice system such as racial profiling and over-policing of Black neighborhoods.

Although court-mandated treatment might present as a good alternative to incarceration due to drug use, the effectiveness of this program is contradictory (Bilici et al., 2018; Chandler et al., 2009; Kopak et al., 2018; Robertson & Nesvag, 2019) and successful completion is not necessarily linked to sustained change (Patra et al., 2010). Sahker et al. (2015) compared the treatment completion rate between White (n = 324,635) and Black (n = 1,060,444) individuals in treatment for substance use disorder and their referral sources. The authors found that White and Black people are, in general, more likely to complete treatment when coerced by the court, work, or school than when self-referred or referred by a care provider. However, when the rate of Whites and Blacks who completed treatment is compared within the same referral sources (i.e., court), the difference is notable. Black clients referred by the system (court 42%, school 43%, employer 44%, community referral 32%, or addiction care provider 33%) had a significantly lower success rate than their White counterpart referred by the same source (court 54%, school 52%, employer 51%, community referral 40%, or addiction care

provider 39%); on the other hand, when they were self-referred or referred by health care providers the difference between Black and White individuals who completed treatment was insignificant (less than 2% different; Sahker et al., 2015). The authors indicated that there might be a “systemic issue” (p. 28) in the criminal justice and addictions treatment interventions.

Aspects such as non-substance-related crimes, living conditions, poor social and family functioning, fewer career opportunities, the severity of substance use, lack of support, and poor treatment motivation were documented to be obstacles for successful treatment completion (Patra et al., 2010). All of those characteristics could be directly related to the consequences of oppression suffered by racial minorities. Therefore, the role of micro and macro aggression on the process of recovery and specifically on the instillation of hope is evident.

When assessing the effectiveness of court-mandated drug treatment and incarceration alone in regard to the rates of recidivism and abstinence during court supervision, Chandler et al. (2009) showed that outpatient treatment and court supervision in drug court cases are more effective in terms of rearrests and abstinence than incarceration alone. The researchers claimed that drug courts have “rearrest rates about half those of matched comparison samples and much lower than those of drug court dropouts” (p. 3), but they did not specify whether they were effective in recovery after discharge from court supervision.

Research on the characteristics of those who benefit from mandated treatment was completed to help us understand the aspects that play into the interaction of the legal system with drug treatment. Bilici et al. (2018) conducted qualitative research with 121

individuals on probation undergoing substance use treatment as mandated by the court. They investigated the effects that socioeconomic variables, mental health diagnosis, characteristics of treatment programs, and urinalysis results have on compliance with treatment. They stated that 33% of people entering treatment did not comply with it. The factors that contributed to the non-compliance of treatment included, but are not limited to, impulsive behavior, novelty-seeking, lack of anger management treatment, positive results in urinalysis at the beginning of treatment, and the structure of a program. The results of this study, especially the variable related to anger and structure of the program pose the question of whether those programs were sensitive to cultural variances.

Neglecting to address a system that affects those who are in treatment and expect to have success in that treatment is unrealistic. The inherent systemic bias of the criminal justice system and addiction treatment system consistently works against the instillation of hope and development of the skills necessary to successful recovery. Individuals who identify as African Americans often belong to under-served communities and are discriminated against due to the color of their skin resulting in increased experiences of stress-related difficulties, exaggerating the need for coping skills including the use of substances. People of color return to a community conducive to drug use and over-policing, which increases their chances of being re-arrested. If these issues are not addressed in treatment, people of color could be set up to fail. If addressed, the effectiveness of treatment could increase and substance use in people of color would be likely to decrease in the community. Rosenberg et al. (2017) suggested that if we neglect to pay attention to race when the race is central in current society, our policies and treatments will continue to perpetuate racial inequality. Therefore, addressing the

discrimination that people of color suffer would be beneficial to the instillation of hope in treatment, an essential quality to successful recovery.

Treatment and Oppression

Among the many obstacles for African Americans to complete addictions treatment, there are those of treatment that imitate the oppressive dynamic of society. For example, Mennis and Stahler (2016) suggested that treatment facilities are in neighborhoods that are different from the ones that the African American population usually lives in, limiting, therefore, their accessibility to treatment. When returned to their community, Latinxs and African Americans return to neighborhoods that are infested with drugs and gang activities increasing the exposure to illicit substances and illegal activities. These issues are often not addressed in treatment settings even though most treatment providers are trained to be sensitive to cultural needs. Therefore, societal, legal, cultural. and logistical issues might hinder African Americans' success in treatment.

Some other factors might predict the drop-out rate of people of color from treatment. For example, African Americans were five times more likely to drop out from individual counseling than Caucasians and it was speculated that it could be due to experiences of racism within the treatment setting and lack of cultural sensitivity (King & Canada, 2004). The client's attitude toward treatment, race, and gender are also strong predictors of retention in treatment (King & Canada, 2004). African Americans and Latinx, when compared to Whites, have more barriers to engaging in treatment, experience less satisfaction with treatment, and have lower utilization rates (Mennis & Stahler, 2016). Aspects such as non-substance-related crimes, living conditions, poor social and family functioning, fewer career opportunities, the severity of substance use,

lack of support, and poor treatment motivation were documented to be obstacles for successful treatment completion (Patra et al., 2010). All of those characteristics could be directly related to the consequences of oppression suffered by racial minorities. Crawford et al. (2014) pointed out that discrimination outside and inside the treatment setting, stigma, criminal history, geographic location, and Medicaid enrollment are some of the factors that might affect people's utilization of treatment.

While in treatment, counselors should help the individual feel empowered, liberated, and motivated to change. DiClemente (1993) stated that clients who are mandated to treatment often are in the precontemplation stage, in which they deny the existence of a problem. But hope was shown to be strongly associated with movement from the precontemplation to the contemplation stage of change (Bradshaw et al., 2014). Therefore, hope is implied to be especially helpful with the population whose treatment is imposed as it moves them forward in the process of change.

Strong ethnic identity is also shown to have an impact on hope and coping skills when dealing with discrimination (Wakefield & Hudley, 2009) which in turn are paramount for treatment success (Kimball et al., 2017); however, currently, no known treatment addresses sociocultural identity as part of addictions treatment.

Treatment for African American Men

In a study conducted by Arndt et al. (2013) it was found a significant difference in the successful completion rate for White, Latinxs, and Black. The study was conducted national wide and observed that race/ethnicity was one of the main factors that contributed to the discrepancy with 48.24% of Whites, 41.91% of Latinxs, and 36% of Blacks completing treatment (Arndt et al., 2013). The discrepancy among states was not

shown to be explained by the ratio of people of color and White people and even after controlling for individual differences, Black individuals were the group with the lowest success rate. Therefore, the researchers suggested that the differences present among states might be due to organizational and agency factors.

Retention in substance use treatment is a complex issue but research has consistently shown that African American and Latinxs population are less likely to enter treatment and when they do, they are more likely to prematurely discontinue it (Arndt et al., 2013; Crawford et al., 2014; Guerrero & Andrews, 2011; Pinedo et al., 2022). While being African American is not a predictor of dropout in addiction treatment itself, various other factors are important to consider when assessing the success rate of African American men in treatment for addictions including organizational factors such as lack of multicultural training, organizational cultural competence, and treatment location (Crawford et al., 2014). Such organizational factors may discourage hope, commitment, and other necessary features of successful treatment. A review of the organizational factors will help understand how they interfere with treatment engagement and completion as well as hope, which are aspects that are needed for a successful treatment.

The geographical location of treatment has been shown to be a barrier to treatment as the distance between treatment location and housing were predictors of dropout in treatment (Crawford et al., 2014). More specifically, individuals traveling less than a mile to were 50% more likely to complete treatment (Beardsley et al., 2003); additionally, those who identified as Black and were recruited in predominantly Black neighborhoods were less likely to attend long-term drug treatment (Crawford et al., 2014). Crawford et al. (2014) suggested that the discrepancy between Blacks and Whites

attendance in long-term treatment may be explained by the systemic inequality as there is a poor distribution of resources in predominantly Black neighborhoods such as drug treatment facilities and resources that promote drug abstinence, leading to increased stressors and easier pathway to drug use.

First, the distance between treatment location and housing. A study conducted by Crawford et al. (2014) found that low self-esteem and distance between treatment location and housing were predictors of dropout in treatment. For example, the authors observed that Black people who were recruited in predominantly Black neighborhoods were less likely to attend long-term drug treatment. They suggested that due to the systemic inequality, drug treatment facilities and resources that promote drug abstinence are lacking in predominantly Black neighborhoods, facilitating increased stressors and pathways to drug use (Crawford et al., 2014). Therefore, factors that reduce self-esteem in the Black population, as well as poorly accessible treatment facilities, play a major effect on creating obstacles for African American men to engage in and successfully complete substance use treatment.

Second, cultural competence of organizations including cross-cultural training. Organizational cultural competence was defined by (a) adopted practices within the organization that promote effective cross-cultural work and (b) managers' culturally sensitive beliefs (Guerrero & Andrews, 2011). Culturally competent practices included matching the race/ethnicity as well as a language between clinician and client, providing cross-cultural training to staff, having a diverse providers team, including family in treatment, and collaborating with community leaders (Guerrero & Andrews, 2011). Managers' cultural sensitivity included managers who could promote and implement

culturally competent practices within the organization and in treatment. Guerrero and Andrews (2011) found that managers' culturally sensitive beliefs in promoting and implementing culturally competent practices were linked to reduced wait-time, increased retention, as well as the effectiveness of treatment, improved therapeutic alliance, higher client satisfaction, better outcomes post-substance-use treatment. This research suggested that increasing the representation of minority leadership might increase culturally sensitive practices as well as retention of minority group members in substance use treatments. However, while 85% of substance use treatment staff is White, less than 15% of the facilities have a diverse leadership body and less than half provide multicultural training (Guerrero & Andrews, 2011); consequently, African Americans are presented with more obstacles in receiving effective treatment that is sensitive to their cultural and social needs putting them in disadvantage regarding successful treatment for their substance use disorder.

Another factor that interferes with the success of African Americans in treatment for addictions is the drug use stigma and social support in the African American population. Pinedo et al. (2022) compared the effects of the stigma associated with substance use on treatment engagement between Whites and Blacks. The authors found that although drug use stigma and lack of social support were present in both populations, they were more prevalent in African Americans. For example, the interviewees stated that the lack of anonymity and the association of drugs with adjectives such as "criminals," "homeless," and "terrible people" prevented them from seeking specialty treatments. African Americans were also more likely to express a lack of social support while their White counterparts were more likely to report support from their families and friends.

African American participants stated that attending specialty drug treatment would make them feel rejected by their community due to the stigma of drug treatment that exists within the African American community. The authors called attention to the issue of intersectionality as for the African American community with substance use issues, there are two socially devalued identities: being African American in the United States and having a substance use disorder. Both identities would yield increased experiences of oppression and discrimination resulting in African American individuals being more likely to be criminalized by their behavior; which in turn, increases the stigma and reduces the likelihood to seek out specialty treatments (Pinedo et al., 2022).

To sum up, African Americans are less likely to complete addiction treatment than their White counterparts (completion rate for Whites was 47.1% and Blacks 34.9%; Sahker et al., 2015). Therefore, it can be concluded that the obstacles presented above such as stigma, lack of social support, poor distribution of treatment centers, systemic oppression, and multicultural incompetence in treatment settings contribute to the discrepancy in the successful completion of treatment between African Americans and Whites. If African Americans experience more obstacles to enter and stay in treatment and treatment is shown to help instill and increase hope in clients (Irving et al., 2004), then African Americans are more likely to experience hopelessness while attempting to recover from substance use problems.

Hope and Recovery

SAMHSA (n.d.) stated that hope is essential for recovery as it provides the message that people can overcome the obstacles of recovery. Given that hope is

recognized as the catalysis to a successful recovery, a review of the research on the influence of hope in recovery will be summarized.

Hope was found in the literature as the mediator as well as the catalyst of multiple factors that promote and sustain recovery. For example, Kimball et al. (2017) investigated the experience of hope and coping in emerging adults in recovery. They found that hope and coping are fundamental for the process of recovery specifically finding hope in others and developing a relationship with a higher power. They described hope as a way to “hope for a better life” (p. 52). Along with coping, Stevens et al. (2018) found that the quality of life in recovery was higher in people with higher levels of hope and a sense of community, which facilitates the process of change.

Gutierrez (2019) researched the relationship between hope and meaning of life on the severity of substance use disorders. They found that the search for and the presence of meaning had a strong relationship with hope in recovery and that hope mediated the relationship with substance use disorder. More specifically, they found that hope had a negative relationship with substance use severity, the higher levels of hope in recovery, the lower the severity of substance use disorder. Consistent with this finding, Carvajal et al. (1998) found that hope and self-esteem predicted the severity of alcohol, marijuana, and cigarette use in adolescents.

Regarding motivation to change, Bradshaw et al. (2014) explained that conscious motivation for change (hope agency) is powerful enough to reduce the strengths of cravings and help the person to move beyond ambivalence to change; consequently, increasing motivation to change. It was also found that higher levels of hope increase substance use avoidance among teenagers (Carvajal et al., 1998), healthy behaviors in

adults (Magura et al., 2003), and sustained recovery (Shumway et al., 2014). Additionally, Shumway and colleagues (2014) found that hope—as well as identity development and reclamation of agency—is one of the six mediators of recovery.

Overall, the literature pointed out the value of hope in recovery. Without hope for change, a challenge is posed on recovery motivation, change itself as well as its maintenance. For African American men, there are specific aspects that influence hope, those being obstacles as well as strengths.

Factors that Influence Hope in African American Men

As seen above, African American men seemed to be at a disadvantage when needing specialty treatment for substance use disorder. As hope instillation is paramount to bridge the gap between involvement in treatment and sustained change, a review of what influences hope (or lack thereof) in African American men will be reviewed to better understand the obstacles to promoting hope in treatment. These will be categorized as societal, cultural, and addiction factors.

Societal Factors

Since the end of slavery, African Americans have been targeted by politics and police enforcement. Experts on the history of addiction in the United States argue that "addiction has been as effective as slavery in keeping African Americans oppressed, depressed and regressed" (Williams, n.d., para. 5). This population often experiences discrimination on a systemic level starting with youth in the education system. The phenomena known as school-to-prison pipeline criminalizes African American youth with discriminatory practices at school such as the use of suspension as the main form of discipline, the presence and use of law enforcement to deal with school misbehavior, and

the high-stakes testing that is required by the No Child Left Behind legislation (Cousineau, 2010). Consequently, African Americans overpopulate jails and prisons. According to the Federal Bureau of Prisons, Black individuals represent 38.4.% of inmates in the United States in 2022; Hispanics and African Americans together represent approximately 70.1% of inmates (Federal Bureau of Prisons, 2022). Even though they embody less than 40% of the general population, they constitute most of the incarcerated population (Tucker, 2016). It was also noted that 76,129 (45.3%) of inmates were incarcerated due to drug offenses alone. Specifically in Chicago, more than 80% of the jail population was positive for some type of substance at the time of the arrest in 2009, according to the National Institute of Justice (NIJ; Office of National Drug Control Policy, 2010). That makes inmates the main target of addictions counselors, hence, the need to understand how hope is instilled in oppressed populations especially African American mandated clients.

Oppression was described by Prilleltensky (2008) as an act of domination and control from one group of people onto another which may lead to psychological oppression characterized by internalized inferiority. Regarding African Americans, Obasi et al. (2017) indicated that 86% of African Americans have experienced “racial discrimination from police or the court system” (p. 374) and continue to suffer discrimination daily. One of the consequences of ongoing experiences of racial oppression is chronic stress, which may lead to drug use due to a dysregulation of the stress system (Obasi et al., 2017).

In the United States, self-reported Latinx and African Americans correspond to 31.5% of the total population, which is approximately 97,254,844 people in the country

(United States Census Bureau, 2018). Yet, oppression is constant and pervasive toward these populations (Obasi et al., 2017). The phenomenon of perceiving others as different as well as rejecting and oppressing them was described by Chavez-Dueñas et al. (2019) as othering and they suggested that this phenomenon erodes feelings of hope. More specifically, Chavez-Dueñas et al. indicated that people who are "othered" suffer from systemic discrimination that results in a reduction of hope, stability, predictability, and safety. They also indicated that systemic oppression may cause ethno-racial trauma. Consisting with this finding, Thompson et al. (2014) found that increased experiences with racism negatively related to hope regarding work goals. As African Americans have experienced issues related to being segregated by society for decades, hope for change may be seen challenging as society continuously imposes obstacles for people of color to succeed.

Other consequences of persistent oppression were found in the literature. For example, use of substances to cope, and negative coping skills (Obasi et al., 2017); traumatic symptoms (Bryant-Davis & Ocampo, 2006; Comas-Diaz, 2007); increased psychological distress (Chavez-Dueñas et al., 2019); and impact on one's identity development (Aymer, 2010). Systemic oppression may also impact important areas of one's feelings, behaviors, and thoughts (Chavez-Dueñas et al., 2019). Therefore, it can be concluded that the population that is most marginalized in the United States may experience more obstacles to succeed due to systemic oppression; consequently, a lower level of hope.

Sociocultural Identity Factors

When facing racial/ethnic adversities such as racial discrimination, systemic oppression, and racism, strong sociocultural identity seems to be a mediator of hope, which mediates change. For example, Yager-Elorriaga et al. (2014) found that students who had resolved their issues with their ethnic identity demonstrated higher levels of hope. Interestingly, Banks et al. (2008) found that the interaction between racial discrimination and high levels of hope were directly related to depressive symptoms in minority population; however, they argued that the ones who had greater awareness of discriminatory experiences showed improved mental health compared to those with similar hope level and hope pathway without awareness of racial oppression. They proposed that the former group might be immune to discriminatory experiences due to their awareness of adversities. This shows that stronger and positive ethnic identity functions as a buffer for racial discrimination (Wakefield & Hudley, 2009), improving mental health as well as levels of hope.

Consistent with this idea, Ani (2013) called for a Black theory of hope defending that Black people who know and accept their ethno-racial identity experience higher levels of hope as they feel more capable and determined to pursue their goals, which Snyder et al. (1991) referred to as agency thinking. Ani (2013) defended that achieving a "healthy personal identity and social awareness as Black" (p. 409) is the foundation of the instillation of hope for Black children to succeed in school. Ani (2013) further stated that although the existing theory of hope presented by Snyder et al. (1991) fits well with people from another ethnic/racial background, it does not allow room for ethno-racial identity development. She indicated that Afrocentricity is the foundation of hope for

Black people given that it links individuals to the philosophical and historical background. The Black hope theory was grounded on three factors: (a) goal-driven actions, (b) conscious thoughts and feelings, and (c) intra- and intercultural understanding. She found that Black children who had culturally specific knowledge of history and engaged in positive traditions; had self-awareness, acceptance, and community responsibility; as well as a sense of purpose were more able to experience hope and success. Therefore, there is evidence to support that a stronger sociocultural identity boosts hope, in general, and, specifically, their confidence in achieving their goals (agency thinking).

Radical hope was another concept proposed by Mosley et al. (2019) that was consistent with the idea that ethno-racial identity is important to increase hope in African Americans. African American culture is predominantly collectivistic making existing concepts of hope limited to apply to clients of racial minority groups (Mosley et al., 2019). The authors then proposed a concept of radical hope that includes a collective effort and critical attitude toward the systems of oppression that is consistent with the Black theory of hope suggested by Ani (2013). The "radical hope" designed to explain hope in people of color included (a) understanding the history of oppression and liberation, (b) embracing ancestral pride, (c) envisioning equitable possibilities, and (d) orientating to social justice as a mean to find purpose (Mosley et al., 2019). Radical hope is oriented to the past, present, and future by incorporating history to understand the present and strive for a collective equitable future. It derives from the strengths of the cultural group and addresses the cognitive (hope pathway) and emotional (hope agency) aspects of hope.

To conclude, studies regarding hope and sociocultural identity supported the role of sociocultural identity as a mediator of hope in people of color, specifically in people of African descent. Therefore, to instill hope in African Americans mandated to treatment, it is paramount to include interventions that help them develop a strong sociocultural identity where they feel pride in their race and are connected to their community.

Addiction Factors

Addiction is a severe mental illness that has been associated with a lack of hope due to the pervasiveness and persistency of the disorder as well as the stigma associated with the use. For example, Schauman et al. (2019) found that people who suffer from severe mental illnesses often experience social discrimination which leads to internalization of negative beliefs about the self and hopelessness, they called this effect the "'why try' effect." Mental health-based discrimination predicts internalization which predicts hopelessness, which in turn predicted mental well-being (Schauman et al., 2019). The higher the experiences of discrimination, the higher the internalized stigma; consequently, the higher the sense of hopelessness. This finding explains the lack of agency that people who suffer from mental disorder discrimination experience. As explained by the authors, patients become demoralized and stop trying. Specifically, in substance use disorder, the experience of discrimination and stigma associated with them is higher than in other mental illnesses. Schomerus et al. (2011) reviewed 504 studies on the social stigma of alcohol use disorder and found that the stigma associated with alcohol use disorder and other similar addiction disorders is significantly higher than other mental and medical illnesses. Therefore, it can be concluded that if discrimination

predicts hopelessness and people who suffer from substance use disorders experience a great amount of discrimination, addiction may lead to reduced hope.

Other authors also have documented the consequences of substance use stigmas, specifically, such as decreased opportunities, lower quality of healthcare, criminalization, increased likelihood to terminate treatment prematurely, reduced confidence in one's ability to refuse substances, poor mental health, difficulty in spontaneous search for treatment due to anticipation of discrimination, low regard by health professionals, poor motivation to change, feelings of dissatisfaction toward treatment providers, low self-esteem and self-efficacy (guilt, hopelessness, anxiety, self-devaluation, and depression), limited social network, anticipation of rejection, social isolation including unemployment feelings of disempowerment; as a result, poor treatment outcome and self-esteem, low collaboration between client and treatment provider, self-hatred, discouragement, hopelessness, secrecy coping, and more difficulty succeeding in recovery (da Silveira et al., 2018; Luoma et al., 2007; Mathews et al., 2017; Phillips, 2013; van Boekel et al., 2013).

Regarding the stigma experienced by African Americans who used substances in the United States, it was shown that the stigma was more pervasive in Blacks than Whites (Pinedo et al., 2022). Blacks reported stigma within and outside of their communities which prevented their engagement in recovery treatment (Pinedo et al., 2022). Therefore, the consequences of social stigma associated with substance use, specifically the lack of hope, can be concluded to be high in African Americans.

Conclusion

As noted above, the benefits of hope are numerous, and hope is paramount for the process of change. Without hope, chances to change are reduced. Therefore, in a therapeutic relationship, hope finds to be an active ingredient to promote therapeutic change. However, hope is built on three main pillars: hope agency, hope pathway, and goals. In other words, one's perceived ability to achieve successful change, identifiable means to achieve the change, and specific goals, respectively. The achievement of those pillars is more challenging for some groups of people than others, especially for marginalized groups with small access to a variety of resources that would facilitate the achievement of their goals, such as people struggling with addiction and involved with the criminal justice system as well as internalized self-hate that impacts their confidence in succeeding like the African American community.

The role of the counselor who works with the African American population mandated by the criminal justice system to addiction treatment is vital in instilling hope *in* their clients. However, to instill hope, the therapist has to be able to build and maintain their hope *on* and *for* their clients, but the challenges inherent in this job (institutionally and due to the disease itself) create obstacles to hope. Therefore, a look at how hope is addressed in addictions treatment will help understand and contribute to the literature on hope and addictions treatment for African American mandated clients.

CHAPTER III: METHODOLOGY

Research Methodology

The purpose of this study was to create a theory regarding the instillation of hope in African American men mandated to addictions treatment. A theory is composed by a set of concepts that are interrelated to form a relationship that explain a phenomenon (Corbin & Strauss, 2008). Therefore, to achieve this explanation, an exploration of the meaning of hope and the process through which hope is instilled and maintained in this population was conducted in this study. The philosophy (what is knowledge) that guided this study is based on pragmatism and the epistemology (process of knowledge) is based on interactionism. In other words, to achieve a theory, the researcher in this study was interested in the knowledge that would arise "through (note the verbs) acting and interacting of self-reflective beings" (Corbin & Strauss, 2008, p. 2) and that the knowledge generated through the interaction is cumulative and believed to be true at that specific time. The premise is that human beings react to their understanding of other people's actions and the relationship between the thought and the act is what grounds knowledge. Knowledge is seen as the result of the interaction among self-reflective people and, as held by pragmatism, that is what is known in that specific time. And although knowledge can be later refuted, it is cumulative (Corbin & Strauss, 2008). Knowledge generates an action that generates problems to be resolved creating, therefore, more knowledge.

