Research Article Open Acces

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Abstract

Objective: The purpose of this study was to examine the problem of attrition in the treatment of substance use disorders. The authors analyzed the retention rates of 191 participants who were assigned to an episode of substance DEXVH WUHDWPHQW 7ZR W\SHV RI DWWULWLRQ WKH ¿UVW GXH WR SDUWLFLSDQ second due to participants failing to complete a posttest survey, were investigated. Relationships were found between severity of the substance use disorder and a tendency to withdraw prematurely from treatment. Though the study is far IURP SHUIHFW WKH DXWKRUV VWURQJO\ EHOLHYH WKDW LW FRQ¿UPV WKH LPS0 BÁ

Keywords: Substance abuse treatment; Substance use disorder; Retention; Attrition; Alcoholism; Drugs; erapeutic alliance; Motivational interviewing

Introduction

One of the notions of substance abuse treatment is that people must hit “rock bottom” before they are ready for recovery. So pervasive is the notion that, sometimes when people fail to achieve total abstinence from substances during treatment, they are told to leave and come back when they are “ready.” Although therapists would not expel an anxious client from treatment for having a panic attack, or a depressed client for being sad, proponents of the rock bottom theory may be quick to assume that clients who relapse in substance abuse treatment need to hit rock bottom before they can begin to recover.

Another variation of this notion is that people who have hit rock bottom have nowhere to go but up, so they are more likely to show improvement simply by regression to the mean. But although these views may have some conventional wisdom to support them, the research is mixed as to whether they are valid [1]. At this point, it is unclear that the data support