To answer the question posed in this research—how addiction counselors instill and maintain hope in African American men—a grounded theory methodology was used. The presented issue was resolved through the test of the participants' ideas of how to

instill and maintain hope and their assessment of the consequences, which when confirmed by others, was transformed into a theory (Corbin & Strauss, 2008). GT is a flexible and inductive process in which the researcher attempts to develop a theory to explain an existing phenomenon based on the knowledge extracted from interviews and observations of individuals who share the same experience. For example, professional counselors who work with African American man mandated to addictions treatment share the same experience of having to instill hope in their clients to move them forward in treatment. Similar to quantitative research, GT uses a series of procedures to ensure scientific precision, rigor, and applicability (Hull, 2013). GT is not simply a description of the phenomenon in question but a well-constructed theory that is abstract and somewhat generalizable, based on concepts that are organized hierarchically according to common themes. These concepts are interrelated to explain the phenomenon and they strive to provide a common language and understanding to professionals in the field. Generalizability, however, as in any qualitative research, is limited given that this research type is based on individualized experiences and the knowledge cannot be divorced from the person who assigned the meaning to it. Grounded theory is also abductive as multiple theoretical hypothesis are created from the data collected and continuously tested and refined until the most plausible theoretical explanation is achieved (Hull, 2013). To address the rigor of the study, the researcher conducted a series of procedures such as constant comparison of data, reflexivity, sensitivity, and open-ended questioning that will be explained later.

GT is often used when a topic needs explanation such as a topic that has some existing knowledge in the literature but whose participants' perspective has not been

explored. Through GT methodology of research, these voices are heard, and the development of an empirical knowledge is then created based on the relationship of the themes identified (Corbin & Strauss, 2008). For this research, the importance of hope has been known for decades. However, theories about how hope is instilled in clients and specially in minority clients have not been developed. For example, Koehn and Cutcliffe (2012) described how to instill hope, few studies tested interventions to increase hope (Cheavens et al., 2006; Irving et al., 2004), and another study was performed explaining how counselors instill and maintain hope in their clients (O'Hara & O'Hara, 2012); however, the population's race/ethnicity used in these studies was either not mentioned or White and their presenting issues were not considered. As hope was shown to be influenced by outside factors such as society, sociocultural identity, and mental illness, a qualitative inquiry of research using purposeful sampling was necessary to allow participants who are in the forefront of this work to elaborate on what is important to instill and maintain hope. Due to the gap found in the literature, a grounded theory approach to research that explains how hope in African American men mandated to addiction treatment is instilled and maintained was chosen to contribute to the literature of hope.

The GT design selected for this research was Corbin and Strauss's (2008). Corbin and Strauss's design to GT is flexible and yet provides directions to potentialize rigor in the research. As stated by Corbin and Strauss, the researcher's accumulated knowledge about the topic in question does not force the ideas on the data but allow it to be aggregated to the data collection process. The main difference between Corbin and Strauss's design and others is that it welcomes the influences of contemporary concepts

and ideas such as feminism, political economy, and any other sociopolitical environment onto the phenomenon (Strauss & Corbin, 1994). Since this research was centered on the influence of race and oppression on the development and maintenance of hope, this approach to GT was deemed best suited because this design appreciates existing knowledge about the topic and does not condemn a literature review as the authors believe that knowledge is cumulative and it informs collection of data.

To ensure credibility is to ensure that the methodology utilized is appropriate for the research question as well as the methods to recruit the sample, gather data, and analyze the information collected (Leung, 2016). In other words, the entire process of the research must be coordinated to yield credible results (Creswell & Miller, 2010; Leung, 2016). In this study, the philosophy chosen (interactional and pragmatistic) led to an open exploratory research inquiry, which is the type of inquiry recommended by scholars such as Leung (2016), Creswell and Miller (2010) as well as Corbin and Strauss (2008).

Trustworthiness

Trustworthiness in qualitative research involves credibility, transferability, dependability, and confirmability. Credibility means that the results of the research represent the true analysis of the data, transferability requires that the details of the study are presented in a way that the reader can determine whether or not the findings can be applied to another setting, dependability enables another researcher to replicate the study, and confirmability means that the findings are true to the data and not the researcher's biases (Shenton, 2004). In grounded theory, as the data collection, coding, and development of the theory occur simultaneously, the processes to ensure trustworthiness

might overlap. A short description of the procedures to address trustworthiness is presented below and more in detail in each step of the procedure section.

Shenton (2004) suggested that to answer the question of "how congruent are the findings with the reality?" (p. 64) the following procedures are recommended to achieve credibility: frequent debriefing, constant comparison, and gathering of multiple perspectives. Frequent debriefing sessions with another researcher consists of a consultation of every decision made in each step of the research. This was achieved by constant supervision with an experienced researcher. To address the extent to which the research findings can be applied to another situation, Shenton suggested that contextual information to be explicit in the presentation of the results to ensure transferability. Therefore, this was achieved by using thick description, meaning that the final theory was presented with raw data from the interviews to exemplify the concepts originated in the study along with a detailed account of the research and results. This helps the reader assess whether the findings can be applied to the setting that they intend to. Dependability answers the question of whether the same findings would be found by another researcher under the same circumstances of the original research, in other words, how much the results of this study can be replicated by another researcher. To address dependability, the methods used to conduct the research must be congruent with the questions and the findings and explicitly discussed. Shenton suggested that this should be achieved through a detailed description of the design and procedures, operationalization of the concepts used in the research, and constant reflexivity; therefore, these steps were performed in this research. Confirmability refers to the objectivity of the study. A theory generated in a GT research is not a discovery of a "preexisting reality" (Strauss & Corbin,

1994, p. 279) that needs to be tested, but it is an interpretation of a given perspective. Therefore, the interpretation needs to be painstakingly confirmed and as close to the data as possible. As in qualitative research it is challenging to maintain objectivity, bracketing the researcher's influences on the data collection and the analysis of the data is paramount. Shenton suggested that triangulation of theory and data, memo-writing, and audit trail should be established to ensure confirmability. Those were achieved by comparative analysis, use of iterative interview and exploratory questions, member checking, memo-writing, triangulation of data and theory, detailed account of data and theory development.

The theory presented in this study was formulated after the aforementioned careful process. A theory arose from the data collected when data saturation was achieved. Data saturation is observed when no new knowledge is extracted from the interviews and there is a logical consistency in the theory formulated, scientific theory (Hull, 2013). Scientific theory should be distinguished from a substantive theory. Substantive theory provides an explanation of the phenomenon while scientific theory provides a validation of the substantive theory. For example, a substantive theory explaining how counselors instill hope in African American males referred to addiction treatment was first developed then validated through constant comparison and theoretical sampling (Hull, 2013), which led to the development of a formal theory.

Research Questions

The research questions in qualitative research should lead the reader to identify the population and issue to be investigated (Corbin & Strauss, 2008). Corbin and Strauss (2008) suggested that interviews should be unstructured to allow researchers to be present

and open minded and further questions should be asked to clarify an information or focus on an aspect that had not been addressed. If a participant mentioned another topic that was deemed important to understand the phenomenon in question, the researcher followed through with that topic. The authors warned the researchers that rigidly adhering to the initial questions may hinder the process of discovery (Corbin & Strauss, 2008). Therefore, the following exploratory questions and a few unstructured follow-up questions, when and if necessary, were used. Corbin and Strauss recommended the use of exploratory questions to ensure confirmability:

1. How do addiction counselors who work with mandated individuals conceptualize hope in therapeutic change for African American men? (Conceptualization)
2. How do counselors instill hope in therapeutic change while treating African American males mandated to addictions treatment? (Practice toward others)
3. How do addiction counselors cultivate and maintain hope for therapeutic change in themselves and in their practice/clients? (self-practice and parallel process)

Role of the Researcher

There was only one researcher who was responsible for all the procedures necessary to recruit, conduct, and conclude the study. As posed by Corbin and Strauss (2008), the researcher is the translator of the participants’ experiences. The authors suggested the researcher to be flexible in their procedures and be able to turn raw data into concepts that explain a phenomenon. This ability requires critical thinking and flexible ideas while being knowledgeable of the methodology chosen. As stated by

Corbin and Strauss (2008), the analyst is the “major relevance to the evolving storyline” (Charmaz, 2006, p. 197); therefore, a description of the researcher is necessary.

Reylla Santos is a White Latina female born and raised in Brazil who immigrated to the United States 8 years prior to the conclusion of this research. She is a candidate in the Counselor Education and Supervision doctorate at Adler University who has had multiple years of providing substance use treatment to court mandated clients. Her experience includes working in inpatient and outpatient settings with a racially diverse population (White, African Americans, Latinos, and others). She also had experience with individuals transitioning from prison to society. She has practiced in Brazil as well as in the United States. As suggested by Corbin and Strauss (2008), Reylla’s previous experience was used as a comparative case to stimulate thoughts about the possible meanings and generate curiosity during the process of investigation. She initiated the study with the assumption that individuals who are coerced and required to change has to have lower desire to do so; therefore, the instillation of hope in clients who are mandated to treatment might be hindered. She also believed that for African Americans, who have been facing extensive and prolonged exposure to oppression, are more difficult to have hope for recovery as they may see their environment as not supportive of their success. However, the researcher maintained an open mind to the findings and kept a memo to bracket her biases and assumptions to ensure the trustworthiness of the study.

Procedure

Figure 1 illustrates the process of data collection and analysis used in GT and followed in this research.

Participants

After the proposal of the study was approved by IRB, participants were recruited through a series of procedures described as convenience, criterion, snowball, and theoretical sampling. These procedures were suggested by various authors of GT (Corbin & Strauss, 2008; Creswell & Miller, 2010; Hull, 2013) and used in multiple GT research (Ani, 2013; Koehn & Cutcliffe, 2012; O'Hara & O'Hara, 2012). Hull (2013) and Creswell and Miller (2010) recommended the use of purposeful sampling in GT research as it ensures that the data collected reflect the characteristics of the phenomenon (credibility) and contributes to the development of the theory. Corbin and Strauss (2008) defined theoretical sampling as a responsive approach to sampling where concepts discovered from one interview drives the next set of interviews. The sampling is not pre-established but is informed by the data collected. It is progressive, investigative, and flexible.

The sampling process started with reaching out to potential participants based on accessibility, this process is called convenience sampling and often used in qualitative research (Creswell & Miller, 2010). After the first candidate was selected and interviewed, this participant was asked to refer another candidate that might have fit the criteria of the study. This process is known as snow balling and is often used in qualitative research (Creswell & Miller, 2010). Finally, criterion or purposeful sampling was used when a pre-determined criterion was needed to ensure quality of the study and is highly recommended in qualitative studies (Creswell & Miller, 2010). Since there was preexisting knowledge on the topic, the use of purposeful and theoretical sampling ensured credibility and dependability in the sampling process. Purposeful sampling

means that a specific population was interviewed (i.e., counselors who show awareness and knowledge of multicultural and social justice issues and work with African American men mandated to addictions treatment) and as knowledge is built from one interview to another, counselors who have the knowledge to answer the gap encountered in the data should be recruited (theoretical sampling). For example, if in one interview it was discussed that a racial match between counselors and clients yields higher levels of hope, an interview with matched and unmatched individuals was performed to gather their perspective. Purposeful and theoretical sampling was used to ensure a certain level of awareness of the phenomenon in study (i.e., multiculturalism and social justice) by the participants. Sampling was obtained until saturation of data was achieved. Saturation indicates that a category is fully understood and no new data are derived from the interviews (Morse, 2007).

The researcher started by sending a message (see Appendix A and B) through social media such as Facebook groups and LinkedIn, emailing professionals known by the researcher, publishing the recruitment email in listservs, and asking volunteers to refer other professional who might fit the criteria of this study. Direct contact through email and/or phone number was also utilized after a through online research on professionals who specialized in addiction. The volunteers who were interested in participating in the study demonstrated acceptance by verbal or written agreement. The participants who were contacted by email, replied to it and the researcher sent to them a screening form (see Appendix C) where information about their demographic, experience, and multicultural and social justice awareness was gathered. The screening questions included age, race/ethnicity, gender, highest degree earned, credentials, years

of experience, religious affiliation, working setting, presenting issues of population served (multiple choice in percentage), race of population served (in percentage), referral source of population served (in percentage), and their experience integrating race/ethnicity into their work. Candidates who had 3 or more years of experience post-graduation, served the African American population mandated to addictions treatment, and demonstrated a dedication to multicultural and social justice therapy by indicating 3 (*most often*) or 4 (*always*) in the following questions, "I believe that addressing race/ethnicity with marginalized clients is essential to the success of therapy and I discuss the impact that race/ethnicity has on the client's life," were invited to proceed with the study. Demographic information was not used to screen participants but used as part of the data analysis. When candidates demonstrated interest, the researcher emailed them an introduction letter and informed consent where the stages of the study were explained as well as confidentiality, risks, and purpose of the study. Once the candidates emailed the researcher back consenting to participate, the researcher contacted the participant to schedule a 60 to 90-minute interview via a secure online platform. Multiple interviews were performed with the same participant, when necessary. The interviews were recorded and later transcribed. The interview and its transcription were stored in a secure and encrypted computer. There were approximately 11 participants which is consistent with existing grounded theory research (Ani, 2013; Koehn & Cutcliffe, 2012; O'Hara & O'Hara, 2012) until saturation of the topic was achieved.

Data Collection

Corbin and Strauss (2008) emphasized the importance of a rigorous data collection process and called attention to the interviewer. They stated that interviewing is

often mistakenly underestimated; however, the quality of a qualitative research is based on the quality of the interview. For example, the authors defended that an unstructured interview is advised as it allows the researcher to “sit with an open mind” (Corbin & Strauss, 2008, p. 27) and go in the direction that the participant wants to go in regard to the phenomenon in question. However, they alerted that an inexperienced researcher might let nervousness get in the way and harm the interview process given that interviews are a discourse shaped by the interviewer and the interviewee. And if the researcher is not sensitive to the timing of asking questions and the time to listen, the participants might guide the discourse and the data collection is harmed. Therefore, verbal and nonverbal communication should be noted. Corbin and Strauss (2008) suggested the questions used in a qualitative study to be open to allow for story-telling and additional questions should be asked to clarify a statement or to deepen the understanding of the topic.

To address credibility, gathering of multiple perspectives was conducted. Multiple perspective is a way for the researcher to question and constantly review if their interpretation is inclusive to various perspectives that are relevant to the understanding of the phenomenon (Shenton, 2004). As stated by Corbin and Strauss (2008), “capturing it all is virtually impossible. We try to obtain multiple perspectives on events and build variation into our analytic schemes” (p. 8). In this study, perspective of counselors from diverse backgrounds was included. To address dependability and confirmability, an audit trail consisting of interview recordings and transcripts was secured to allow for a later use of the data as well as verification of interpretation. To address confirmability, the structure of the questions and the interviews is key to manage how much influence the researcher imposes on the data collection and analysis. The study started with a broad

open-ended question (see Appendix D) and became more specific and direct as further data emerges, which is a requirement of GT research to allow for a deep exploration of the topic without much interference from the researcher (Corbin & Strauss, 2008). The use of exploratory questions helped the researcher to investigate the phenomenon from the perspective of the interviewee. The use of semi-structured interviews led to rich data collection where the interviewees were left with enough flexibility to talk about what seems important to them as it related to the research topic. According to Glesne (2011), it "allows participants to describe what is meaningful" (Charmaz, 2006, p. 238) to them. The interviews were recorded and transcribed by the researcher and used to formulate concepts within the text as way to ensure fidelity to the data. Interviews started with a social conversation to reduce anxieties and increase rapport, followed by an exploration of the participants' experience, as suggested by Moustakas (1994).

In GT, data collection occurs along with data analysis. As the researcher collects data through interviews and observations, concepts that are important to the development of a theory are identified leading to follow-up questions and observations (Corbin & Strauss, 2008). This process is named iterative interview and was suggested by Morse et al. (2002), Shenton (2004), and Corbin and Strauss (2008) to ensure confirmability. Therefore, once the candidates were recruited and the interviews scheduled, the researcher conducted semi-structured interviews online through Zoom (an online video-conference platform) and they were recorded for audit trail and transcribed for reflexivity. Reflexivity is a process necessary in qualitative research to examine the impact that the researcher has on the data collection process (Corbin & Strauss, 2008). Reflexivity was achieved through memo writing throughout the entire research to allow

the researcher to record her thoughts and feelings during the study and minimize any unconscious impact that they might have caused on the study; therefore, increasing confirmability of the results.

Data Management

The data collected from interviews were stored in a confidential folder in the researcher's personal computer. The folder was encrypted and the computer maintained in a confidential space. All electronic data will be kept secure for a period of 7 years in accordance with APA guidelines for the retention of data. After this time, any electronic files will be deleted from the laptop.

Data analysis

This research used a GT approach based on Corbin and Strauss's (2008) model of analysis because it allowed for some flexibility but still had some tools to verify the quality of the data. It also welcomed pre-knowledge about the topic based on a literature review. As stated by authors, the researcher's accumulated knowledge about the topic in question does not force the ideas on the data but allows it to be aggregated to the data collection process. Data collection and data analysis in GT is an interrelated process.

Corbin and Strauss (2008) provided a structure to coding based on stages. The coding process in GT is non-linear and although experts differentiate them; in practice, it is impossible to separate them. There are three steps in GT data analysis that were taken: open coding, axial coding, and selective coding. Open coding, theoretically, would be the first step of coding as it is when the researcher breaks down the data gathered into concepts or blocks (Corbin & Strauss, 2008; Heppner et al., 2015). However, as the researcher breaks down concepts, they also think about the relationship these concepts

have with each other forming categories (axial coding). For example, if identified that doing meditation is important for therapist to maintain hope for their clients, doing meditation relates to self-care, which is a broader umbrella that encompasses meditation and other practices identified in the raw data. This process of analyzing data is only possible with constant comparison. Constant comparison is the act of comparing the data gathered with codes, “codes to categories, and categories back to data” (Heppner et al., 2015, p. 384) and it addresses credibility of the study (Shenton, 2004).

The last phase of coding is called selective coding. Selective coding is the process in which a storyline connects the categories and make the relationship between the codes explicit (Heppner et al., 2015). This stage is where a common theme (core category) is identified and the theory is formulated to explain the phenomenon (Heppner et al., 2015). In this stage, the researcher retells the participants stories while integrating the categories and subcategories to explain the phenomenon and creating a theory (Corbin & Strauss, 2008). This phase is achieved only when theoretical saturation is met (Heppner et al., 2015). Theoretical saturation is identified when no new information is emerged from data collection.

Once the preliminary theory is formulated, the researcher checks for gaps in the categories by analyzing each category and code to verify their accuracy and their relationship. Comparative analysis entails the comparison of new data with existing ones including existing literature to verify similarities and differences in order to identify common themes and concepts (Corbin & Strauss, 2008). If after comparison, the data is replicated, then validation of the facts is achieved. If not, the process is repeated until a different hypothetical category is generated, compared, and validated (Glaser & Strauss,

1967). Comparative analysis is used to generate accuracy of data (credibility) and confirmability of the results. As Charmaz and Henwood (2017) stated, comparative analysis functions to define the codes and categories, distinguish between data and our own assumptions (confirmability), understand the relationship between categories, and facilitate analysis. Therefore, it ensures that the results of the study meet high quality standards and is minimally influenced by the researcher as well as it can be replicable if under the same conditions (dependability). If any category lacked understanding, then continued interview were done. Once, this phase was completed, the resulting theory was sent to a few members via email for commentary (member checking). Triangulation is another procedure to ensure credibility and confirmability. It consists of a process in which the theory generated from the study is verified by the participants (member-checking and triangulation of data are used interchangeably) as well as pre-existing theories (triangulation of theory) and remove many subjective interpretations of the study.

As described, the analysis of the data starts as soon as the first information is gathered from the interview and observations to create a foundation for further inquiry (Corbin & Strauss, 2008). After reviewing the first set of data, interpretation starts to identify concepts that reflect the themes in the participant's perspective. As stated by Corbin and Strauss (2008), "thinking is the heart and soul of doing qualitative analysis" (p. 163). During this process memo writing is useful to document the researcher's thoughts, develop preliminary analysis, and avoid that their biases would be the main force driving the interpretation and the collection of data (Corbin & Strauss, 2008). The

memo serves to bracket the researcher's biases and assumptions and ensure credibility as well as confirmability of the study.

Memo writing is a process in which the researcher maintains a record of their analytical thoughts and feelings about the data gathered to ensure the trustworthiness of the results (Corbin & Strauss, 2008). Memo writing consists of a reflective commentary on how the data is affecting the researcher as well as concepts extracted from the interviews. It is the first step to analysis as the researcher gathers data and writes notes about their thoughts on data, assigns concepts, categories, and later identifies the relationship among those concepts and categories (Corbin & Strauss, 2008). It requires ongoing interaction with the data which furthers the knowledge of the experience and suggests further areas of exploration (Corbin & Strauss, 2008). Memo writing is more than a description of the data, it is where theoretical sampling and the beginning of a theory is formed (Corbin & Strauss, 2008; Heppner et al., 2015). As part of the coding process each memo is labeled with a concept, dated, and stored for further review.

In summary, the steps taken to analyze the data were: identification of common themes (open coding), grouping themes into categories based on higher commonalities (structural/axial coding), and when the connection among the categories is identified, a hypothetical theory will be formed (selective coding; Hull, 2013). The codes are interpretations of the data that depicts the shared reality, the patterns emerged from the data. Once the selective coding was completed, the hypothetical theory was shared with the participants to verify its accuracy (member checking). When the theory was verified, a final scientific theory emerged.

CHAPTER IV: FINDINGS

These findings represent the information gathered from 19 interviews with 11 addiction treatment experts. Specifically, experts on the addiction treatment of African Americans involved with the criminal justice system due to drugs. This chapter presents the concept of hope in African American men mandated to addiction treatment, a model to instill hope, and the important elements for hope maintenance in addiction counselors. Hope is founded on the sociocultural context inherent in this population's primary culture as is the process of instillation of hope. Clinicians must demonstrate a knowledge and willingness to learn about the sociocultural context in which clients are inserted. Addiction counselors can only effectively instill hope in this population if their interventions are founded on empathy and a sense of responsibility to their clients. The process of data gathering and the results will be detailed.

Procedure

Participants

To answer the questions proposed in this study (see Appendix D), this researcher conducted 19 interviews with 11 participants. However, only the data from nine participants were used due to the depth of expertise needed for this research. Two participants were eliminated based on their short experience with this population (less than 2 years) and lack of integration regarding racial oppression. Of those interviewed, seven participated in follow-up interviews. One participant was unavailable for the follow-up interview due to personal issues, and another was consulted at the end of the data collection to check for accuracy in the findings (member triangulation).

The participants were recruited through direct contact with professionals who appeared to have experience and knowledge on the subject based on an online search. The first participant was recruited from an online recovery network website. This process was consistent with criterion sampling. Other participants were identified on professional organization websites designed to advocate for offenders and the addiction populations (criterion sampling), referred by those already interviewed (snowballing sampling), or contacted by this researcher based on prior professional relationships (convenience and criterion sampling). The ethical issue that could have arisen, such as the decision to participate (ACA G.2.c), was discussed during the invitation and emphasized in the informed consent (see Appendix E). The data gathered from two participants were eliminated due to not fitting the criterion needed to ensure the depth of awareness regarding hope and sociocultural context that appeared to be required for this research (purposeful sampling; Creswell & Miller, 2010).

The participants' demographics are presented in Table 1, and the professional experience of the participants is described in Table 2. All participants scored a 3 (*Agree/Usually true*) or 4 (*Strongly agree/Almost always true*) on the statements, "I believe that addressing race/ethnicity with marginalized clients is essential to the success of therapy" and "I discuss the impact that race/ethnicity has on the client's life."

Data Collection

Interviews were recorded through Zoom and saved in a folder on the researcher's password-protected personal computer. To ensure confidentiality, the researcher removed identifiable information to transcribe interviews through a live transcription website that

uses artificial intelligence. To code and analyze data, the offline software NVivo was used.

The first interviews lasted 60–90 minutes, while follow-up interviews lasted 30–60 minutes. The question, “What is the evidence that hope was instilled in clients?” was found relevant for this research; therefore, it was added to the initial questions after the first round of interviews, which is consistent with the iterative interview process.

Interviews started with small talks to create rapport between the participant and the researcher and reduce any nervousness that would harm the interview process. Through reflexivity, the researcher used memo writing and consultation to maintain the credibility of the data collected. For example,

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>
> While transcribing D’s interview, I realized how much I sucked. I pushed my views on [them] all the time. We totally missed each other when I was reflecting or summarizing what [they were] saying. [They] did not contradict me, but I could see that I was not fully understanding what [they were] saying and was pushing for a connection that would otherwise not exist had I just asked more open-ended questions trying to understand what [they were] saying rather than trying to confirm what E had said. I want to have a follow-up interview with [them] and share my observations and explore more about [their own] experience.

Therefore, to ensure that conclusion minimally deviated from the data, most of the time, semi-structured interviews using open-ended questions were utilized, and action was taken to address any identified biases that could have gotten in the way of an accurate interpretation. Closed-ended questions were only used to clarify information gathered or

confirm understanding of the concept or its relationship with the topic discussed. This interview format was consistent with Corbin and Strauss's (2008) suggestion to use open-ended questions to allow for story-telling and the use of additional questions to clarify a statement or deepen the topic's understanding.

To address credibility, participants with different backgrounds were engaged in the process. For instance, the sample included different races and ethnicities, criminal backgrounds, relationships with substances, levels of education, location of residence, roles in the mental health field, work settings, ages, and years of experience. This variation allowed for an inclusive perspective of hope instillation. Data were collected until the information was repeated, and no new knowledge contributed to the hope phenomenon's understanding. The last interview was performed with a new candidate where the formulated theory was presented to ensure that data were saturated and verify logic consistency (confirmability) and transferability, which is consistent with the data saturation process described by Hull (2013).

Data Analysis

Congruent with grounded theory approaches, data analysis started after the first interview, where concepts were identified (open coding). If the concepts were not deliberately mentioned in subsequent interviews, then they were included as a question. For example, after the second interview, this researcher identified that exploring the impact of sociocultural context was essential to include in the instillation of hope; therefore, the researcher asked, "When you work on acknowledging those systemic issues that happen specifically [in] their culture, how do you bring that up?" This process is consistent with the iterative interview (Corbin & Strauss, 2008; Morse et al., 2002;

Shenton, 2004), where follow-up questions and observations are included in consecutive interviews to ensure confirmability. The coding process was non-linear as categories and codes changed until the presentation of the theory, which is the last step of coding (selective coding). The progress of codes for the concept of hope is shown in Table 3. Note that as coding progressed, different codes and hierarchization were formulated.

Constant comparison was performed throughout the entire research, where initial codes were compared to later categories, then categories were compared to raw data and back to the codes. The result represents the common themes that explain hope for African American males mandated to addiction treatment, a model on how to instill hope, and essential aspects of hope maintenance in addiction counselors.

Concept of Hope

Hope has many components that are interlocked in the individual's oppressed identities. The primary identities discussed were of being African American, formerly incarcerated, and had substance use issues. Some interviewees directly addressed the particularities of being a man. For instance, a participant shared that representation of the same race would be especially important for Black men but not otherwise for other genders, another participant stated that the identity of Black men is deeply rooted in their career. Aside from these two differences, the distinction between genders was not explicitly mentioned and when asked directly, the participants acknowledged that hope is similar in men and women. Participant E explained the difference between Black men and women by responding,

> Earlier I mentioned that in every cultural group in America, the women have more education, right? In every group! But the biggest gap is between African

> American men and African American women, right? That's the biggest gap in terms of college degrees. So, what about living in a world that still sends the signal that men should be the breadwinners in their family? If he's in a relationship with a woman who's earning more and married to a woman who is earning more, that can like impact hope as well. Unless we begin to expand the definition of what it means to be a man, what it means to be an African American man, besides the size of your paycheck.

The referral source to treatment was implicated in adding more layers of obstacles to achieving hope in African American men because former incarceration reduces opportunities. As explained later, hope was found to only exist in the presence of real opportunities; therefore, being involved with the criminal justice system was found to increase the barriers to hope.

Hope in African American men court ordered to addiction treatment is defined as an interactional energy to act informed by their sociocultural context. This energy is contingent on positive beliefs, the existence of real opportunities, and set goals that are value-congruent. These concepts will be described and illustrated with raw data to facilitate understanding.

Sociocultural Context

The sociocultural context is the primary modifier of hope. In the African American drug offender population, the idiosyncratic obstacles inherent to their expressed identities reduce hope. The more obstacles they face, the less energy they have. Participant B explained how hope is experienced within this population:

> So, there's hope, but then there's people's realities of how they experience hope. . . . And for African Americans, because traditionally and historically, we have

> gone through a lot of oppression, racism, slavery, segregation, redlining. You know? There's a lot of different things. And so therefore, when you are faced with those things, hope in a lot of areas is not developed, or it's not accomplished, or it's deferred. And so, it's hard to put oneself in a place of "I'm going to hope for this thing" when their previous experience didn't align with it. It didn't line up with their expectation or what they were hoping for. . . . then that is a dream deferred, is hope deferred. And the long extent of hope deferred and dreams deferred is that you might stop caring, you might get discouraged, again, the opposite of having hope is to losing hope, you know?

As the sociocultural context informs a particular group's experiences, it also affects the formation of one's self-concept, identity salience, resilience, personalization of dreams, and the energy to continue fighting for what they want. The sociocultural context shapes every aspect of a person that impacts hope. Participant F, a self-identified African American, provided an example that happened to himself to illustrate how obstacles decreased his energy to act:

> For example, when I shared with some of my African American peers that I was going to get my master's degree, they asked me why. And then they said, "I don't know why you're doing it. White Folks don't want you in their schools. You're still gonna be treated like a Nigger." You follow? So, success and achievement oftentimes are discouraged in the Black community because of knowing that we're going to face and interact with racism, prejudice, and discrimination. You follow? So, a lot of times, Black people are apprehensive in pursuing things according to the guidelines or the standards of the system, like get a job and go to

> school and things like that because we always remember that we're Black and that we're going to interface with racism, prejudice, and discrimination. And sometimes it's tiring.

Due to the historical and contemporary oppression that African Americans have faced, it is more challenging to achieve a hopeful outlook as compared to their White counterparts. As Participant H, said, "The ones that have a lot more barriers inherently, it's harder for them to see the hope because every angle to them is cloaked in something, right? It's shadowed." The participant explained that their oppressed environment, culture, family, and conditioned mindset lead African American drug offenders to feel hopelessness for change. Participant I summarized the importance of the sociocultural context in the instillation of hope:

> Think about hope in terms of a circle of the intrapersonal and the immediate interpersonal, and a circle around that basically talks about village, neighborhood, community, and culture, and society. The main thing is conveying that there's a cultural and social context within which these personal dimensions of change and hope occur.

Interaction

Interaction in the concept of hope provides the idea that hope is not created in solitude, nor is it constant. Hope is fluid and needs to be revived repeatedly through meaningful connection and interaction with a hopeful person(s). Participants talked about the notion of connection with a hope carrier. Hope is contagious, and an environment with hopeful people is essential to creating and maintaining hope. For example, Participant E stated, "I just think that hope is contagious. And you can catch hope. And if

I have a lot of hope that I can transform my life, then you might be able to borrow some of my hope."

Additionally, Participant I talked about the fluidity of hope and the power of transmitting hope:

> It's recognizing that pessimism is chronic, and hope is very fragile. So, I think in traditional addiction treatment, we tend to expect some kind of conversion experience, where the person goes to no hope and then instantly makes this radical change in behavior that then can continue to stabilization and maintenance. When, in fact, what you may have is the two steps forward, one back, two steps forward, one back, you know?

Connection

The connection goes beyond interaction with a hope carrier as illustrated in Figure 3. It includes connecting with people, ideas, or groups. After the sociocultural context, a connection is the second most critical part of hope for this population. This importance can be understood based on the collectivistic nature of the African American culture. Connection means having an emotional connection with something or someone meaningful to them that provides the message "I love you, you are not alone" (Hari, 2022). A connection, for this population, was identified as coming from different sources such as connection to the history of one's group/ancestors, common goals/purpose, group, family, friends, community, or even providers. Although it may often start with the counselor-client relationship, it must be extended to create hope sustainability. As Participant G stated, a connection should be established as early as possible because "even the possibility of connection instills hope."

A connection between people may occur when the person feels genuinely valued by an external source that shows respect, positive regard, support, and belief in the client. This source can be someone or a group of people who the client admires, looks up to, or engenders a sense of belonging. But connection can be between the client and an idea as well. Participant H stated this by saying:

> I start feeling hopeful about the prospect of something better. If you feel connected to an idea, to a culture, to a person, things start building. And then you start believing a little bit, you start seeing or seeking opportunities, building goals and values.

Connection to an idea means the clients' ability to connect with a common goal or purpose that inspires them and gives meaning to their decisions. This idea may be representative of a group, culture, ancestors, or a set goal. Being connected to a shared idea gives people a sense of belonging and acceptance. Therefore, it instills hope. Participant C provided an example of when their behavior represented a bigger purpose:

> When I left to go anywhere outside of the community, I was told if I walked out the door, "Remember, you represent all of us." And that always stuck with me that I had to focus on how I was behaving in public because my behavior spoke about who we were as a people and I was a representative of these people.

Furthermore, a connection can also happen between a person and their culture which reduces shame and isolation and increases a sense of belonging and acceptance. When a person enters addiction and engages in criminal activities, their culture might shift from their original one to the streets and addictions culture. Remembering them into their original group also helps "connect people with the best of who they are."

(Participant E). The distancing from the original collectivistic culture may narrow down possibilities of success and authentic connection; hence, reduces hope.

(Re)connection to families is also a type of connection that is fundamental in the African American community due to the family being highly valued. Connection to families could be a connection to the original or chosen family or to the role(s) that one has within that family (i.e., father, older brother, children, uncle, role model). African American men often value the impact that they have on their families; therefore, reconnecting them to their loved ones or to their roles within their families provides them hope. Because knowing that they have people supporting and loving them despite their wrongdoings creates energy to act, and acknowledging the impact that they cause on them creates purpose. Participant E provided an example of how this happened in his life:

> Love. You know, I had an uncle. And after my father died smoking cocaine, my uncle went in front of a judge and said, "Your Honor, I don't want to go to prison this time, I want to go to drug treatment." And the judge just said, "Why should we put you in treatment?" He said, "Because my father died of cirrhosis, my grandfather, alcoholism. My brother-in-law just died smoking crack cocaine." And he says, "I don't want to die like my father. I want to live." He put him in treatment. He was the first person in the family to get into treatment. And the counselors invited his 13 siblings to his family week, right? They didn't want to come, so the counselor was persistent. And then he told my aunts and uncles, you know, "We have food," they said, "We'll be there." So, all 13 of them participated in this family work. Then they invited the nieces and nephews, 13 siblings, 26 nieces and nephews, 39 of us. And what he told me was that it gave

> them hope that if he were to give up drugs, that he would be able to reunite with his family again. He got into recovery. The first person in the family to get into recovery. One by one, my family entered recovery. And it began with that one man and his hope that he could get the love of his family back. So, love provides a sense of hope. You know, Viktor Frankl, the Holocaust survivor, he says, meaningful work, you know, gives you a sense of purpose. He said for the soldiers, love. When the Nazis were torturing Viktor Frankl, he would close his eyes, and he would pretend that he was holding his wife's hand. And one of the things that kept him alive was that he felt if he were able to get out of the concentration camp that maybe he can be reconnected with his wife.

Energy to Act

Hope has an energy aspect to it. It is not only cognitive or emotional but there is also a physical/body energy to pursue something or refuse to give up. This energy was often referred to as "momentum," "motivation," "drive," and "strength to fight." Participant E said, "Hope is energy. So, what happens is, it does take action to experience hope." The energy to act is the result of a combination of sociocultural factors, opportunities, connection, belief in positivity, and value-congruent goals, as illustrated in Figure 2. Some participants expanded on the idea that energy is part of the concept of hope:

> I like to think of hope as a source that it's like an energy source in a sense for people that attach themselves to it. And if they're able to sustain that energy and, you know, be attached to that, then they can accomplish whatever set task is. But without that energy base, that hope, it's hard to accomplish what you need to

> accomplish . . . You can have a goal, but you’re not going to have the energy to do that. And so, there is a piece of energy too. (Participant B)
>
> Hope is that thing that I would say that keeps you going. It’s like that drive, it’s like self-determination, it is like the energy you need to keep going, the thought and the idea of “what can I keep doing to keep going?” No matter what that word means, it is whatever it is to keep you going. (Participant D)

Belief

Belief refers to a cognitive process where a person believes that something better is available to them and that they can achieve that. There are three components under belief: (a) the belief that there is something better out there, (b) the belief that it is available to them, and (c) that they have the ability to achieve that. Each of these components will be explained further.

Positive Belief

Belief in positivity was referred to by participants as the belief that there is something better, that possibilities or opportunities exist, or that everything is going to work out in the end. Participant H described hope by saying, “To me, it’s pretty simple, ‘Do I believe in the ability for something to be better than it is today?’” This belief, however, is contingent on the person changing their relationship with substances. As explained by Participant I, when people are in active addiction, they may deny the severity of their condition and attach themselves to unrealistic goals, hence, creating an unrealistic positive belief:

> Lots of people in active addiction, part of the defense of deteriorating competence is grandiosity and narcissism. So, in that grandiosity, I may appear

> very confident, right? I'm confident that everything's going to work out all right. And I'm even denying the extent of my alcohol and drug problems through much of that period. So, it's not just belief in positivity. I believe that those opportunities are out there for me but achieving those are contingent on me changing my relationship with alcohol or drugs. That is a contingent positivity, if you will.

Participant G also expressed that the belief, values, and goals of someone in active addiction change when they seek recovery.

Personalization of opportunities

Besides believing in the existence of opportunities, the person needs to think that those opportunities are for them. Some opportunities do not happen for African American men formerly incarcerated. Yet, they would exist for people from different racial groups or who do not have a criminal background, such as jobs, education, housing, healthcare, and loans. For example, Participant B defined hope as "being able to see yourself at the end at the finish line." Participant E explained, "You start to see little things happening for you, you start to see examples of what's possible for you." And Participant H emphasized, "The crux of it is, 'Do I believe there's action that I can personally take that will improve the situation?'" Participant E alluded to the lack of real opportunities due to having a criminal background.

> R: We're not exploring a lot of legally referred [individuals], but because you mentioned that, regardless of the referral, once you get connected with them, it's the same process.

> P: I think there are obstacles. Like, how are you going to get a job? Think about it, in the city of Chicago, if you have a felony, they made it so you couldn't even live in public housing anymore, right? Or if you have a felony and you want to go back to school, you may not be able to get a loan. So, all those obstacles, right?

Concerning being African American, Participant A (an African American woman) highlighted the limitations of opportunities due to the internalization of oppression, "I think a lot of our folks have been conditioned to believe that there is nothing different or nothing better for them." And many participants mentioned that in predominantly African American neighborhoods, there is a lack of resources to create opportunities for African American men; therefore, when achieving success, they may distance themselves from their own community. Participant F gave an example of his own where his sociocultural background got in the way of him seeing possibilities for himself:

> For example, I left the streets of Detroit and came into treatment. So, I'm alcohol and drug-free, but I still have the cultural beliefs of the streets. So, I'm attending 12-step meetings, and okay, we'll remain alcohol and drug-free, and we're talking about alcoholism and how grateful we are that we no longer drink. But now I'm nothing but a drug-free bum. And I knew that if I just simply discontinued my alcohol and drug use and went to 12-step meetings and spoke about nothing but my alcohol and drug use, I was going back to alcohol and drug use at some point in time. And it was redundant to me. And so, I decided to go to school because I needed to be around ambitious people. I needed to be around people who had different hobbies and interests. I needed to be around people that entertainment was going to a play. The culture that I came from restricted and limited that to me.

> We only go to bars for entertainment. But now, I can go to a play, I can go to a movie, I can go to a concert, I can also free myself from the stereotypes of my culture and admit something: I like feeding ducks. But I can't say. I am penalized, right? I like a cello. I like violin. See what I mean? And so, then as I begin to engage outside of my culture, and integrate myself in a larger culture, I find more of me. I like poetry, I like squirrels. You see? Simple, stupid stuff. I like it. Right? One time, I also had to look at something. The restrictions and limitations of my culture. I want you to write something down. It's called cultural handcuffs. Okay? And my culture had handcuffed me to the point where I'd never get an education, I can't wander through an art museum, I can't fly a kite, I can't learn to play tennis, volleyball, racquetball, membership at a gym. So, I looked at the restrictions and limitations of the addictive criminal culture. And I saw that if I honored these cultural beliefs, how many things I would never experience in life. It would always be for somebody else, but not me.

Hope Agency

Hope includes the belief in one's own ability to successfully achieve a specific goal or continue fighting for what is valued. It is the belief that one has in oneself and on their own ability to achieve a set task. For example, Participant A said, "I think it is just more so about how they feel about themselves and their capabilities and abilities." Participant F expanded on that by saying, "Once I build the necessary competencies for success and achievement, I'm gonna get this success, right?" and Participant B said, "The perception [that] you are able to do that, because if you're not able, like, why try? Right? There is that hopelessness." The perception of one's capability to pursue something is

influenced by their relationship with their sociocultural identities and substances. Because if internalization of oppression and low self-esteem is predominant, hope agency is reduced.

Real Opportunities

Consistent with the personalization of opportunities, this population must not only believe that opportunities exist for them, but real opportunities must be available for hope to happen. As noted above, oppression interferes with options for this population. Therefore, the absence of real opportunities defers hope. Participant C stated, “The absence of hope is the absence of possibilities.” Then he contextualized it through the lens of oppression, “I think our possibilities are endless, but that’s on a conceptual level. Too often, when I look on a practical level, I see us heading in the wrong direction.” He then mentioned how opportunities for this population are often centered around self-aggrandizement due to the estrangement from Afro-centric values caused by supremacy.

Real opportunities available to them provide clients with belief in themselves and hope that things can change. Without real opportunities for them, clients often getting discouraged after trying to achieve something and meeting obstacles that impede them from being successful. As Participant G explained, “When people don’t have opportunities, they’re back in a corner. And so, if they don’t see a way out of that, they can’t get to the upper parts of it.”

Goal

Hope must be tied to a goal that is congruent with values and is grounded on real possibilities. When aligned with values, these goals generate the energy to act. Some participants referred to it as finding their own purpose or what is meaningful to them.

Participant H discussed the importance of having a goal aligned with your values by saying, “If you’re connected to your mission so intensely, then you will automatically make choices in line with your vision. There won’t be a plot, it just isn’t.” Participant D also stressed the importance of goals in the concept of hope by saying,

> Knowing their needs, what resources we have to assist, and what’s important to them, you have to know what’s important to them. . . . The way that I see hope with the African American people that are mandated to treatment, I see the word hope is them wishing, them praying, them desiring, and them trusting that if they go through the process of treatment that things will work out in their favor, that the judges or the courts will be more lenient in their cases, or their kids will be more forgiving and see them as trying to change their lives, or they can start getting their families back, or they may start getting opportunities for jobs. And so, I see that word hope having more specific words attached to it, that is directed to certain things that can impact the direction that their life moves forward.

Hope has a component of having the strength to fight for what one believes in which implies the importance of determining one’s values. These goals and values may change as clients progress in their recovery and engage in treatment. Participant H explained the relationship between hope and goals aligned with values and how the sociocultural background impacts their values.

> I feel like clients get a lot of hope when they really explore their values. And again, we have to help them remove some of those things, the values that have been placed on them sometimes or expectations of their family negative or positive, and ask them who they really are, and what they really value. So, you

> know, that cognitive dissonance, whatever form it comes in, is never going to help them move forward. So, the more authentic and the more congruent their values are, their actions are, their external support is, the more hope that someone can have.

Creating a value-congruent goal is the last element of hope described in this section. How to create each component of hope presented here will be explained in the next section. It is important to note that different aspects of hope instillation can function as a catalyst to one or multiple parts of the concept of hope.

Instillation of Hope

The process of instillation of hope for African American drug offenders is a continuous and non-linear process that contains external and internal factors that must be attended to simultaneously. The entire process of hope instillation is grounded on two pillars: (a) the clinician's knowledge or willingness to learn about the sociocultural context that this population is inserted in, and (b) the development of a genuine connection with the individual. Hope is then instilled when the client can visualize a future different from what they are currently experiencing and finally demonstrate a change in their behavior (see the illustration of the process in Figure 4).

Instillation of hope in African American drug offenders is contingent on the individual's needs which are informed by their relationship with their sociocultural identity. This relationship is assessed by clinicians before hope can be instilled. This assessment is essential to determine what part of the instillation of hope should be stressed, and it includes but is not limited to the salience of each sociocultural identity and the experience that the individual has with them.

Hope can be identified in small increments; for example, hope is seen when clients (a) demonstrate a positive attitude toward counselors and change in general, (b) have possibility-oriented talks, (c) verbalize the need to change, (d) are open to process their substance use and criminal behavior, (e) increase self-confidence, and (f) act toward change. Five main categories need to be present in the process of instillation of hope in African American drug offenders: sociocultural context, therapeutic relationship, internal and external factors, and visualization of the future.

Sociocultural Context

The sociocultural context is a catalyst for all the other aspects of hope instillation as illustrated in Figure 5. Since the definition of hope for African American men mandated to addiction treatment is centered on their sociocultural context, the process of instilling hope is as well. If the context in which clients are immersed is hopeful, then that positively influences all other aspects of an individual's hope.

The sociocultural context in the concept of hope indicates the obstacles inherent to the clients' socio-cultural identity, which mediate hope. The socio-cultural context in the process of hope instillation relates to (a) the *interaction* between the sociocultural context in which counselors are immersed and the one that clients are and (b) the counselor's cultural competence to serve African American men mandated to addiction treatment. Therefore, providers can integrate the sociocultural context into treatment by gaining knowledge about the oppressive systems that impact African American men mandated to addiction treatment, learning about the history of addiction within the African American community, and improving their humility, openness, and competence in cross-cultural counseling.

The clinician's willingness and interest to learn about this population will inform how the interventions to instill hope will be performed or assess whether it is relevant at all. Figure 4 explains how the knowledge of the sociocultural context informs each part of hope instillation as well as the concept of hope. For example, the sociocultural context provides information on what is valuable to clients which counselors can use to develop a therapeutic relationship where clients feel seen. The knowledge of the historical influence of religion in the African American community helps providers assess clients' relationship with religion, faith, and spirituality. Knowledge of the sociocultural history assists providers in identifying role models from the client's community that may represent them. Understanding oppressive systems that affect this population helps providers prepare clients for life outside treatment and create an encouraging environment.

Regarding identity exploration, this can only be done if the provider has the knowledge, self-awareness, and skills to broach all the facets of a marginalized group identity, discuss historical influences, and challenge internalized thoughts. It also helps providers identify and assertively connect clients with a supportive network. Familiarity with the sociocultural context enables clinicians to recognize clients' often overlooked strengths (due to dysfunctional use of skills) and highlight the resilience of the client and their sociocultural group. The history of oppression of African Americans in the criminal justice system due to substance use helps counselors understand the client's obstacles for hope, explore systemic limitations and opportunities, create empathy toward the client, and advocate for this population. Therefore, the sociocultural context either facilitates or prevents hope.

Participant I talked about how the context impacts the stories of how African American drug offenders became addicted, “As an African American, I’ve also got historical trauma, that is a dimension of this experience added on to personal developmental trauma. So, part of my how-did-I-come-to-be-addicted story, there’s this larger story that becomes part of that as well.” All the participants emphasized the importance of the context. However, they stated that the instillation of hope needs to be personalized to account for everyone’s individualized experience within their context.

For clinicians who share similar identities, it is still essential to assess and broach the experiences of oppression. Participant F, an African American man, gave an example of how he considers culture even though he might be from the same ethnic group as their clients:

> To me, culture is what were your influences from the age of 5 to 18. . . . I’m always concerned about what year you were born. That helps me better understand your culture. I know that if somebody who was born in the 50s, I know that they have civil rights background, their grandparents were from the south and instilled moral values . . . But then as you get into the 70s and 80s, now I’m dealing with disco and rap and things like that. Those are your cultural influences. Okay? So, I have to remember that, and I have to make adjustments and I have to come back and begin to . . . ‘Cause see? Now I’m lost.

Therapeutic Relationship

Therapeutic relationships must be grounded on a genuine, as opposed to a generic, connection between the counselors and the client. A genuine therapeutic relationship facilitates connection and belief in positivity, which instills hope (see Figure 5 for the

functions of a therapeutic relationship). However, the relationship will only be possible if the clinician specifically cares about this population and knows about the challenges that exist in oppressed groups, addictions recovery, and criminal activities. As explained by Participant I, clients from oppressed groups and battling addiction tend to test relationships; therefore, clinicians should be able to persist through all these tests to develop a connection and build hope:

> A lot of the people who come to us have what I call chronic self-defeating styles of interacting with professional helpers. They almost expect to be rejected and they will test that in all kinds of various ways. Well, in a traditional way, somebody comes in and outpatient or residential treatment, and we go over the rules, right? And then when they break the rule, we throw them out of treatment, right? So, one of the things that we've done historically is really challenge the practice of discharging somebody basically for drug use or breaking minor rules completely unrelated to safety and the treatment milieu. I guess what love means in the context of hope is, "I'm willing to go through the testing process, not only will I not reject you because of that, I will be somewhat surprised if I don't see it. If I don't see it, I will actually see your compliance as an act of resistance and begin to feel like you're not going to get well until you begin to do some testing in this relationship." So, it basically says: "There are going to be movements forward and back in this process, and I'm willing to hang in with you through this process." As opposed to abandoning you at the first signs of testing or the first signs of regression.

To work toward developing a genuine therapeutic relationship, counselors must be able to (a) go above and beyond for clients, (b) demonstrate genuine care, and (c) have hope in/for them. Each of these areas will be explained separately and the impact that each of these elements has on other aspects of hope instillation is illustrated in Figure 6.

Going Above and Beyond

Going above and beyond means the ability of counselors to personalize interventions and methods of interaction in accordance with clients' unique needs and serve them accordingly. This process enables clients to feel valued which is paramount to developing a therapeutic relationship. It goes beyond what counselors are trained to do in traditional treatment and attend to the specific needs of clients in and outside of the office. Participant G explained the importance of counselors' care in going above and beyond, "A person has to be willing to care, there's got to be that passion like you talked about, there has to be that motivation to go the extra mile with individuals because they need the extra mile." Participant I also highlighted how, in this community, going the extra mile is essential:

> Traditionally, let's say somebody self-destructs, disengages, and doesn't show up. Then traditionally, we've said, the responsibility for reinitiating contact lies with the client, right? And for the therapist to go out and make assertive contact, we've said; it's actually an act of enabling, or an act of codependency. We really pathologize that, right? Well, in the world that I have operated in, in poor communities of color, it requires that level of assertiveness to basically get through that testing process and ensure that you're going to be there in terms of continuity of contact in a long-term recovery supportive relationship.

Being Somebody

Consistent with hope-agency, seeing and treating clients as human beings whose worth does not depend on their past choices helps clinicians treat clients as valuable people; hence, it facilitates the development of a genuine connection. Clients whose experience is marked by oppression and judgment need demonstration that they are somebody beyond what they did or what they look like. To create a feeling of *somebodiness*, Participant D explained:

> Yes, you need to absolutely be culturally competent, and they need to know that you can relate to them, that you are not judging them, that you actually care and are not here for a paycheck. My clients will straight up call BS and say, “You don’t care about me, like, you’re just here.” They can see right through you when this is not really what you want to do.

Counselor’s Hope

As hope is contagious, counselors must maintain and demonstrate hope in/for clients. The counselor’s hope in and for clients not only informs clinical decisions made during treatment (i.e., persistence), but it inspires clients who might not believe in positivity. The counselor’s hope does not need to be verbalized because it is transmitted nonverbally, “You don’t even have to verbally say it, they can sense it in your being, your energy, your voice tone, your eye contact, it says, ‘you know, I believe in you.’“ (Participant F). However, the counselor can verbalize hope by identifying clients’ skills and abilities, giving them opportunities, providing encouragement, and not giving up on them. Another section will be dedicated to presenting how counselors maintain their own hope.

Having contact with someone believing in them might also help clients believe in themselves, their ability, and something better than what they are accustomed to seeing. The counselor's hope in clients provides empowerment as the client's strengths are highlighted.

External Factors

External factors deal with the idea that instilling hope in African American drug offenders consists in actively working with the client's social and cultural context. As stated by Participant I, "It's not enough that I deal with the intrapersonal issues that relate to addiction and vulnerability to addiction recurrence. I got to create the physical, psychological, and social space in communities in which that same individual can flourish." Therefore, the external factors entail the environment outside of the counseling office that impacts the individual such as preparing the recovery landscape and assertively linking individuals to support systems. These external factors can be acted upon by counselors and clients.

Preparing Landscape

Setting up the landscape of recovery means preparing the environment to receive clients and clients to be successfully re-inserted into their environment. This preparation helps clients increase their recovery capital and be prepared for setbacks that are inherent in the process of change. Preparing a landscape includes (a) preparing clients to face adversities during recovery, (b) healing family wounds, (c) (re)connecting to a community by serving or receiving support from them, and (d) creating opportunities for work or further education. Each of these elements will be explained further.

This preparation increases the client's support system; creates meaningful connections through work, purpose, or personal relationships; generates real opportunities; increases the belief in themselves and possibilities; helps them identify a realistic goal that may not have been seen as possible (see Figure 7). Therefore, it helps clients visualize a future for themselves and gain the energy to act. Participant E talked about the consequences of lack of preparation to face obstacles, "If the obstacles get in the way, I might start to lack hope. 'Let me go back here and get high, I need to be numb. This is too much for me. So overwhelming.'"

Preparing for Adversities. Part of preparing the landscape includes preparing clients to face adversities which entails being honest about the hardships clients will face during change regarding relationships, family, jobs, education, mental health, and socialization, and preparing them to meet those obstacles. For providers to successfully do this, they need to have strong clinical skills and knowledge about addictions, incarceration, and African American communities to understand the adversities that this population encounters. After gaining this knowledge, counselors must prepare the individuals to face those adversities and advocate for changes within the system.

Here is one example that Participant F provided on the importance of being honest about adversities:

> I call a clinical miss. M-I-S-S. It's something that the clinician fails to inform the person about concerning the change process. I talked about giving up alcohol, giving up drugs, how wonderful this is, you'll feel better, you'll look better bla bla bla bla bla. But I never talked about the grief and losses connected to the decision.

By preparing to face adversities, clients increase their ability to change their lifestyle and feel better equipped to deal with obstacles which will increase their hope agency, their ability to see different opportunities, and their connections. Additionally, it helps clients make decisions and set goals for themselves.

Family (Re)connection. The family was identified as the cornerstone of the African American community; therefore, efforts to reunite the family must be made with the individual and the family. The family includes immediate and extended family, chosen family, or non-married partners. Clinicians must work directly with the family, when possible, and with the individual to prepare them to be reinserted into their environment. At the end of this process, the family should feel hopeful enough to inspire the individual. When individuals cannot reconnect with their families due to either resentment from family members or the death of loved ones, clinicians must help clients deal with the loss and guilt they might experience.

Family reconnection provides the individual with meaningful connections, a support system, a sense of purpose, and goals (see Figure 7 for a detailed relationship). The disconnection from family creates isolation or affiliation to an unhealthy support system. Participant E gave an example of how addictions and criminal behavior distance African Americans from their cultural values and families but reconnecting them to these helps instill hope:

> For example, I'm working with somebody and they come from an African American family. There's lots of pride, lots of family unions, lots of family love, and he got into using drugs, right? Stop attending family reunions, start stealing from the family, feels like an outcast within the family. When he meets with me,

> as his counselor, I need to be a mirror that says you're not a bad person; this is the nature of addiction. It pulls you away from your values and [from] that which is [the] most important [for you]. Then in recovery, you can come back to embrace those things. I had an uncle that used to use drugs in an alley. Drink wine in an alley. Now ask him, "Why did you get on alleys?" He said, "Because I felt like in my addiction, I was bringing shame to my family." When in recovery, he reconnected with the family, and he felt family love again. He felt like, "If I give all of this drug activity up, I can reconnect with my culture, reconnect with my family.

Community. Community refers to the social environment that clients are engaged in. It can be their neighborhood, church, support groups, or peers who share the same values and goals. Although this is fundamental in the African American community due to it being a collectivistic culture, their community may change during treatment as they explore their identities and values. The movement within this process of preparing the landscape is to help clients connect to a healthy community by finding a supportive group of people or giving back to their valued community. This process does not include inserting clients into unhealthy environments that may jeopardize their hope for recovery. It is the counselor's responsibility to help clients transform their community or find a more meaningful community aligned with clients' new goals/values. This procedure is consistent with the concept of connection within hope. Participant H quoted Nipsey Hussle rapper to describe what community means within the context of hope: "If you look around with your friends, and nobody's lifting you up, you don't have a circle, you have a cage."

The community can either support clients or become a source of value and purpose. If clients care about their community and feel like they are a part of it, then reconnection may be advisable. Otherwise, identification of and connection to a new community must be conducted. Therefore, counselors should work on exploring and identifying communities in which clients may feel a sense of belonging or recreate lost connections between clients and their own community.

Creating a supportive community demands clinicians to work on establishing an environment where clients can extract resources from it to maintain hope. A supportive community includes a group of people, the physical environment, a culture, and policies within the community. Therefore, clinicians must advocate, network, educate, and connect with resources. A hopeful community engenders empathy from others, a safe space, funding for treatment, job opportunities, affordable housing, affordable medical care, recovery resources, and meaningful connections for clients.

Reconnecting clients to their valued community entails helping clients connect to something larger than themselves, such as their cultural group, or identifying their purpose within their community to help the individual act on it. A valued community connects clients with purpose and meaning, which in turn, instills hope (see relationship in Figure 7).

Work and Education. This part includes creating and linking clients with opportunities for jobs or further education. Men often tie their identity to their work; therefore, helping them find pathways to secure a meaningful job or career instills hope. Participant E described the relationship between hope and jobs:

> Work instills hopes. That's why Viktor Frankl, the Holocaust survivor, [said that] nothing gives purpose and meaning more than work. People who were in a concentration camp, he said, who were still doing their job while they were incarcerated in the concentration camp, it gave them hope.

Supportive Network

Creating a supportive network involves counselors not only creating a list of resources and making them available to clients but developing a relationship with these resources and contacting these resources before and during clients' referrals. This process includes assertively linking clients to resources needed outside the treatment facility, such as wraparound services, recovery coaches, support groups, continued care, and resources to attend to basic human needs (i.e., housing, healthcare, food). The counselor would function as a bridge between the resource and the client. However, it is paramount that the counselor research the treatment facility beforehand to ensure that clients will be well received and connected with a hopeful source. Because, as stated by Participant G, a bad experience in early treatment may harm the clients' hope, "One negative relationship, or let's say, an uncaring organization could discredit all the work that's been done up to that point."

These resources allow individuals to receive support from others outside their family and clinical professionals and learn about the multiple pathways available to them to pursue their goals (see Figure 8). This supportive network can be created by people and resources from their community or not; it will depend on the client's needs and the resource's openness to receive this clientele. Therefore, clinicians need to establish a network with people and places that understand this population's obstacles and needs and

how to overcome them. Participant I emphasized that general support might not be appropriate; it must be specific to support the client's recovery goals, "it has to be support specifically geared towards me changing my relationship with drug use. Because other support may actually prolong recovery initiation rather than end it."

Internal Factors

Internal factors represent counselors' work in conjunction with clients targeting their psychological and emotional well-being. This process includes (a) culture exploration, (b) empowerment, (c) connection with role models and exposure to representation, and (d) exploration of spirituality.

Culture Exploration

Exploration of culture includes three phases: (a) exploration of oppressed identities: what they are, how they were internalized, the experiences related to them, their importance, and their impact on the individual; (b) learning about the culture: researching about the history of their identified cultures, differentiating between original culture and response to oppression, understanding that there is a continuum in history and they are a part of it, and understanding how intertwined systems are and (c) challenging cultural patterns: identifying patterns that are being acted upon, creating cognitive dissonance, transforming hopeless patterns into hopeful patterns of thinking, and increasing clients' ownership and commitment to their story. It is important to note that this procedure, if done prematurely or unskillfully, has the potential to be harmful; therefore, counselors must perform the first two steps of hope instillation described above (i.e., learn about sociocultural context and develop a genuine relationship with clients) before this step can be conducted. As illustrated by Participant A, "I have done it

prematurely before, and so I think if you don't have the relationship, then it comes across as judgmental."

This process helps clients explore who they are and develop authentic values and goals. Consequently, it empowers clients and helps them visualize a different future. It also assists in increasing hope agency and identifying opportunities for them (see Figure 9). This process is summarized by Participant E as he referred to the term Sankofa:

> To retrieve what you've lost. The first one [is] going back. If you look at it, for a lot of people, it's like going back to who you were before the addiction, right? And then going back to your family, going back to your community, and then taking a far journey later in recovery to discover who you are. You know, addiction takes you away from all of that. You become estranged from your family, from your culture, from the best of your culture, right? You're experiencing all that shame, and then you know, you go back. Then you can recreate a new.

Strength Identification

Empowerment includes (a) helping clients uncover their strengths and (b) acknowledging the client's as well as their cultural group's resilience. This process helps clients visualize goals, believe in their ability to achieve them, prepare to face adversities, and gain the energy to act (see Figure 10).

Due to the oppressive environment that African American drug offenders are inserted in and their past decisions, clients tend to use their strengths dysfunctionally to survive. However, to instill hope, counselors must uncover those strengths and help clients use them functionally and continuously. Counselors uncover clients' strengths by

reframing and building upon those already existing skills as opposed to teaching new skills. The message is that clients possess skills to succeed in life, but they only need some redirection as opposed to not having any skills and needing to transform themselves into a different person. This process requires clients to undergo an internal exploration, change perspectives, and practice their skills in different environments. Participant C explained, “simply by changing my perspective, I have changed, by definition, my understanding of what’s going on.” This process’s main activity is reframing existing skills into functional ones. Participant I exemplified how to reframe clients’ existent skills:

> Think of the hustling skills, think of the verbal skills one needs to maintain active addiction, think of the discipline. I mean, this person has worked 7 days a week, 365, for years, and never a day off as a heroin addict. You want to talk about somebody that’s got a work ethic? In that context? So, the question is, how do we transfer knowledge and skills drawn from their life experience and move those from the culture of addiction into a culture of recovery?

Empowerment through the identification of strengths starts with the first contact clients have with service providers. During traditional intake sessions, staff “catalogs” (Participant I) problems; therefore, it is important that clinicians also assess for and “catalogs” skills and strengths. As Participant I said:

> By the end of cataloging all of that in a 60- to 90-minute interview, you’re ready to commit suicide. I mean, basically feel like you haven’t got a prayer in hell of recovery given this massive amount of *shit* in your life, that they just spent 90 minutes cataloging.

As an attempt to empower clients, addressing resilience is also a decisive step. Clinicians must learn and attend to the obstacles that clients have overcome, and the challenges faced by their ancestors or members of their cultural groups. Some clients might not be aware of how much adversity they have encountered just for being part of an oppressed group because it is often normalized within their environment. Therefore, clinicians must be able to broach and address their forced resilience and frame that in a way that empowers and prepares them to overcome future adversities. Participant F gives an example of how he manages it:

> I say, “You know, you guys have been to jail, you’ve lost jobs, you’ve been shot, stabbed, lost family, part cars, abandoned houses, treatment centers. But for some strange reason, you don’t give up.” Do you see what I mean? So, when I kind of explain that to them, I’m trying to take away that sense of hopelessness, failure, and things like that.

Role Model and Representation

Role model and representation appeared to be one of the most complete steps of instillation of hope as representation creates the belief that greatness exists for them and is achievable despite the obstacles (see Figure 11). Additionally, when clients are connected with people who represent them and changed their lives, they may be able to identify real opportunities that they were not yet aware of. It can also increase the bond between counselors and clients if they share identities and background history (see Figure 10). Therefore, the earlier clients are connected with someone relatable to them who succeeded, the better to instill hope, and the more relatable, the better. This step requires clients to identify people with the same background but who changed their lives or for counselors to introduce role models from the same background to clients. The role model

must be from the same sociocultural background as the client to create identification and foster belief in positivity as well as show clients how to achieve that. Participant F said, “I have to find somebody within the culture that has already broken through those barriers that can explain to me how to deal with that adversity.” Participant I explained how role models and representation function in the instillation of hope. He said:

> For somebody inside my world who looks like me and has lived parts of my life, who offers themselves as living proof, that’s really powerful, and who also connects me to a larger community of people who look like me, right? And also, historical figures that I may not even know about. For example, there are lots of public addiction stories of people in recovery and people of color, who were actively addicted who died of their addiction. But visible stories of people in recovery are few and far between.

Spirituality

Spirituality refers to the idea that there is something more significant than the person. Spirituality includes affiliating to religion, having faith, praying, or simply believing in something greater than oneself (e.g., ancestors, nature, prayer, meditation, etc.). Participant C explained that “accessing any idea that involves duty, and responsibility, and honor, and the idea that there is something larger than myself” involves spirituality. Historically, in the African American community, religion has held a significant presence and a source of strength from generational trauma which created hope. However, in treatment, those practices and beliefs might be questioned, reconnected to, or even changed due to cultural exploration and it is important that counselors explore it with clients so they can identify a potential source of hope. This process is only achieved when counselors recognize indigenous recovery pathways

within the clients' community and present different pathways to clients. It is also important to note that this is an optional pathway to hope, not a mandatory one. Spirituality might assist clients in developing a meaningful connection, create opportunities for them, believe in the possibility of greatness, and help establish goals aligned with their values (see Figure 12). Clients might be able to draw strengths from their spirituality as they explore their experiences and purpose in life, receive support from others from the same spiritual group, and identify role models.

Visualization of Future

The primary indicator that hope was achieved is when clients can visualize a future different from their present. Empowerment and energy grow when clients see themselves in the "ideal state of completion" (Participant B) of a set goal (see Figure 13). This process is achieved by celebrating small steps in the pursuit of their long-term goal(s). While clients identify their long-term goals and attempt to achieve them, the counselor must help them break down long-term goals into small and doable steps and celebrate small accomplishments or the absence of problems (provide praise, recognition, and approval). This process helps empower clients, and for it to be done successfully, counselors must be knowledgeable about the non-linear process of recovery.

A clinician should be attentive to the five signs of hope presented earlier in this section to assess what is working for each client as well as to maintain their own hope.

Hope in Counselors

Hope in counselors is grounded on empathy. This empathy arises from a commitment to help African American drug offenders or an interest in learning how to change the challenges pertinent to their sociocultural context. Empathy will provide

counselors with an ability to persist in their interventions, humility to continue learning from clients, awareness of their own limitations, and a foundation to build a genuine connection with clients through an equalitarian relationship.

To effectively instill hope in African American drug offenders, a group that encounters extensive systemic oppression, clinicians must demonstrate a special interest in the population because it demands acting on issues that go beyond interpersonal ones. The work extends to social activism and advocacy and demands energy to act (hope). As Participant D stated:

> This is not a population of people that you can just decide one day, “Oh, I want to work with them.” Nah. You absolutely have to have an interest and be willing to be patient and learn how to work with this population. Because then they will test your patience.

For counselors to maintain their own hope, three main areas of the self should be constantly attended to: the personal self, the professional self, and the transcendent self (see Figure 14 for an illustration of the elements of hope in counselors). Regarding personal care, counselors must (a) develop and maintain connections with mind-liked people who support and understand the counselors’ work. These people might allow space to destress, remind of the counselors’ purpose, or recenter them. (b) Nurture spirituality to maintain a positive and purposeful outlook. (c) Practice grounding activities such as compartmentalizing from work, engaging in daily formal grounding exercises, or being present in the moment. (d) Be aware of and attend to their limitations of knowledge, competency, biases, sociocultural identities, and emotional reactions. Self-awareness is a personal characteristic that must be used personally and professionally to

promote growth. (e) Maintain self-care to nurture the body and mind by attending therapy, engaging in hobbies, or any other activity that provides energy restoration to continue serving clients fully. (f) Practice self-talk that provides encouragement, affirms who they are, reminds them of their purpose and strengths, acknowledges and validates their own feelings, and promotes growth.

Regarding professional care, counselors must engage in practices that keep them grounded in their work. This entails (a) hearing successful stories of recovery from people who belong to the same cultural group as their clients. This connection allows counselors to maintain the belief that recovery is possible even when sociocultural obstacles seem overwhelming. It also helps counselors identify little progress in their clients and themselves. (b) Connecting with mentors or supervisors who provide inspiration, remind them of the importance of their work, maintain hope for the counselors, empower them to continue doing their best, offer a different outlook on situations, and provide emotional support. This connection will help counselors believe that change is possible and regain the energy to act. (c) Self-reflecting on how each interaction with clients helps them grow professionally and possibly personally. The self-reflection is only possible through counselors' humility. Last, (d) maintaining realistic expectations grounded on the knowledge of addiction in African Americans. When counselors assess and learn about their clients' journey and refrain from imposing their expectations onto clients, hope in counselors is more likely to be sustained because counselors know and respect at what stage clients are in their journey and what clients truly want for themselves.

Transcendence refers to counselors' ability to connect with something beyond themselves and their clients. Transcendence contains three areas that must be nurtured consistently: (a) life purpose, (b) resilience, and (c) a sense of responsibility to the community. Regarding life purpose, when counselors identify their purpose in life and their work is aligned with it, then energy rises. When they face obstacles, reminding them why they are doing it, gives them hope. Regarding resilience, counselors who acknowledge their own resilience feel hopeful for others in difficult situations. Participant E said, "just being aware of all the trauma that I've endured in my own life gives me hope for my clients. That's the big thing. That's numero uno. That right there, That's number one. That's it." Regarding responsibility to the community, counselors must commit to social justice and advocacy for this population; feel a need to empower them; and be passionate about working with substance abuse, oppressed groups, and the criminal justice system. Participant F stated, "If all you study is psychology, you'll never understand; you'll never be able to do this work!"

Counselors' hope is often more important than hope in clients themselves. When a counselor is in a position of a helper who does not demonstrate that a goal is feasible for a client nor engages clients in pathways to achieve their goals, then hopelessness is transmitted to the client. Therefore, it is important that addiction counselors ensure that they accomplish all or most of the areas mentioned in this section.

An additional factor important to note in the counselor's hope is that if hope is defined as interactional energy to act dictated by one's sociocultural context, then the sociocultural context in which the counselor was socialized intersects with the sociocultural context in which the client was socialized, which may differ. The

counselor's sociocultural context might allow for fewer obstacles and more hope, which if counselors do not understand the sociocultural context of their clients, counselors might make assumptions about and generalize what is available and what is possible for clients disregarding their realities. Therefore, it is important for the counselor to not only understand their biases, assumptions, and limitations, but be knowledgeable, skilled, and competent in working within the context of African American men mandated to addiction treatment. Otherwise, the counselors' assumptions interfere with their ability to hope *in* and *for* the client, and the therapeutic relationship is undermined, and so is the client's hope. Participants expressed the need for counselors to be open, humble, and willing to learn about the client's culture even if they share the same ethnicity because they might be from the same ethnicity but not the same culture. A White identified participant exemplified the importance of self-awareness.

> When I'm like spouting off about hope and that anything's possible, and whatever, that's a big leap. And if I'm just sitting here in all my little White privilege going, "Oh, it's fantastic. You can do anything you want in this world." If I say that as a counselor and I have a client who for 45 years has heard the opposite from every single interaction unconsciously or consciously, I'm not going to make a connection with that client if I don't acknowledge that hope feels different for me than it does for them. And so, I feel very strongly that as a person of privilege, both in my upbringing, my ethnicity, my education, like every aspect of privilege, basically that I have to acknowledge that my experience is totally different than someone else's.

CHAPTER V: DISCUSSION

Problem

The war on drugs established in 1971 resulted in mass incarceration that caused prisons and jails to be filled with people who use substances, especially African Americans (Sawyer & Wagner, 2020), even though they use substances at the same rate as their White counterparts (Tucker, 2016). This suggests a pervasive systemic racial discrimination in society. African Americans who are incarcerated due to drug issues suffer from further discrimination due to their criminal backgrounds, therefore limiting their opportunities to function effectively in society (i.e., jobs, housing, healthcare, student loans). In addition, when people are involved with drugs, they face discrimination and stigma, causing a lack of empathy, opportunities, and support from the general public (Phillips, 2013; Phillips & Shaw, 2013). Thus, the intersection of African American drug offenders results in increased oppression and difficulty in succeeding in addiction treatment (Matsuzaka & Knapp, 2019).

Once in addiction treatment, African Americans who are legally mandated to complete treatment face microaggressions and dissatisfaction with treatment, causing them to prematurely discontinue services (Mennis & Stahler, 2016). Aspects related to oppression and discrimination are often documented to be obstacles to successful treatment completion (Patra et al., 2010). Van Boekel et al. (2013) found evidence of racism at the hands of general practitioners, who described this population as manipulative, aggressive, and poorly motivated. When compared to White individuals, 32% of Black people indicated experiencing discrimination in health care, and 22% avoided seeking treatment due to discrimination concerns compared to 5% of White people reported discrimination in health care and 3% avoided seeking services. In drug

treatment, Black people tended to have a lower completion rate when referred by the system (i.e., criminal justice, community, employer, school, or addictions provider) than their White counterparts (Bleich et al., 2019). The consequences of extensive and persistent racism include a lack of hope, which is paramount in therapeutic change. Hope has been associated with many benefits, including a buffer for adversities, movement toward change, ability to deal with cravings, capacity to regulate emotions, increased self-esteem, and movement toward freedom (Hanna & Cardona, 2013; Irving et al., 2004; Kimball et al., 2017; Shumway et al., 2014; Yager-Elorriaga et al., 2014). Therefore, without hope, change is unachievable.

Research has been conducted to understand and create interventions to instill and maintain hope in therapeutic clients. Still, none approached research taking into account the intersection of oppressed sociocultural identities such as being African American, having a criminal background, and dealing with drug issues. However, studies on clinicians' hope have consistently shown a vital role in instilling and maintaining hope in clients. Therefore, this research is designed to conceptualize hope for African American men mandated to addiction treatment, create a functional model of hope instillation in this population, and identify essential aspects to maintain hope in addiction providers.

Approach to the Problem

A grounded theory design to research was used in this study to create a model to instill hope that is culturally relevant for African American drug offenders. This model evolved based on the following main questions.

1. How do addiction counselors who work with mandated individuals conceptualize hope in therapeutic change for African American men? (Conceptualization)
2. How do counselors instill hope in therapeutic change while treating African American males mandated to addiction treatment? (Practice toward others)
3. How do addiction counselors cultivate and maintain hope for therapeutic change in themselves and their practice/clients? (self-practice and parallel process)

GT is a flexible and inductive process in which the researcher attempts to develop a theory to explain an existing phenomenon based on the knowledge extracted from interviews and observations of individuals who share expertise on the subject in question. The theory resulted from the accumulation of knowledge of participants who have had experience with and reflected on hope in African American drug offenders. The GT design selected for this research was Corbin and Strauss's (2008). Corbin and Strauss's design of GT is flexible but still provides directions to potentialize rigor in the study. Corbin and Strauss stated that the researcher's accumulated knowledge about the topic does not force the ideas on the data but allows it to be integrated into the data collection process. Therefore, although bracketed as much as possible, the knowledge that this researcher had based on her experience with this population did not obstruct the trustworthiness of the findings.

Procedure

To answer the questions proposed in this study, 19 in-depth interviews with 11 experts were conducted. However, only the data from nine participants were used due to

the depth of expertise needed for this research. The participants were recruited through direct contact with professionals who appeared to have experience and knowledge on the subject based on an online search (criterion sampling and theoretical sampling), referral by interviewees (snowballing sampling and theoretical sampling), or identification of former peer professionals (convenience and criterion sampling). Participants with different demographics and backgrounds were engaged in the process to ensure the credibility of this research.

Interviews lasted 30–90 minutes, were recorded through Zoom and saved on the researcher's password-protected personal computer. They started with small talk to create rapport between the participant and the researcher, and semi-structured questions were utilized to allow for storytelling. Most questions were exploratory in nature and open-ended. Close-ended questions were used to clarify or deepen the exploration of content which is consistent with Corbin and Strauss's (2008) suggestion. Interviews were transcribed for analysis, and reflexivity, consultation, and memo-writing were used to bracket interpretation.

Data analysis followed Strauss and Corbin's model, which, although establishes stages for data analysis, was non-linear. For instance, constant comparison among concepts, codes, categories, raw data, and hypothetical theory happened throughout the entire analysis process until the theory's presentation. The analysis started after the first few interviews where common concepts were identified (open coding). Then they were confirmed or disputed in subsequent interviews. If the initial codes were not deliberately mentioned in successive interviews, they were included as a question to ensure confirmability, consistent with iterative interviews described by Corbin and Strauss

(2008). Afterward, categories and relationships between codes were identified and changed until the presentation of the theory, which is the last step of coding (selective coding). The resulting theory represents the common themes that explained (a) hope for African American males mandated to addiction treatment, (b) a model on how to instill hope, and (c) essential aspects of hope maintenance in addiction counselors. A review of the categories, a discussion of the relationship among those categories, and a presentation of the substantive theory that emerged will follow.

Concept of Hope

Hope in African American men mandated to addiction treatment is an interactional energy to act informed by sociocultural context (IES). Hope has seven components: sociocultural context, connection, real opportunities, belief in the existence of opportunities that they are able to achieve, values, goals, and energy to act. All these components are dictated by the context in which the individual is inserted.

Hope in this population depends on external and internal factors to create energy to act. The external elements of hope in African American drug offenders include the existence of (a) real opportunities available *to them* and (b) the possibility of genuine connections that provide them with (a) the feeling of being loved and belonging and (b) transmissible hope. The connection includes acceptance and love from people with whom the client has an emotional bond and interaction with hopeful people who can transmit hope to clients. Therefore, hope was found to depend not only on internal forces such as cognition, personality, and emotions but on external forces too. This idea is consistent with hope, as described by Smith (1983), who believed that hope included the world being responsive to a person’s efforts. Ward and Wampler (2010) also explained the

importance of the possibility of an outcome and the presence of meaningful connections that provide clients with a sense that achieving the desired outcome is possible. Due to stigma, discrimination, and oppression, African American drug offenders are often deprived of opportunities to function equitably in society; therefore, having real opportunities available *to them* and people or ideas they can genuinely connect to will set the ground for hope to surge.

Once the external setting is prepared for clients to build hope for therapeutic change, they can work on the internal aspects (i.e., the emotional and cognitive). This includes (a) believing that positive things exist *to them* and that (b) they are able to achieve them and (c) establishing value congruent goals. Consequently, when internal and external factors align, energy to act is created, resulting in increased hope. The internal aspects of hope in African American drug offenders are congruent with Snyder et al. (1991) and Ward and Wampler's (2010) concept of hope. They described hope as having goals, hope agency, and pathways. However, Ward and Wampler seem to have presented the most complete idea of hope as they included external and internal factors for hope even though their research was conducted to investigate hope in couples' therapy. This consistency could be explained by the collectivistic nature of this cultural group.

An essential element in African American drug offenders' hope is the sociocultural context in which they are immersed. The sociocultural context will dictate the clients' connection with others, the salience of their culture, common goals and ideas, availability of opportunities, agency, values, goals, and beliefs. Therefore, the sociocultural context functions as a catalyst for the energy to act. The importance of

sociocultural context in hope was mentioned by Mosley et al. (2019) in their concept of radical hope. They suggested that a collectivist notion of hope is more appropriate for oppressed groups than individualistic concepts. Radical hope was defined as oriented toward the individual, the collective group, the past, and the future. More specifically, they proposed a concept of hope in which individuals must be able to simultaneously orient themselves to the past and future as well as to the collective and individual. They posed that the person's emotional and cognitive work regarding their own history and their cultural group will create meaning and purpose as well as action to create possibilities for the entire group. However, although the clients' social and cultural orientations may be necessary to increasing African American drug offenders' agency, goals, and values, they were not essential to instilling hope. On the other hand, counselors absolutely need to hold historical, current, and future orientations to the sociocultural context of their clients to assist them in gaining hope, which will be discussed later.

Instillation of Hope

As illustrated in Figure 4, hope interventions for African American drug offenders must be ultimately guided by (a) the provider's knowledge or willingness to learn about the sociocultural context in which this population is inserted and (b) a genuine connection between counselors and clients. Counselors must identify the client's sociocultural identities, assess their salience, learn about the context that impacts their identities, and consider individualized experiences within their context to address what is important to them. This will help clients learn about themselves as social beings and free themselves from indoctrinated beliefs/behaviors. A genuine connection is established when the client feels genuinely cared for. Counselors must be willing to (a) show that they truly care

about the client as a person, (b) be flexible with their interventions, and (c) hold hope in/for clients. The hope counselors hold for clients can be transmitted to them, which can transfer to others. After this connection is created with clients, counselors can help them move toward having hope for themselves by working on their environment to build a hopeful system (external) and increasing empowerment in the individual (internal). When clients can visualize a future different from their current living circumstances, hope can be deemed established but not sustained.

Hope is fluid and interactional; therefore, people need regular contact with hopeful people or ideas to sustain hope. This includes contact with their community, culture and its history, common goals/purpose, group of people, families, or friends. This connection must be aligned with clients' new values; otherwise, hope for therapeutic change is deferred.

Intervention to instill hope in African American men mandated to addiction treatment also requires internal and external actions. External interventions include (a) preparing the landscape for clients to succeed and (b) assertively linking clients with a supportive network. Counselors' responsibility would lie in learning about the obstacles inherent in clients' process of change (e.g., family, community, employment/education, and general adversities) and helping them prepare to overcome those barriers. It also requires counselors to assertively link needed resources with individuals. Internal interventions include empowering individuals to see their ability to achieve the desired change, which means (a) creating a genuine connection with clients, (b) exploring spirituality and (c) culture, (d) identifying strengths, and (e) finding role models who represent them in their successful stage of goal completion.

The most potent aspect of hope instillation is representation. Hope is almost automatically created when clients are connected to or know of similar people who have broken all the barriers to therapeutic change imposed onto them by their addiction and systemic oppression. This representation must be done as early as possible; the more relatable, the better. Having role models of similar backgrounds and the same culture provides clients with a valuable and meaningful connection, belief in positivity, identification of real opportunities, and energy to act.

Although studies about hope in different populations were conducted, none were conducted with African American drug offenders. However, some scholars have suggested models somewhat consistent with the presented model of hope instillation. For example, Koehn and Cutcliffe's (2012) description of the instillation of hope in substance use counseling seemed to cover most of the elements of hope in substance use counseling with African American drug offenders. They summarized the stages as creating a bond, reconstructing a sense of personhood, facilitating connections, envisioning change, and reviewing pathways to hope. These stages seem consistent with some internal and external aspects of hope instillation in African American drug offenders. For example, creating a bond is equivalent to the genuine therapeutic relationship described above. Reconstructing a sense of personhood involves exploring cultural identities and spirituality and identifying strengths. Facilitating connections is consistent with developing a supportive network, exploring spirituality, and preparing the landscape (e.g., family and community). Envisioning change is part of finding role models, preparing the landscape (e.g., work/education and preparing for adversities), and visualization of the future. And reviewing pathways to hope is consistent with the

visualization of the future where small accomplishments are set and celebrated and long-term goals established. Koehn and Cutcliffe also talked about the power of interconnection in hope, where hope is received and transmitted. Although this model of hope instillation was grounded on the knowledge of addiction counselors and clients, the sample did not include African American drug offenders. Therefore, although it is most consistent with the findings of this study, it misses the sociocultural aspects that need to be attended to simultaneously. More specifically, this model does not account for the work that needs to be done systemically where real opportunities must be made available to clients, and assertive linkage to resources should be ensured.

Ani's (2013) suggestion to integrate ethno-racial identity exploration to instill hope is also consistent with this model. Both include cultural exploration, same-race role models, and reconnection to the community to foster hope. Ethno-racial identity exploration explicitly influences the clients' goals setting and pursuit, a sense of purpose, and responsibility to a larger group, all aspects the presented model directly addresses.

The psychoeducational treatment model of hope presented by Cheavens et al. (2006) that focuses on helping clients develop and apply hope-related skills contradicts the findings of this model because it creates a hierarchical relationship between counselors and clients and does not foster genuine connection. Other models presented in the literature review have some aspects that are similar to the themes identified in this model but do not cover the sociocultural factors that must be attended to when instilling hope in African American drug offenders or the hope that counselors need to maintain for/in their clients for hope to be created.

Although this research did not specify where hope instillation fits within the context of therapeutic change, it can be inferred that it is often used during the early stages of treatment. As Prochaska et al. (1992) described five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance. Hope was found to be essential to move people beyond the pre-contemplation into the contemplation stage of change as well as resolve ambivalence about change (Bradshaw et al., 2014). In other words, Bradshaw et al. (2014) stated that "hope is born or increased" (p. 306) in the movement from precontemplation to contemplation. In the pre-contemplation stage, the person does not "recognize the problem or the need to change" (DiClemente, 1993, p. 102), while in contemplation, the person acknowledges that there is a problem and considers the possibility of change. Hope, therefore, is essential in this stage as part of the movement toward change is believing in the ability to change. Consistent with this finding, participants identified that hope can be seen when clients (a) demonstrate a positive attitude toward counselors and change in general, (b) have possibility-oriented talks, (c) verbalize the need to change, (d) are open to process their substance use and criminal behavior, (e) increase self-confidence and (f) act toward change. These signs are often seen when clients move from the pre-contemplation to the contemplation stage of change as they increase their engagement in treatment (DiClemente, 1993). This is consistent with Bradshaw et al.'s (2014) research findings of hope being positively associated with the contemplation stage of change, where clients increase their openness toward the process of change, including the therapeutic relationship. Bradshaw et al. also suggested that as clients work on their ambivalence regarding change in the contemplation stage, they may find "conscious strength" (p. 306) to resolve their

ambivalence and move toward the preparation and action stages, which is also consistent with the steps presented in this model (e.g., strength identification, preparing landscape, supportive network, role models, etc.). Therefore, when applying this model, counselors may consider the interventions during the early stages of treatment especially when clients are not yet committed to changing.

Hope in Counselors

Counselors' hope is essential to establish the two pillars of hope instillation: willingness to learn about the clients' sociocultural context and develop a genuine connection with clients. Counselors' hope is sustained through empathy toward African American drug offenders and self-care. Empathy toward this population is based on a sense of responsibility to this population and the understanding of this group's social and cultural experiences. Empathy without knowledge is not sustainable. Knowledge without humility to continuously learn is also fragile. Therefore, counselors' hope is founded on the ability to empathize and maintain humility toward African American drug offenders.

Regarding self-care, counselors must be able to take care of their professional, personal, and transcendent selves to maintain hope during their work as addiction counselors. Personal self-care includes keeping themselves grounded on who they are outside of work through (a) personal connections, (b) faith, (c) grounding activities, (d) self-reflection, (e) acts of self-care, and (f) encouraging self-talk. Professional self-care entails seeking connection with hopeful people and ideas that are related to recovery in this population, such as (a) hearing successful stories, (b) connecting with empowering mentors/supervisors, (c) allowing professional and personal learning, and (d) maintaining realistic expectations. Transcendent self-care involves reminding themselves of their

purpose and social responsibility through (a) identifying their purpose in life, (b) remembering their resilience, and (c) establishing a sense of responsibility to this population.

This model includes two of the five themes suggested by Flesaker and Larsen (2010) to maintain hope in addiction counselors, such as shifting perspectives to find hope in every situation and honoring clients' experiences by having realistic expectations. The other three identified themes, such as seeing life as a journey, understanding hope, and learning the skills to use hope in treatment, seem to be consistent with the interventions to instill hope in African American drug offenders but were not identified as a factor that influences the counselor's own hope. Therefore, the presented model offers a unique perspective of how addiction counselors who work with African American drug offenders maintain their own hope so they can instill hope in their clients.

Clinical Implications

This study was written for current or prospective counselors, supervisors, and educators engaged in providing addiction services to African American men mandated to treatment. It also adds to the hope research by presenting a theory of hope instillation that aligns with African American drug offenders' needs. The concept of hope, the model of hope instillation, and the explanation of how to maintain hope in addiction counselors working with this population offer a new approach to working with African American drug offenders. The application of the findings from this research leads to a culturally responsive approach to treatment where sociocultural needs are addressed inside and outside of treatment.

This research also describes addiction counselors' roles in building hope in clients. For example, Table 4 shows the elements of hope instillation and the identified roles counselors must take to achieve the task.

The result of this study supports other research in the addiction and counseling field. For example, Johann Hari (2018) uncovered the direct relationship between emotional connection and recovery, which is consistent with the central role of connection in this model. In the mental health field, Frank (1974) described hope ("activation of the patient's favorable expectancies") as being one of the common ingredients of psychotherapy across theoretical orientations. Consistent with the findings in the presenting study, he stated that hope creates energy, feelings of optimism, and well-being. He also found essential a therapeutic relationship with "whom [clients] readily accept in their socially defined roles" (Frank, 1974, p. 330), which can also include connection with role models, people who represent them, and their family and friends.

Contrary to the triad of goal, hope agency, and hope pathways that Snyder (2002) used to define hope, hope in African American drug offenders is not only cognitive or emotional; it has a physical energy aspect to pursue something or refuse to give up. Therefore, the result of this research builds on the most used concept of hope. Counselors, supervisors, and educators must equip themselves with a socio-culturally responsive model of hope instillation when trying to move clients toward change, especially clients who have faced systemic oppression that impairs their change.

Limitations and Recommendations for Future Studies

It is advised that future research include other marginalized cultural groups and their peculiar experiences with American oppression. These findings reflect the perspective of counselors who are experts, by experience or research, in the field of addiction. Thus, it might be necessary for future research to include the perspective of clients as well as field observations.

Although this study conducted a series of procedures to ensure that interpretation was grounded on the data (i.e., triangulation of data and theory, memo writing, consultation, constant comparison), observation of the counselors' practice was not conducted. It is suggested that future research considers observation of clinicians' practice to confirm or deny what was reported. It could be interesting to conduct longitudinal research to observe the connection between hope instillation and sustained change.

Future research is welcome to expand on these findings by testing this model and verifying its efficacy, observing field experience, gaining the perspective of clients, or creating a psychometric instrument to measure hope in African American men mandated to addictions treatment. Future research is essential to build equitable opportunities for African American drug offenders to succeed in treatment.

References

Alexander, M. (2010). *The new Jim Crow: Mass incarceration in the age of colorblindness*. The New Press.

Alper, M., Durose, M. R., & Markman, J. (2018). *2018 update on prisoner recidivism: A 9-year follow-up period (2005-2014)*. Bureau of Justice Statistics.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Ani, A. (2013). In spite of racism, inequality, and school failure: Defining hope with achieving Black children. *The Journal of Negro Education*, *82*(4), 408–421. https://doi.org/10.7709/jnegroeducation.82.4.0408

Arndt, S., Acion, L., & White, K. (2013). How the states stack up: Disparities in substance abuse outpatient treatment completion rates for minorities. *Drug and Alcohol Dependence*, *132*(3), 547–554. https://doi.org/10.1016/j.drugalcdep.2013.03.015

Aymer, S. R. (2010). The case of Edward: Exploration of intraracial dynamics and internalized oppression in the context of clinical practice. *Families in Society: The Journal of Contemporary Human Services*, *91*(3), 287–292. https://doi.org/10.1606/1044-3894.4007

Banks, K. H., Singleton, J. L., & Kohn-Wood, L. P. (2008). The influence of hope on the relationship between racial discrimination and depressive symptoms. *Journal of Multicultural Counseling and Development*, *36*, 231–246. https://doi.org/10.1002/j.2161-1912.2008.tb00085.x

Beardsley, K., Wish, E. D., Fitzelle, D. B., O'Grady, K., & Arria, A. M. (2003). Distance traveled to outpatient drug treatment and client retention. *Journal of Substance Abuse Treatment*, *25*, 279–285. https://doi.org/10.1016/s0740-5472(03)00188-0

Bilici, R., Ögel, K., Bahadır, G. G., Maçkan, A., Orhan, N., & Tuna, O. (2018). Treatment outcomes of drug users in probation period: Three months follow-up. *Psychiatry and Clinical Psychopharmacology*, *28*(2), 149–155. https://doi.org/10.1080/24750573.2017.1391156

Blease, C. R. (2018). Psychotherapy and placebos: Manifesto for conceptual clarity. *Frontiers in Psychiatry*, *9*(379). https://doi.org/10.3389/fpsyt.2018.00379

Bleich, S. N., Findling, M. G., Casey, L. S., Blendon, R. J., Benson, J. M., SteelFisher, G. K., Sayde, J. M., & Miller, C. (2019). Discrimination in the United States: Experiences of Black Americans. *Health Service Research*, *54*(Suppl 2), 1399–1408. https://doi.org/10.1111/1475-6773.13220

Bradshaw, S. D., Shumway, S. T., Wang, E. W., & Harris, K. S. (2014). Addiction and the mediation of hope on craving, readiness, and coping. *Journal of Groups in Addiction & Recovery*, *9*(4), 294–312. https://doi.org/10.1080/1556035X.2014.969062

Bryant-Davis, T., & Ocampo, C. (2006). A therapeutic approach to the treatment of racist-incident-based trauma. *Journal of Emotional Abuse*, *6*(4), 1–22. https://doi.org/10.1300/J135v06n04_01

Carvajal, S. C., Clair, S. D., Nash, S. G., & Evans, R. I. (1998). Relating optimism, hope, and self-esteem to social influences in deterring substance use in adolescents.

Journal of Social and Clinical Psychology, *17*(4), 443–465. https://doi.org/10.1521/jscp.1998.17.4.443

Chandler, R. K., Fletcher, B. W., & Volkow, N. D. (2009). Treating drug abuse and addiction in the criminal justice system: Improving public health and safety. *Journal of American Medical Association*, *301*(2), 183–190. https://doi.org/10.1001/jama.2008.976

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis* (2nd ed.). Sage Publications.

Charmaz, K., & Henwood, K. (2017). Grounded theory methods for qualitative psychology. In C. Willig & W. S. Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 238–256). SAGE Publications. https://doi.org/10.4135/9781526405555

Chavez-Dueñas, N. Y., Adames, H. Y., Perez-Chavez, J. G., & Salas, S. P. (2019). Healing ethno-racial trauma in Latinx immigrant communities: Cultivating hope, resistance, and action. *American Psychological Association*, *74*(1), 49–62. https://doi.org/10.1037/amp0000289

Cheavens, J. S., Feldman, D. B., Gum, A., Michael, S. T., & Snyder, C. R. (2006). Hope therapy in a community sample: A pilot investigation. *Social Indicators Research*, *77*(1), 61–78. https://doi.org/10.1007/s11205-005-5553-0

Chin, G. J. (2017). Collateral consequences of criminal background. *Criminology, Criminal Justice, Law & Society*, *18*(3), 1–17. https://scholasticahq.com/criminology-criminal-justice-law-society/

Comas-Diaz, L. (2007). Ethnopolitical psychology: Healing and transforming. In E. Aldarondo (Ed.), *Advancing social justice through clinical practice* (pp. 91–119). Routledge.

Coppock, T. E., Owen, J. J., Zagarskas, E., & Schmidt, M. (2010). The relationship between therapist and client hope with therapy outcome. *Psychotherapy Research*, *20*(6), 619–626. https://doi.org/10.1080/10503307.2010.497508

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). SAGE Publications. https://doi.org/10.4135/978145223015

Cousineau, M. (2010, August 14). *Institutional racism and the school-to-prison pipeline*. Paper submitted for the 105th annual meeting of the American Sociological Association. https://www.suspensionstories.com/wp-content/uploads/2010/10/racism-and-stpp.pdf

Courtwright, D. T. (1992). A century of American narcotic policy. In D. R. Gerstein & H. Harwood (Eds.), *Treating drug problems* (Vol. 2). National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK234755/

Crawford, N. D., Rudolph, A. E., & Fuller, C. M. (2014). Racial/ethnic differences in recent drug detoxification enrollment and the role of discrimination and neighborhood factors. *Substance Use and Misuse*, *49*(1-2), 124–133. https://doi.org/10.3109/10826084.2013.824469

Creswell, J., & Miller, D. (2010). Determining validity in qualitative inquiry. *Theory Into Practice*, *39*(3), 124–130. https://doi.org/10.1207/s15430421tip3903_2

da Silveira, P. A., de Tostes, J. G. A., Wan, H. T., & Corrigan, P. W. (2018). The stigmatization of drug use as mechanism of legitimation of exclusion. In T. M. Ronzani (Ed.), *Drugs and social context* (pp. 15–25). Springer.

DiClemente, C. C. (1993). Changing addictive behaviors: A process perspective. *Current Directions in Psychological Science*, *2*(4), 101–106. https://doi.org/10.1111/1467-8721.ep10772571

DiClemente, C. C., Schlundt, D., & Gemmell, L. (2004). Readiness and stages of change in addiction treatment. *The American Journal on Addictions*, *13*, 103–119. https://doi.org/10.1080=10550490490435777

Drug Policy Alliance. (2018, January). *The drug war, mass incarceration and race*. https://drugpolicy.org/resource/drug-war-mass-incarceration-and-race-englishspanish

Dufault, K., & Martocchio, B. C. (1985). Hope: Its spheres and dimensions. *Nursing Clinics of North America*, *20*(2), 379–391. https://doi.org/10.1016/S0029-6465(22)00328-0

Dunbar, E. (2001). Counseling practices to ameliorate the effects of discrimination and hate events: Toward a systematic approach to assessment and intervention. *The Counseling Psychologist*, *29*(2), 281–307. https://doi.org/10.1177/0011000001292007

Federal Bureau of Prisons. (2022, October). *Inmate statistics*. Retrieved October 10, 2022, from https://www.bop.gov/about/statistics/statistics_inmate_race.jsp

Flesaker, K., & Larsen, D. (2010). To offer hope you must have hope. *Qualitative Social Work*, *11*(1), 61–79. https://doi.org/10.1177/1473325010382325

Frank, J. D. (1974). Therapeutic components of psychotherapy: A 25-year progress report of research. *The Journal of Nervous and Mental Disease*, *159*(5), 325–342. https://doi.org/10.1097/00005053-197411000-00003

Frankl, V. E. (1984). *Man's search for meaning: An introduction to logotherapy*. Simon & Schuster.

Glaser, B., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Routledge.

Glesne, C. (2011). *Becoming qualitative researchers: An introduction* (4th ed.). Pearson.

Guerrero, E., & Andrews, C. M. (2011). Cultural competence in outpatient substance abuse treatment: Measurement and relationship to wait time and retention. *Drug and Alcohol Dependence*, *119*(1-2), 13–22. https://doi.org/10.1016/j.drugalcdep.2011.05.020

Gutierrez, D. (2019). Spiritus contra spiritum: Addiction, hope, and the search for meaning. *Spirituality in Clinical Practice*, *6*(4), 229–239. https://doi.org/10.1037/scp0000201

Hanna, F. J., & Cardona, B. (2013). Multicultural counseling beyond the relationship: Expanding the repertoire with techniques. *Journal of Counseling & Development*, *91*(3), 349–357. https://doi.org/10.1002/j.1556-6676.2013.00104.x

Hari, J. (2018). *Lost connections*. Bloomsbury.

Hari, J. (2022, July 7). *Everything you think you know about addiction is wrong* [Video]. TED Conferences. https://www.ted.com/talks /johann_hari_everything_you_think_you_know_about_addiction_is_wrong?language=en

Heppner, P. P., Wampold, B. E., Owen, J., Thompson, M. N., & Wang, K. T. (2015). *Research design in counseling* (4th ed.). Cengage Learning.

Hull, S. (2013). *Doing grounded theory: Notes for the aspiring qualitative analyst*. University of Cape Town. https://doi.org/10.13140/RG.2.1.4659.3127

Irving, L. M., Snyder, C. R., Cheavens, J., Gravel, L., Hanke, J., Hilberg, P., & Nelson, N. (2004). The relationships between hope and outcomes at the pretreatment, beginning, and later phases of psychotherapy. *Journal of Psychotherapy Integration*, *14*(4), 419–443. https://doi.org/10.1037/1053-0479.14.4.419

Kamalu, N. C., Coulson-Clark, M., & Kamalu, N. M. (2010). Racial disparities in sentencing: Implications for the criminal justice system and the African American community. *African Journal of Criminology & Justice Studies*, *4*(1), 1–32.

Kimball, T. G., Shumway, S. T., Austin-Robillard, H., & Harris-Wilkes, K. S. (2017). Hoping and coping in recovery: A phenomenology of emerging adults in a collegiate recovery program. *Alcoholism Treatment Quarterly*, *35*(1), 46–62. https://doi.org/10.1080/07347324.2016.1256714

King, A. C., & Canada, S. A. (2004). Client-related predictors of early treatment drop-out in a substance abuse clinic exclusively employing individual therapy. *Journal of Substance Abuse Treatment*, *26*(3), 189–195. https://doi.org/10.1016/S0740-5472(03)00210-1

Koehn, C., & Cutcliffe, J. R. (2012). The inspiration of hope in substance abuse counseling. *Journal of Humanistic Counseling*, *51*(1), 78–98. https://doi.org/10.1002/j.2161-1939.2012.00007.x

Koehn, C., O'Neil, L., & Sherry, J. (2012). Hope-focused interventions in substance abuse counseling. *International Journal of Mental Health and Addiction*, *10*(3), 441–452. https://doi.org/10.1007/s11469-011-9360-3

Kopak, A. M., Lawson, S. W., & Hoffman, N. G. (2018). Criminal justice contact and relapse among patients seeking treatment for opioid use disorder. *Journal of Drug Issues*, *48*(1), 134–147. journals.sagepub.com/home/jod

Krieger, N. (2014). Discrimination and health inequities. *International Journal of Health Services*, *44*(4), 643–710. https://doi.org/10.2190/HS.44.4.b

Leung, L. (2016). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, *4*(3), 324–327. https://doi.org/10.4103/2249-4863.161306

Luoma, J. B., Twohig, M. P., Waltz, T., Hayes, S. C., Roget, N., Padilla, M., & Fisher, G. (2007). An investigation of stigma in individuals receiving treatment for substance abuse. *Addictive Behaviors*, *32*(7), 1331–1346. https://doi.org/10.1016/j.addbeh.2006.09.008

Magura, S., Knight, E. L., Vogel, H. S., Mahmood, D., Laudet, A. B., & Rosenblum, A. (2003). Mediators of effectiveness in dual-focus self-help groups. *American Journal of Drug Alcohol Abuse*, *29*(2), 301–322. https://doi.org/10.1081/ADA-120020514

Mathews, S., Dwyer, R., & Snoek, A. (2017). Stigma and self-stigma in addiction. *Bioethical Inquiry*, *14*(2), 275–286. https://doi.org/10.1007/s11673-017-9784-y

Matsuzaka, S., & Knapp, M. (2019). Anti-racism and substance use treatment: Addiction does not discriminate, but do we? *Journal of Ethnicity in Substance Abuse*, *19*(4), 567–593. https://doi.org/10.1080/15332640.2018.1548323

McIntosh, J., & McKeganey, N. (2001). Identity and recovery from dependent drug use: The addict's perspective. *Drugs: Education, Prevention and Policy*, *8*(1), 47–59. https://doi.org/10.1080/09687630124064

Menninger, K. (1987). Hope. *The American Journal of Psychiatry*, *116*(6), 481–491.

Mennis, J., & Stahler, G. J. (2016). Racial and ethnic disparities in outpatient substance use disorder treatment episode completion for different substances. *Journal of Substance Abuse Treatment*, *63*, 25–33. https://doi.org/10.1016/j.jsat.2015.12.007

Moore, K. E., Stuewig, J. B., & Tangney, J. P. (2006). The effect of stigma on criminal offenders' functioning: A longitudinal mediational model. *Deviant Behavior*, *37*(2), 196–218. https://doi.org/10.1080/01639625.2014.1004035

Morse, J. M. (2007). Developing qualitative inquiry. *Qualitative Health Research*, *17*(5), 567–570. https://doi.org/10.1177/1049732307301611

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, *1*(2), 13–22. https://doi.org/10.1177/160940690200100202

Mosley, D. V., Neville, H. A., Chavez-Duenas, N. Y., Adames, H. Y., Lewis, J. A., & French, B. H. (2019). Radical hope in revolting times: Proposing a culturally relevant psychological framework. *Social and Personality Psychology Compass*, *14*(1), 1–12. https://doi.org/10.1111/spc3.12512

Moustakas, C. E. (1994). *Phenomenological research methods*. Sage Publications.

National Institute on Drug Abuse. (2014). *Principles of drug addiction treatment: A research-based guide*. https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface

Neale, J., Finch, E., Marsden, J., Mitcheson, L., Rose, D., Strang, J., Tompkins, C., Wheeler, C., & Wykes, T. (2014). How should we measure addiction recovery? Analysis of service provider perspectives using online Delphi groups. *Drugs: Education, Prevention and Policy*, *21*(4), 310–323. https://doi.org/10.3109/09687637.2014.918089

Noble-Carr, D., Barker, J., McArthur, M., & Woodman, E. (2014). Improving practice: The importance of connections in establishing positive identity and meaning in the lives of vulnerable young people. *Children and Youth Services Review*, *47*(3), 389–396. https://doi.org/10.1016/j.childyouth.2014.10.017

Obasi, E. M., Wilborn, K. A., Cavanagh, L., Yan, S., & Ewane, E. (2017). Neurobiology of stress and drug use vulnerability in culturally diverse communities. In J. M. Causadias, E. H. Telzer, & N. A. Gonzales (Eds.), *The handbook of culture and biology* (pp. 369–396). John Wiley & Sons.

Office of National Drug Control Policy. (2010). *ADAM II 2009 annual report*. Executive Office of the President. https://obamawhitehouse.archives.gov /sites/default/files/ondcp/policy-and-research/adam2009.pdf

O'Hara, D. J., & O'Hara, E. F. (2012). Toward a grounded theory of therapist hope. *Counseling Psychology Review*, *27*(4), 42–55.

Patra, J., Gliksman, L., Fisher, B., Newton-Taylor, B., Belenko, S., Ferrari, M., Kersta, S., & Rehm, J. (2010). Factors associated with treatment compliance and its effects on retention among participants in a court-mandated treatment program. *Contemporary Drug Problems*, *37*(2), 289–313. https://doi.org/10.1177/009145091003700206

Phillips, L. A. (2013). Stigma and substance use disorders: Research, implications, and potential solutions. In A. M. Columbus (Ed.), *Advances in psychology research* (pp. 287–295). Nova Biomedical Books.

Phillips, L., & Shaw, A. (2013). Substance use more stigmatized than smoking and obesity. *Journal of Substance Use*, *18*(4), 247–253. https://doi.org/10.3109/14659891.2012.661516

Pinedo, M., Zemore, S., & Mulia, N. (2022). Black-White differences in barriers to specialty alcohol and drug treatment: Findings from a qualitative study. *Journal of Ethnicity in Substance Abuse*, *21*(1), 112–126. https://doi.org/10.1080/15332640.2020.1713954

Prilleltensky, I. (2008). The role of power in wellness, oppression, and liberation: the promise of psychopolitical validity. *Journal of Community Psychology*, *36*(2), 116–136. https://doi.org/10.1002/jcop.20225

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, *47*(9), 1102–1114. https://doi.org/10.1037//0003-066x.47.9.1102

Quintana, S. M. (2007). Racial and ethnic identity: Developmental perspectives and research. *Journal of Counseling Psychology*, *54*(3), 259 –270. https://doi.org/10.1037/0022-0167.54.3.259

Robert Wood Johnson Foundation. (2017). *Discrimination in America: The views of African Americans*. https://www.rwjf.org/en/library/research /2017/10/discrimination-in-america--experiences-and-views.html

Robertson, I. E., & Nesvag, S. M. (2019). Into the unknown: Treatment as a social arena for drug users' transition into a non-using life. *Nordic Studies on Alcohol and Drugs*, *36*(3), 248–266. https://doi.org/10.1177/1455072518796898

Rosenberg, A., Groves, A. K., & Blankenship, K. M. (2017). Comparing Black and White drug offenders: Implication for racial disparities in criminal justice and reentry policy and programming. *Journal of Drug Issues*, *47*(1), 132–142. https://doi.org/10.1177/0022042616678614

Sahker, E., Toussaint, M. N., Ramirez, M., Ali, S. R., & Arndt, S. (2015). Evaluating racial disparity in referral source and successful completion of substance abuse treatment. *Addicted Behaviors*, *48*, 25–29. https://doi.org/10.1016/j.addbeh.2015.04.006

Sawyer, W., & Wagner, P. (2020, March 24). *Mass incarceration: The whole pie 2020*. Prison Policy Initiative. https://www.prisonpolicy.org/reports/pie2020.html

Schauman, O., MacLeod, A. K., Thornicroft, G., & Clement, S. (2019). Mental illness related discrimination: The role of self-devaluation and anticipated discrimination for decreased well-being. *American Psychological Association*, *4*(11), 11–18. https://doi.org/10.1037/sah0000117

Schmid, P. F. (2019). The power of hope: Person-centered perspectives on contemporary personal and societal challenges. *Person-Centered & Experiential Psychotherapies*, *18*(2), 121–138. https://doi.org/10.1080/14779757.2019.1618371

Schomerus, G., Lucht,, M., Holzinger, A., Matschinger, H., Carta, M. G., & Angermeyer, M. C. (2011). The stigma of alcohol dependence compared with other mental disorders: A review of population studies. *Alcohol and Alcoholism*, *46*(2), 105–112. https://doi.org/10.1093/alcalc/agq089

Shenton, A. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, *22*, 63–75. https://doi.org/10.3233/EFI-2004-22201

Shumway, S. T., Dakin, J. B., Jordan, S. A., Kimball, T. G., Harris, K. S., & Bradshaw, S. D. (2014). The development of the Hope and Coping in Recovery Measure (HCRM). *Journal of Groups in Addiction & Recovery*, *9*(4), 280–293. https://doi.org/10.1080/1556035X.2014.969059

Smith, M. B. (1983). Hope and despair: Keys to the socio-psychodynamics of youths. *Amer Journal of Orthopsychiatry*, *53*(3), 388–399. https://doi.org/10.1111/j.1939-0025.1983.tb03382.x

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, *13*(4), 249–275. https://doi.org/10.1207/S15327965PLI1304_01

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope.

Journal of Personality and Social Psychology, *60*(4), 570–585. https://doi.org/10.1037//0022-3514.60.4.570

Snyder, C. R., Rand, K. L., King, E. A., Feldman, D. B., & Woodward, J. T. (2002). "False" hope. *Journal of Clinical Psychology*, *58*(9), 1003–1022. https://doi.org/10.1002/jclp.10096

Stallvik, M., Gastfriend, D. R., & Nordahl, H. M. (2015). Matching patients with substance use disorder to optimal level of care with the ASAM Criteria software. *Journal of Substance Use*, *20*(6), 389–398. https://doi.org/10.3109/14659891.2014.934305

Stevens, E., Guerrero, M., Green, A., & Jason, L. A. (2018). Relationship of hope, sense of community, and quality of life. *Journal of Community Psychology*, *46*(5), 567–574. https://doi.org/10.1002/jcop.21959

Strauss, A., & Corbin, J. (1994). Grounded theory methodology: An overview. In N. K. Denzin (Ed.), *Handbook of qualitative research* (pp. 273–285). Sage Publications.

Substance Abuse and Mental Health Services Administration. (n.d.). *SAMHSA's working definition of recovery*. https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf

Substance Abuse and Mental Health Services Administration. (2014). *Results from the 2013: National survey on drug use and health: Summary of national findings*. U.S. Department of Health and Human Services. https://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf

Thompson, M. N., Her, P., & Nitzarim, R. S. (2014). Personal and contextual variables related to work hope among undergraduate students from underrepresented background. *Journal of Career Assessment*, *22*(4), 595–609. http://www.sagepub.com/journalsPermissions.nav

Tucker, R. B. (2016). The color of mass incarceration. *Ethnic Studies Review*, *37*(38), 135–150.

United States Census Bureau. (n.d.). *About the topic of race*. https://www.census.gov/topics/population/race/about.html

United States Census Bureau. (2018). *Quick facts*. https://www.census.gov/quickfacts/fact/table/US/PST045221

United States Department of Justice. (2011). *The economic impact of illicit drug use on American society*. https://www.justice.gov/archive/ndic/pubs44/44731/44731p.pdf

United States Department of Justice. (2019). *Arrests by race and ethnicity*. Federal Bureau of Investigation, Criminal Justice Information Services Division. https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/tables/table-43

van Boekel, L. C., Brouwers, E. P., van Weeghel, J., & Garretsen, H. F. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug and Alcohol Dependence*, *131*(1-2), 23–35. https://doi.org/10.1016/j.drugalcdep.2013.02.018

Vilardaga, R., Luoma, J. B., Hayes, S. C., Pistorello, J., Levin, M. E., Hildebrandt, M. J., Kohlenberg, B., Roget, N. A., & Bond, F. (2011). Burnout among the addiction counseling workforce: The differential roles of mindfulness and values-based

processes and work site factors. *Journal of Substance Abuse Treatment*, *40*(4), 323–335. https://doi.org/10.1016/j.jsat.2010.11.015

Wakefield, W. D., & Hudley, C. (2009). Ethnic and racial identity and adolescent well-being. *Theory into Practice*, *46*(2), 147–154. http://www.jstor.org/stable/40071481

Ward, D. B., & Wampler, K. S. (2010). Moving up the continuum of hope: Developing a theory of hope and understanding its influence in couples therapy. *Journal of Marital and Family Therapy*, *36*(2), 212–228. https://doi.org/10.1111/j.1752-0606.2009.00173.x

Williams, R. (n.d.). *Cultural considerations in AOD treatment for African Americans*. Roland Williams Consulting. http://www.rolandwilliamsconsulting.com/african-american-AOD.html

Windsor, L. C., Benoit, E., & Dunlap, E. (2010). Dimensions of oppression in the lives of impoverished Black women who use drugs. *Journal of Black Studies*, *41*(1), 21-39. https://doi.org/10.1177/0021934708326875

Yager-Elorriaga, D., Berenson, K., & McWhirter, P. (2014). Hope, ethnic pride, and academic achievement: Positive psychology and Latino youth. *Psychology*, *5*(10), 1206–1214. https://doi.org/10.4236/psych.2014.510133

Table 1

Demographic Information of Participants

Participant	Ethnicity	Gender	Religious affiliation	Highest degree earned	Professional credential
A	African American	Female	Christian	PhD	LPC
B	African American	Male	Christian	MA	LCMHC
C	African American	Male	Islam	PhD	LPC
D	African American	Female	Non-denominal	PhD	CRADC
E	African American	Male	Non-denominal	MA	LCSW
F	African American	Male	None	MA	LCSW
G	African American	Female	None	PhD	CPRS
H	Caucasian	Female	Christian	PhD	LCPC
I	Caucasian	Male	Not applicable	MA	CADC

Note. LPC – Licensed Professional Counselor; LCMHC – Licensed Clinical Mental Health Counselor; LCPC – Licensed Clinical Professional Counselor; LCSW - Licensed Clinical Social Worker; CRADC - Certified Reciprocal Alcohol and Drug Counselor; CPRS - Certified Peer Recovery Specialist; CADC – Certified Alcohol and Drug Counselor

Table 2

Professional Experience of Participants

Participant	Years of experience as an addictions counselor	Primary work setting	Caseload characteristic (%)		
			Addiction issues	African American	Referred by the criminal justice system
A	6–10	Prison	41–50	61–70	81–90
B	0–5	Community mental health agency	81–90	51–60	61–70
C	11–15	Community mental health agency	81–90	41–50	21–30
D	11–15	Inpatient	91–100	41–50	31–40
E	>16	Community mental health agency	41–50	41–50	0–10
F	>16	Combination of outpatient and inpatient	91–100	81–90	21–30
G	>16	Inpatient	81–90	51–60	81–90
H	11–15	Community mental health agency	81–90	41–50	71–80
I	>16	Community mental health agency	91–100	31–40	41–50

Table 3

Progress of Coding

Axial coding 1	Axial coding 2	Selective coding
Energy	Energy to act	Energy to act
Belief	Belief	Belief in positivity
	- Opportunities - It is for me - Own ability to achieve	- Agency - Greatness - Personalization of opportunities
Opportunities	Real opportunities	Opportunities
Visualization of possibilities	Visualization of possibilities	Goals aligned with values
Believe it's for me	Goal	Interaction
Representation	Sociocultural identity	Connection
	Obstacles	Sociocultural context

Table 4

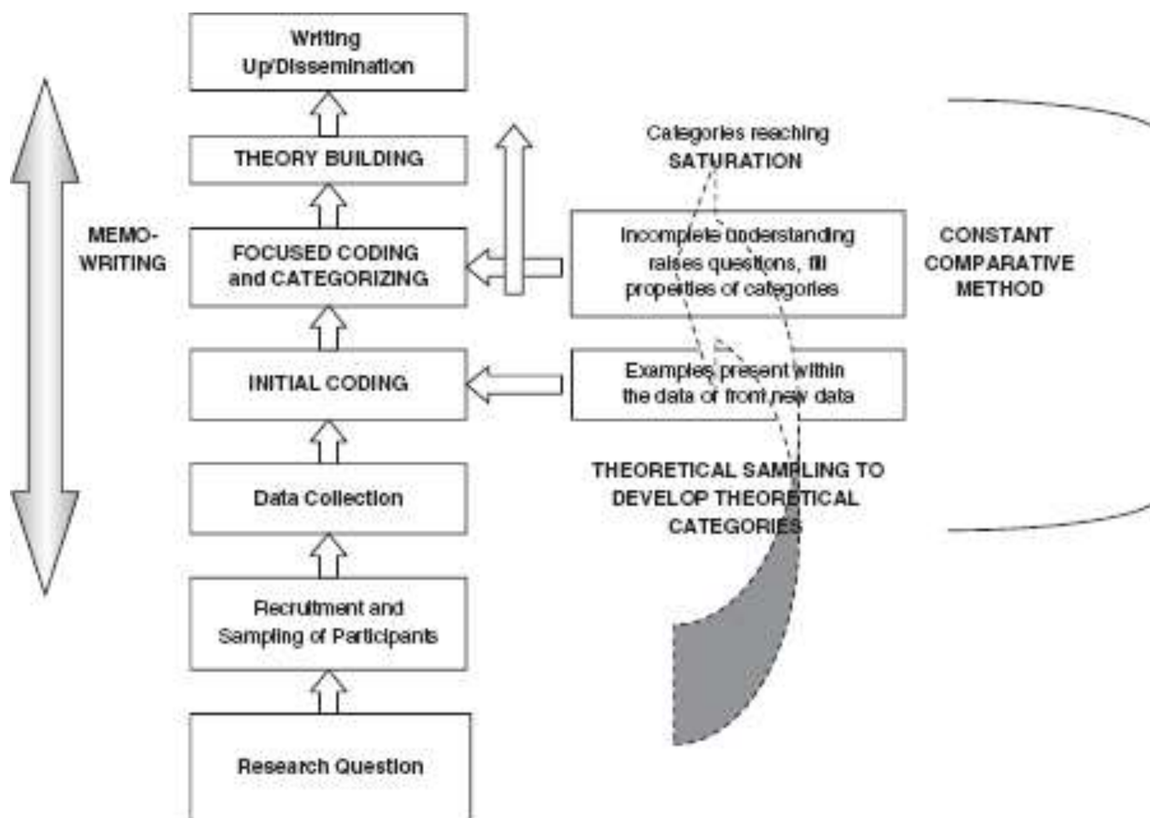
Addiction Counselors' Role During Hope Instillation in African American Drug Offenders

Counselors' role	Tasks of hope instillation	Function explanation
Multicultural researcher	Strength identification Spirituality Role model & representation Preparing landscape Sociocultural context Therapeutic relationship Visualization of the future Supportive network Culture exploration	As a researcher, counselors learn and personalize interventions for clients to meet each client's specific needs. Yet, they integrate the social and cultural aspects that result from oppression and impact every area of the client's well-being.
Hope carrier	Strength identification Therapeutic relationship	As a hope carrier, counselors transmit hope to clients and identify strengths in areas that may feel hopeless.
Supportive person	Therapeutic relationship Supportive network	As supportive persons, counselors establish a genuine and caring relationship with clients and connect them with needed resources.
Role model	Role model & representation Strength identification	As a role models, counselors who share backgrounds and cultures with clients can function as a representation of clients' goals in a state of completion. Counselors who do not share backgrounds and cultures might share resilience and strengths that help empower clients.
Advocate	Preparing landscape	As an advocate, counselors help prepare the landscape for

Counselors' role	Tasks of hope instillation	Function explanation
	Therapeutic relationship Supportive network	clients' change and establish a genuine therapeutic relationship. Counselors also will be able to connect clients with needed resources when they act as advocates.
Networker/recovery coach	Role model & representation Supportive network Preparing landscape	As a networker, counselors identify people, places, and resources that represent the clients' cultures and backgrounds and can assertively link clients with them.
Mental health counselor	Strength identification Spirituality Sociocultural context Visualization of the future Culture exploration	As mental health counselors, addiction counselors learn best practices for this population, considering the sociocultural context they are immersed in. They use strength-based interventions to empower clients through strength identification, integration of spirituality, culture exploration, and visualization of a future.

Figure 1

The Process of Data Collection and Analysis in Grounded Theory



Source: Charmaz K., 2006, p.17

Figure 2

Hope in African American Man Legally Referred to Addiction Treatment

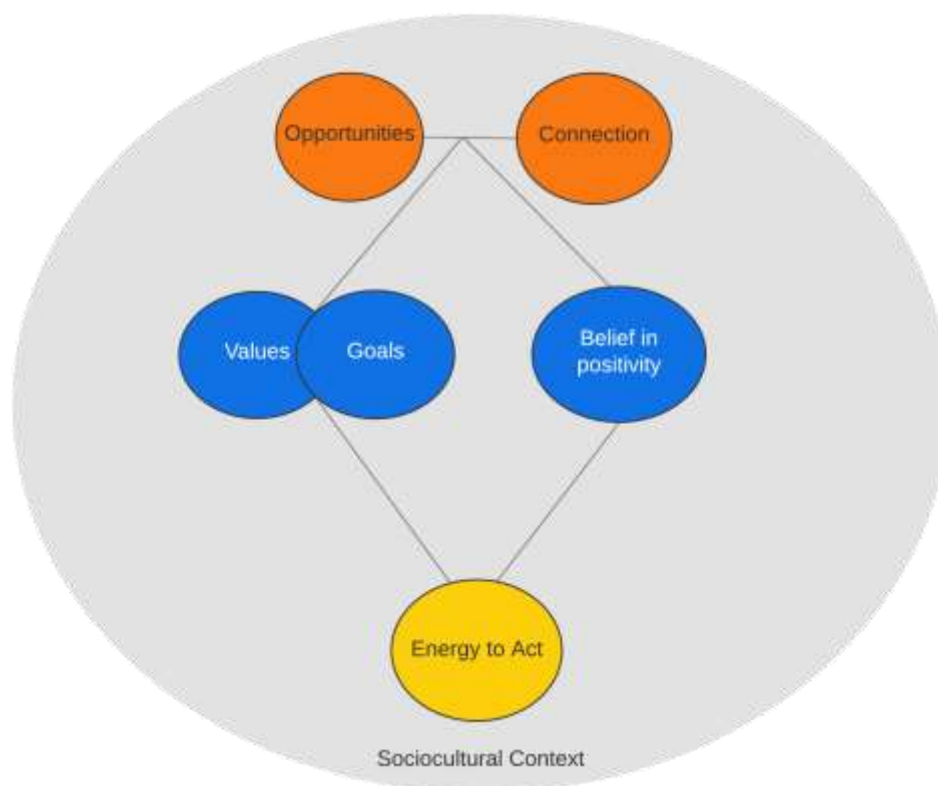


Figure 3

Illustration of the Interactional Connection of the Concept of Hope

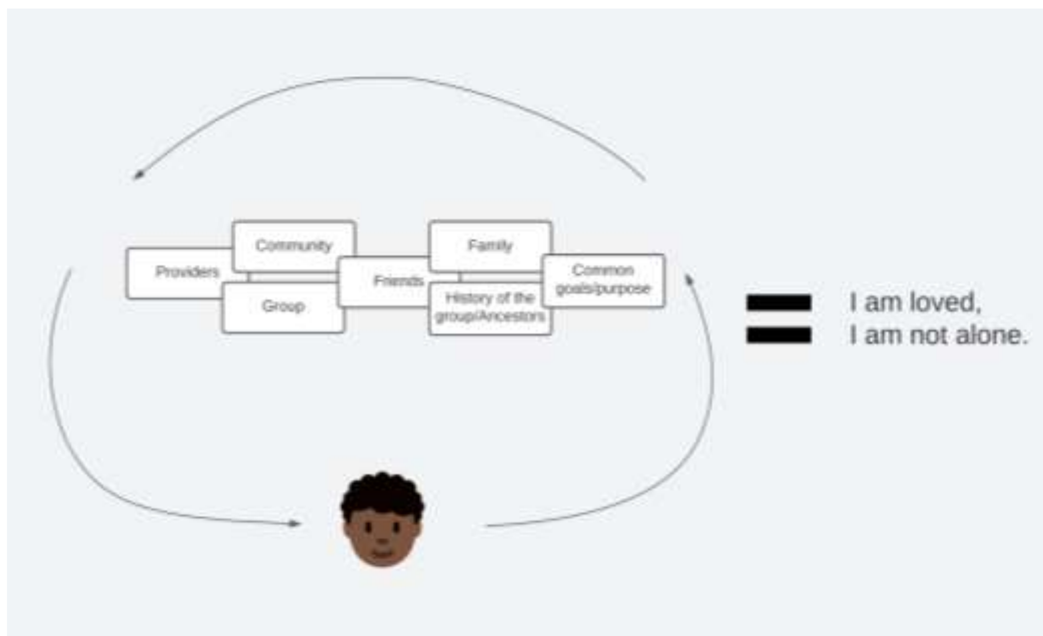


Figure 4

Methods of Instillation of Hope in African American Drug Offenders

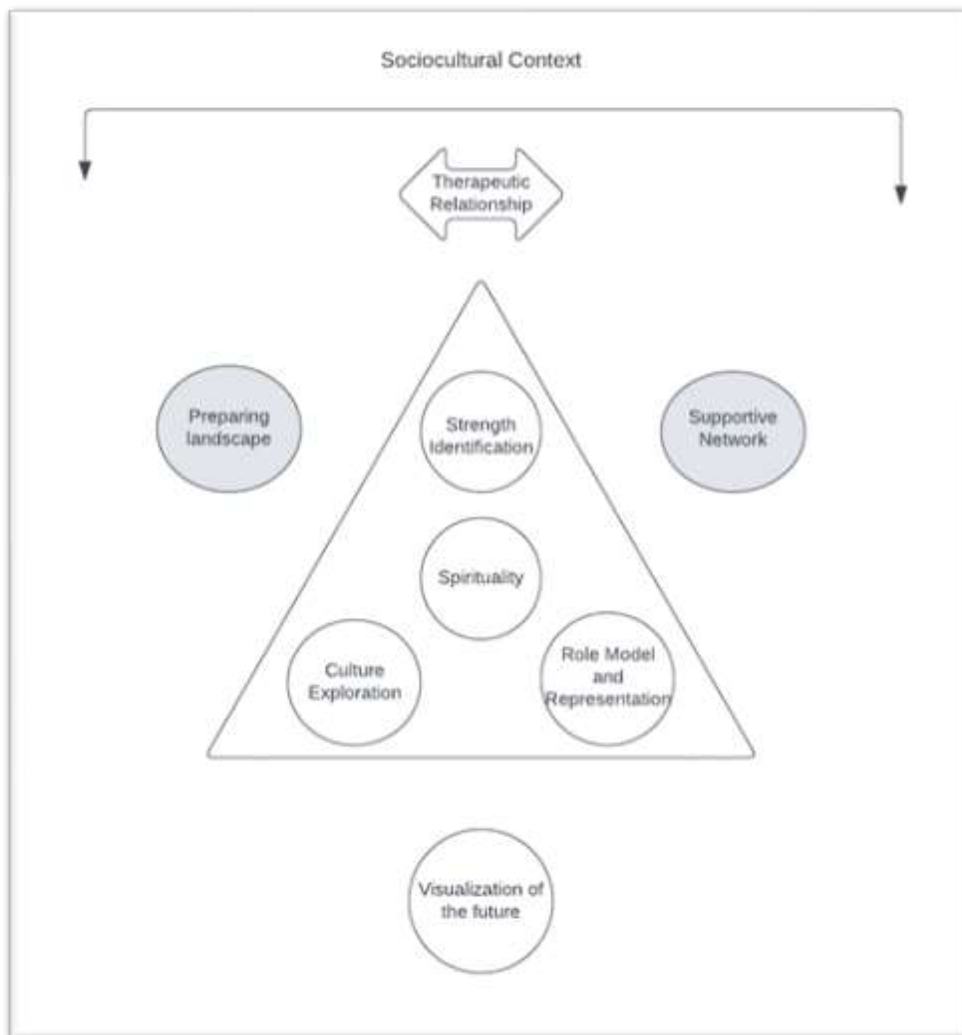
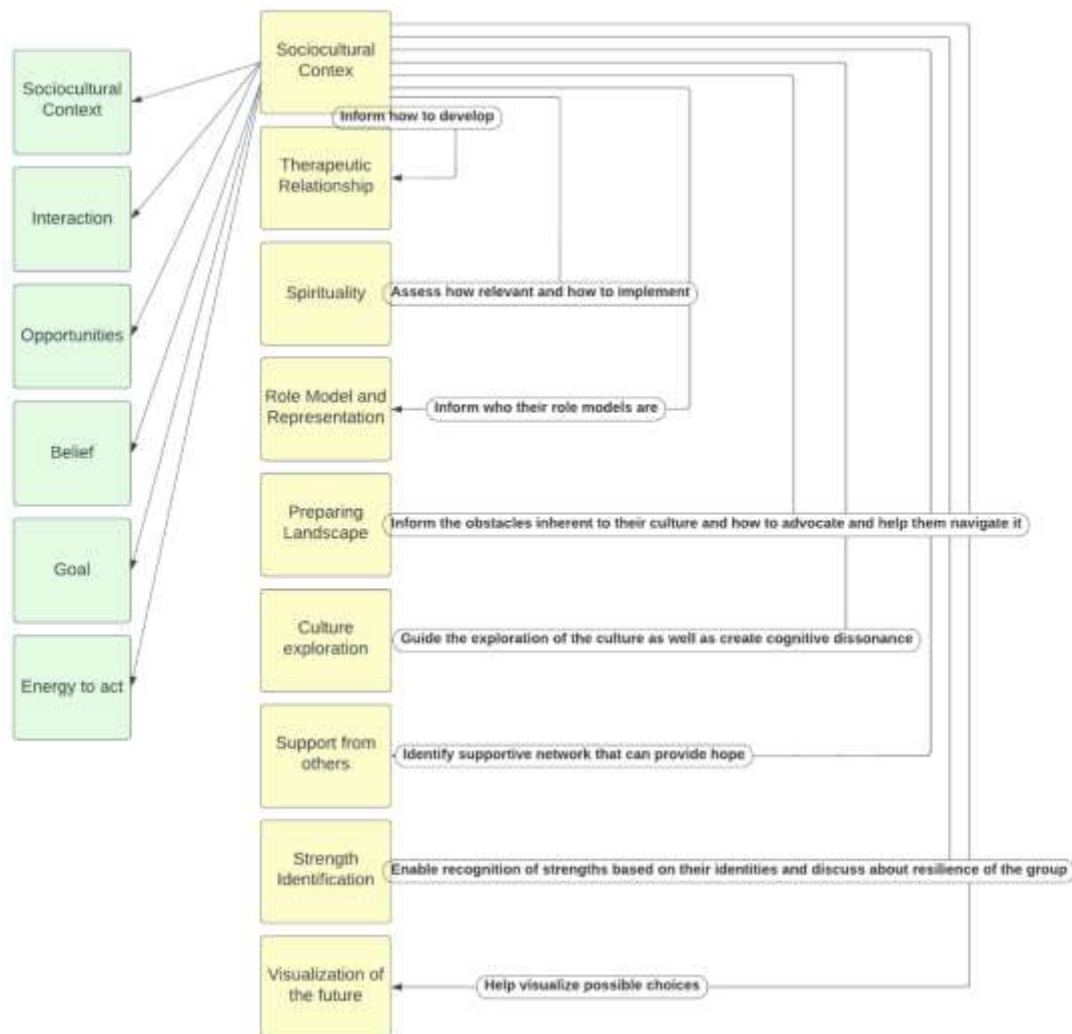


Figure 5

The Functions of the Sociocultural Context on Hope Instillation



Note. Green boxes refer to the concept of hope, while the yellow boxes refer to the process of instillation of hope.

Figure 6

The Function of Therapeutic Relationships in Instillation of Hope

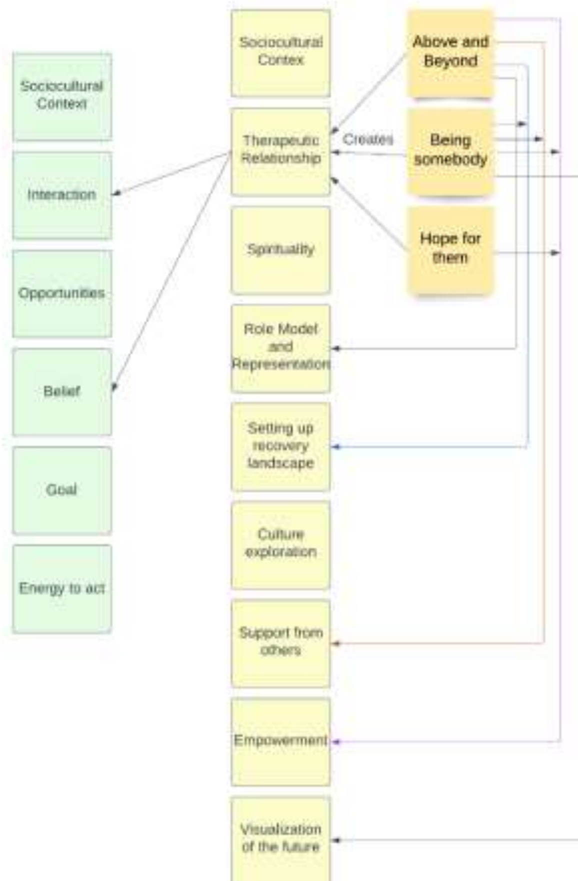


Figure 7

The Function of Preparing Landscape on Instillation of Hope

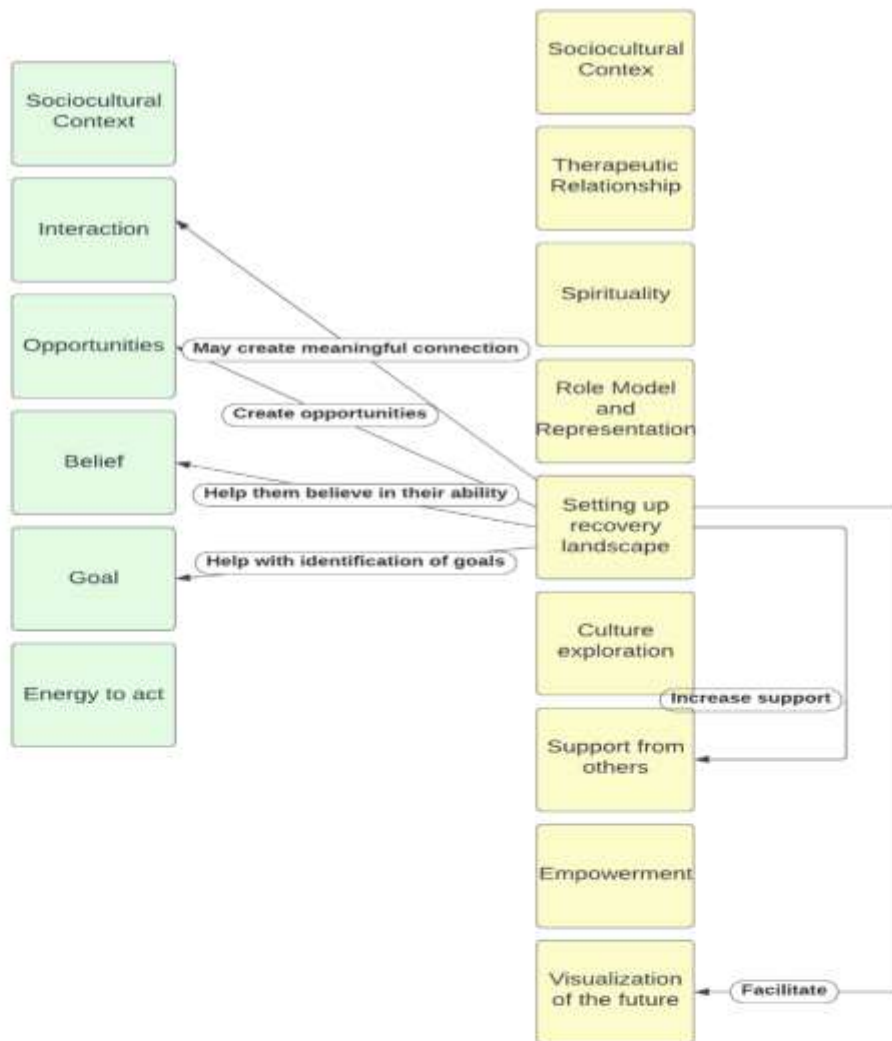


Figure 8

The Function of Supportive Network on Instillation of Hope

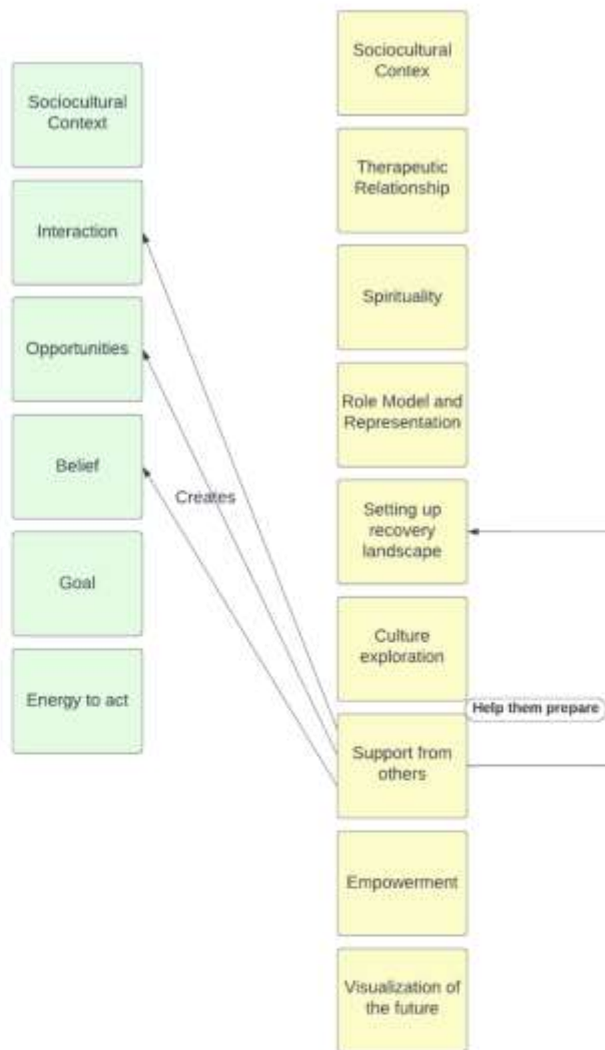


Figure 9

The Function of Culture Exploration on Instillation of Hope

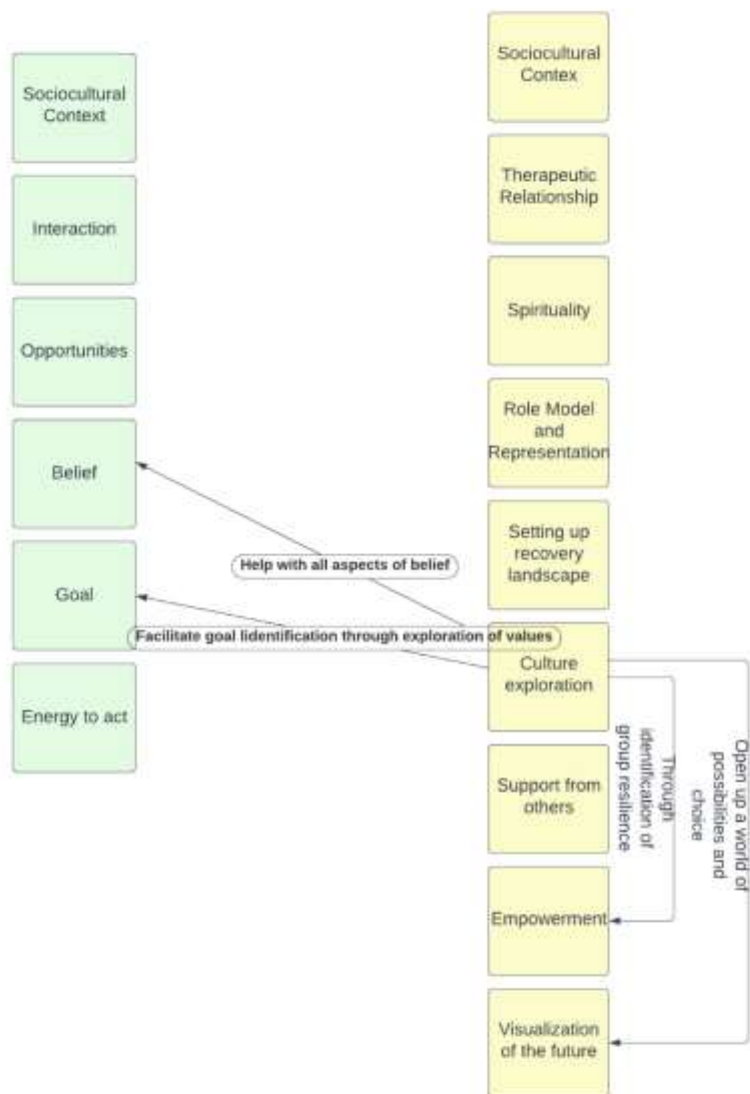


Figure 10

The Function of Empowerment in Instillation of Hope

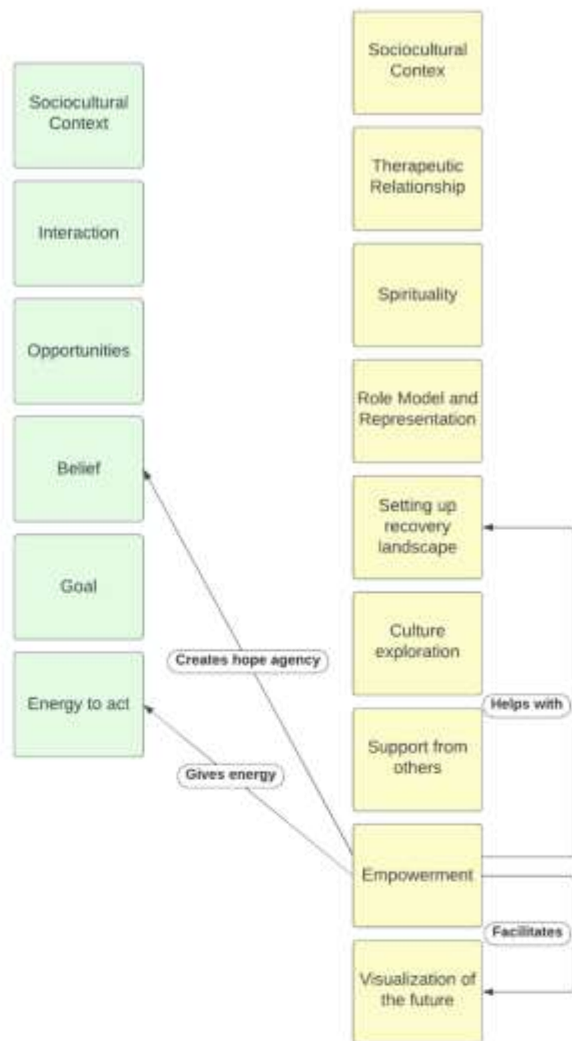


Figure 11

The Function of Role Models and Representation in Instillation of Hope

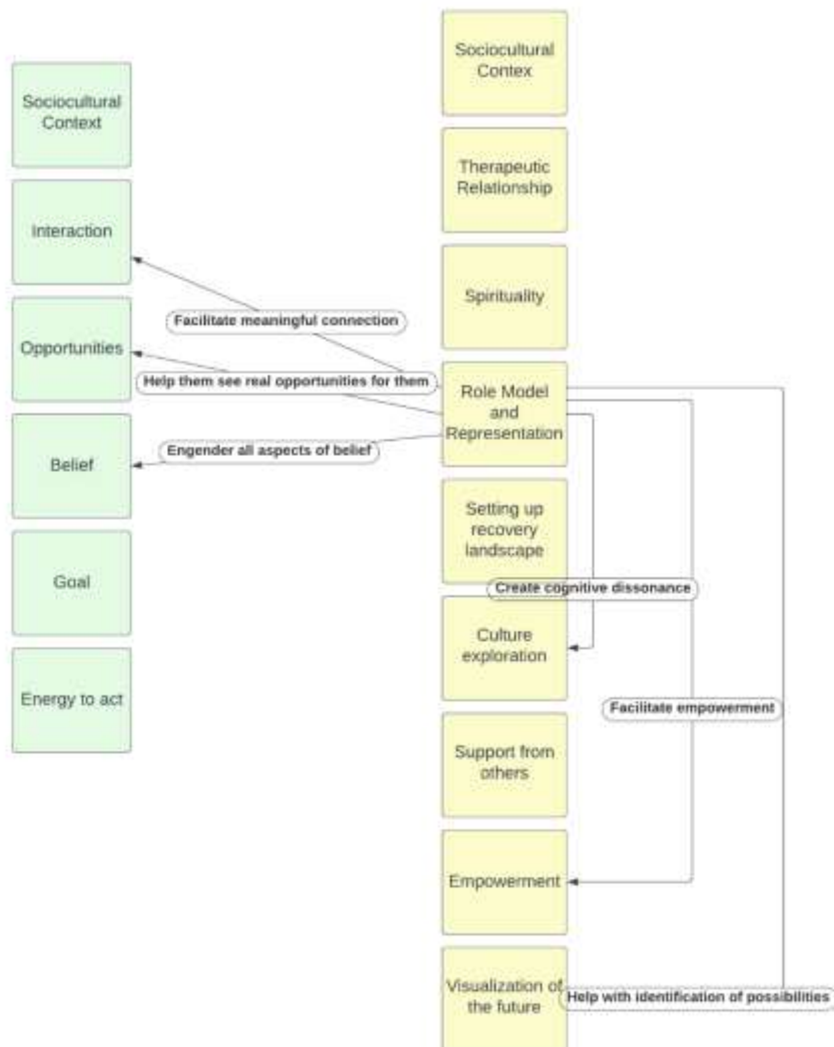


Figure 12

The Function of Spirituality on Instillation of Hope

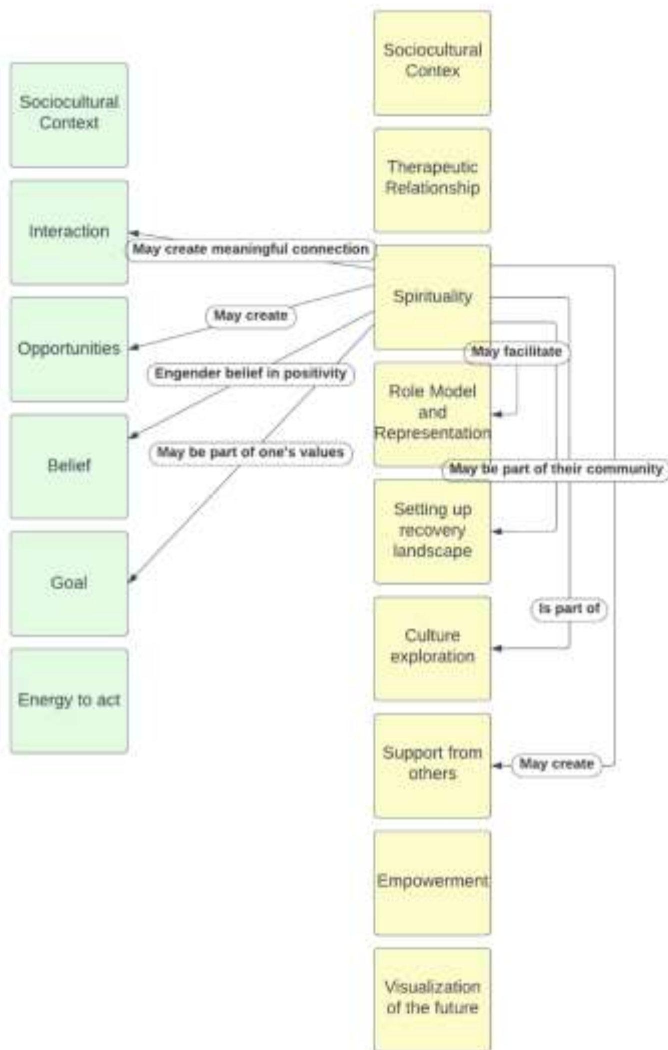


Figure 13

The Function of Visualization of Future on Instillation of Hope

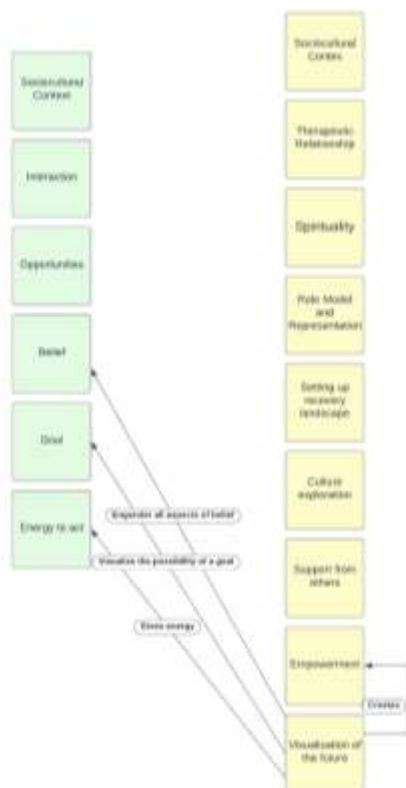
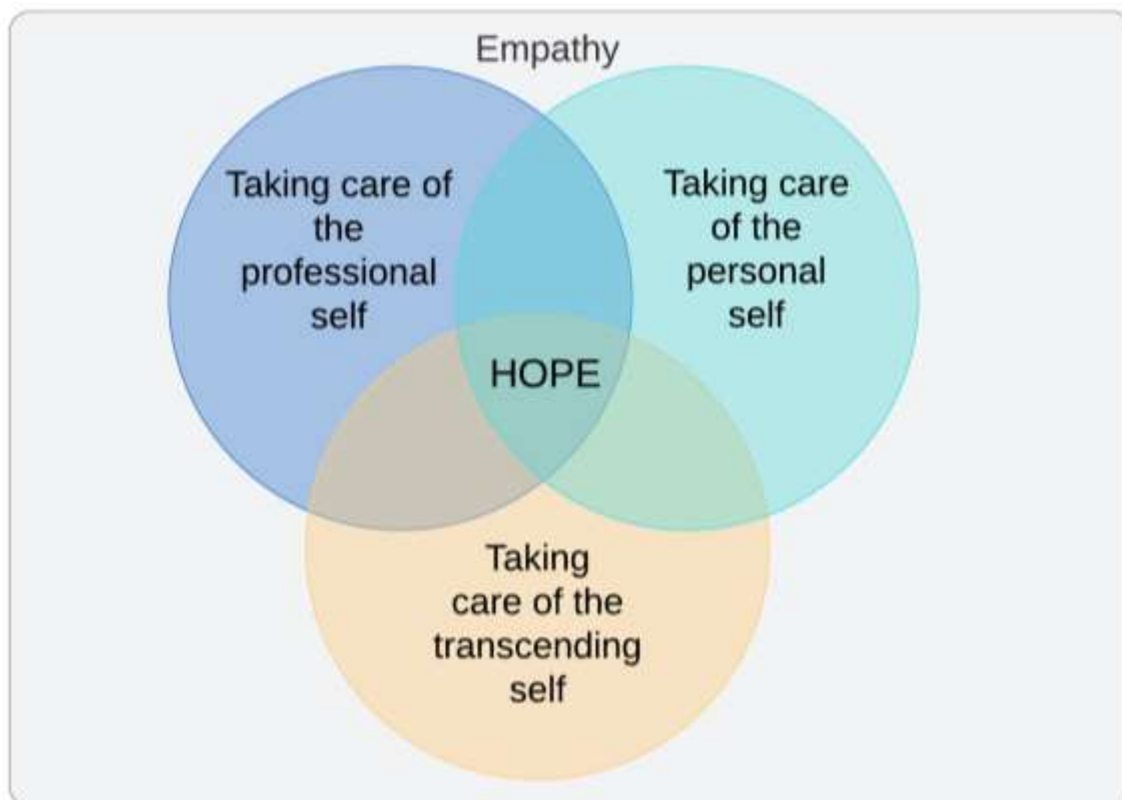


Figure 14

Elements to Maintain Hope in Addiction Counselors Working with Mandated African Americans



Appendix A

Email to Candidates

Hi!

My name is Reylla Santos and I am a doctoral candidate at Adler University. I appreciate your time so thank you for reading this email. As a PhD candidate in counseling education and supervision, I need your assistance with this study. I am in search of volunteers to contribute with my dissertation research.

The purpose of this study is to explore **how hope is instilled and maintained in this population.** This research seeks to develop a functional model of instillation of hope and further assist with treatment approaches that best fit this population needs.

You are eligible to participate if you are (a) a counselor who (b) primarily work with the African American men referred by the legal system to participate in any type of addictions treatment, (c) have been providing professional services for at least 3 years post-graduation.

African American individuals will be used in this research referring to USA citizens who were born and raised in the USA and share the phenotype and culture of Black individuals.

If you choose to participate, interview(s) will be scheduled through a secure online platform and will be recorded. All material will be confidential. If you agree to participate in this study, these will be the next steps:

- Reply to this message demonstrating your interest.
- An *Informed Consent* and *Demographic and Professional Experience* form will be emailed to you.
- You will review and complete the forms where you will be asked a few questions about your demographics and your practice.
- You will respond to the email consenting to participate.
- We will schedule a 60-90 min. Zoom interview.

These are some examples of questions that you will be expected to answer: (1) how do you conceptualize hope in therapeutic change for African Americans men? (2) how do you instill hope in therapeutic change while treating African American males mandated to addictions treatment? And (3) how do you cultivate and maintain hope for therapeutic change in yourself and in your practice/clients?

Please note that you may discontinue participation in this study at any time, as your participation is voluntary. If you choose to participate, or have questions about participating, or have questions about the study itself, do not hesitate to reach out. My contact information is below.

These are face-to-face interviews; therefore, if you are my personal friend and do not feel comfortable discussing the research topic with me, please do not participate in this study. However, feel free to forward this invitation to whoever you believe will be interested in participating.

Thank you for considering participating in this study.

Sincerely,
Reylla Santos, MA, LCPC, Doctoral Candidate - rsantos2@adler.edu

Appendix B

Social Media Post

I am in search of volunteers who are dedicated to and care about the success of African American men who are mandated to addictions treatment to contribute with my dissertation research.

The purpose of this study is to explore **how hope is instilled in this population**. This research seeks to develop a functional model of instillation of hope and further assist with treatment approaches that best fit this population needs.

You are eligible to participate if you are (a) a counselor who (b) primarily work with the African American men referred by the criminal justice system to participate in any type of addictions treatment and (c) have been providing professional services for at least 3 years post-graduation.

African American individuals will be used in this research referring to USA citizens who were born and raised in the USA and share the phenotype and culture of Black individuals.

If you choose to participate, interview(s) will be scheduled through a secure online platform and will be recorded. All material will be confidential. If you agree to participate in this study, these will be the next steps:

- Reply to this message demonstrating your interest.
- An *Informed Consent* and *Demographic and Professional Experience* form will be emailed to you.
- You will review and complete the forms where you will be asked a few questions about your demographics and your practice.
- You will respond to the email consenting to participate.
- We will schedule a 60-90 min. Zoom interview.

These are some examples of questions that you will be expected to answer during the interview: (1) how do you conceptualize hope in therapeutic change for African Americans men? (2) how do you instill hope in therapeutic change while treating African American males mandated to addictions treatment? And (3) how do you cultivate and maintain hope for therapeutic change in yourself and in your practice/clients?

Please note that you may discontinue participation in the study at any time, as your participation is voluntary. If you choose to participate, or have questions about participating, or have questions about the study itself, do not hesitate to reach out. My contact information is below.

These are face-to-face interviews; therefore, if you are my personal friend and do not feel comfortable discussing the research topic with me, please do not participate in this study. However, feel free to forward this invitation to whoever you believe will be interested in participating.

Thank you for considering participating in this study.

Sincerely,
Reylla Santos, MA, LCPC, Doctoral Candidate - rsantos2@adler.edu

Appendix C

Demographic and Professional Experience Form

Name	
Race	
Ethnicity	
Gender	
Religious affiliation	
Highest degree earned	
Professional Credentials/Licenses	
Years of experience as a counselor post-graduation	
Years of experience as an addiction counselor post-graduation	
Current working setting	
Primary work setting that you work/have worked with African Americans mandated to addictions treatment	
Primary presenting issue (diagnosis) of population served	**____% Substance Addictions** **____% Mental illness** **____% Co-occurring disorders** **____% Other life issues**
Identified race/ethnicity of population served	**____% African American** **____% Black immigrant/non-African American** **____% White** **____% Other**
Primary referral source of population served	**____% Legal system** **____% DCFS** **____% Family** **____% Self** **____% Another provider** **____% Other (specify):** **____________________________**
Gender of population served	**____% Male** **____% Female** **____% Other**
I believe that addressing race/ethnicity with marginalized clients is essential to the success of therapy.	**( ) Strongly disagree (0)** **( ) Disagree (1)** **( ) Neutral (2)** **( ) Agree (3)** **( ) Strongly agree (4)**
I discuss the impact that race/ethnicity has on the client's life.	**( ) Almost never true (0)** **( ) Usually not true (1)** **( ) Neutral (2)** **( ) Usually true (3)** **( ) Almost always true (4)**

Appendix D

Interview Questions

1. How do addiction counselors who work with mandated individuals conceptualize hope in therapeutic change for African Americans men? (Conceptualization)
    a. What is the association of hope and sociocultural identity?
        i. What do you see being the role of race in maintaining and instilling hope?
        ii. What do you see being the role of systemic prejudice regarding addictions, incarceration, and/or race in maintaining and instilling hope?
        iii. How does the intersectionality of these three identities (race, addiction, and incarceration) impact the concept of hope in this population?
2. How do counselors instill hope in therapeutic change while treating African American males mandated to addictions treatment? (Practice toward others)
    a. How do you inspire hope in substance abuse counseling with this population?
        i. What are the steps used?
        ii. What strategies do you use to instill and maintain hope in this population?
    b. What is central to instilling hope in this population?
        i. What influences hope in this population?
        ii. What do you see as the obstacles of instilling hope in this population?
        iii. How is this different to other populations?

   c. How do you integrate race into hope instillation and maintenance?
   d. How do you integrate contextual issues that affect African American men mandated to addictions treatment into hope instillation?
3. How do addiction counselors cultivate and maintain hope for therapeutic change in themselves and in their practice/clients? (self-practice and parallel process)
   a. What is your understanding of hope for counselors as it plays out in the process of instilling hope in clients?
      i. How do you maintain yours?
      ii. What are the obstacles of maintaining your hope?

Appendix E

Consent Form

Purpose of Research

I am conducting a study to help understand the process of instillation of hope in African American men mandated to addictions treatment. Due to multiple obstacles posed onto those who are marginalized, hope is directly impacted. As hope is an active ingredient for therapeutic change and a common factor across therapeutic interventions, research on how counselors instill and maintain hope in African American men mandated to addictions treatment was deemed necessary to improve treatment. This research includes an investigation on how counselors conceptualize hope in therapeutic change, and how hope is cultivated and maintained in their clients as well as counselors. The purpose of this study is to create a functional model of instillation of hope based on the experiences of multiple counselors who have worked with African American men mandated to addictions treatment. The results of this study are intended to improve treatment for people who are marginalized by the criminal justice system and call attention to the socio-cultural factors that may contribute to instilling hope in African American men involved with the criminal justice system due to drug-related issues. This study is being conducted to fulfill the requirements for my dissertation as a doctoral student in counseling education and supervision at Adler University.

Procedures

If you choose to participate in this study, I will ask you to attend a 60-90-minute interview online with me where questions about your perception of hope and your treatment practices related to instillation of hope will be asked. If there is a need to clarify a topic that was left unclear during the interview, a follow-up interview via Zoom or follow-up questions through email will be conducted. You may also be asked to participate in verifying the fidelity of the interpretation of the data as a theory is formed.

First, I will contact you to schedule a time for the initial interview. The interview will be recorded for transcript and data analysis. The recordings will be stored in an encrypted folder in my personal laptop.

These are some examples of questions that you will be expected to answer: (1) how do you conceptualize hope in therapeutic change for African Americans men? (2) how do you instill hope in therapeutic change while treating African American males mandated to addictions treatment? And (3) how do you cultivate and maintain hope for therapeutic change in yourself and in your practice/clients?

Benefits

You may indirectly benefit from this study by contributing to the knowledge of hope in the marginalized community. The results of this study could help the field of counseling better address the factors associated with success in treatment and recovery of African American men mandated to addictions treatment as well as advocate on the behalf of this community.

Risks or foreseeable discomforts to you as a participant

This study poses minimal risk to all participants. There is a potential of discussing sensitive topics regarding hopelessness, burn-out, and social injustice. If so, you have the right to skip questions or to withdraw from the study at any time. If you are concerned about participating in this study, you may need to discuss these concerns with your current treatment provider or refer to the list of resources to find a treatment provider. These resources are listed at end of this consent form and at the end of the survey itself.

If at any point you feel uncomfortable discussing this topic with me due to the proximity of our relationship, you are advised to refuse to participate or discontinue your participation.

Confidentiality

If you choose to participate in this study, no identifying information will be divulged such as your name, contact information, email, or employer. All reports from this study will be presented as aggregate results. At times, some quotes could be reproduced in the final report to illustrate the findings; however, any identifiable information will be removed to ensure anonymity. All data will be transcribed, and identifiable information will be removed from the transcripts. The transcripts and recording will be encrypted and stored on my password-protected laptop. The laptop is password protected and stored in my locked residence. All electronic data and surveys will be kept secure for a period of 7 years in accordance with APA guidelines for the retention of data. After this time, the electronic files will be deleted from the laptop. No information will be allowed to be accessed by the legal system or general public; therefore, it will not interfere with your employment or treatment processes.

Your Rights as a Participant

There is no cost to you for participating in the study. Your responses are kept confidential. Your participation is completely voluntary and you may choose to withdraw from the study at any time without consequence. Your participation or decision not to participate is confidential and no one will know of your decision.

Thank you for your participation.

These websites contain directories to find local treatment providers:

https://findtreatment.gov/

http://therapists.psychologytoday.com

http://locator.apa.org

https://www.counseling-csj.org/

https://www.sentencingproject.org/issues/racial-disparity/

Please be advised that these are examples of possible resources and do not constitute an endorsement of these websites. You are encouraged to seek services and resources that you are comfortable with.

At this time, we wish to restate that you have the right to continue with the study, you can skip any questions you do not wish to answer, and you may withdraw at any time.

Opportunity for Questions

Further questions about this study could be directed to the researcher, Reylla Santos at rsantos2@adler.edu or her supervisor Dr. Beckenbach at jbeckenbach@adler.edu. Questions or concerns about your rights as a research participant should be directed to the Adler University Institutional Review Board irb@adler.edu.

Please check this box if you consent to participate. If you do not wish to participate, simply ignore this email.

You can also reply to this email which will serve as your signature to this form.

☐ I consent to participate in the survey.

____

Name

____

____

Signature Date

Appendix F

IRB Letters of Approval

May 6, 2022

Dear Reylla Santos,

The Institutional Review Board evaluated your submission.

Researcher Name: Reylla Santos
Protocol Title: Hope in Mandated Addictions Treatment for Black Individuals: Dissertation research
Protocol Number: 22-079
Chair: Dr. John Beckenbach, PhD

Submission is a [ ] First time submission, [x] Revision to a protocol, [ ] First time submission of an amendment, [ ] Revision to an amendment, [ ] Use of archival dataset

Your protocol or amendment has now received **Approval**. This decision means that you may proceed with your plan of research as it is proposed in your protocol, or amended protocol.

Please note that if you wish to make changes to your protocol, you must provide written notification to the IRB in advance of the changes. **You may not implement those changes until you have received an Approval letter from the IRB**. Please note that once you as a student graduate from Adler University, or you as a staff member, core faculty member, or adjunct faculty member are no longer employed by Adler University, that the IRB approval for your research will be considered expired. Should you decide to continue your research, you will need approval from the IRB review board at your respective place of employment or institution. Please feel free to contact myself or other IRB committee members should you have any questions.

Sincerely,

Peter Ji, Ph.D.
Associate Professor
Core Faculty, Department of Psychology
Co-Chair, Institutional Review Board

May 13, 2022

Dear Reylla Santos,

The Institutional Review Board has evaluated your submission.

Researcher Name: Reylla Santos
Protocol Title: Hope in Mandated Addictions Treatment for Black Individuals: Dissertation research
Protocol Number: 22-079
Chair: Dr. John Beckenbach, PhD

Submission is a [ ] First time submission, [x] Revision to a protocol, [ ] First time submission of an amendment, [ ] Revision to an amendment, [ ] Use of archival dataset

Your protocol has now been reviewed and received **Approval**. This decision means that you may proceed with your plan of research as it is proposed in your protocol.

Please note that if you wish to make changes to your protocol, you must provide written notification to the IRB in advance of the changes. **You may not implement those changes until you have received an Approval letter from the IRB**. Please note that once you as a student graduate from Adler University, or you as a staff member, core faculty member, or adjunct faculty member are no longer employed by Adler University, that the IRB approval for your research will be considered expired. Should you decide to continue your research, you will need approval from the IRB review board at your respective place of employment or institution. Please feel free to contact myself or other IRB committee members should you have any questions.

Sincerely,

Peter Ji, Ph.D.
Associate Professor
Institutional Review Board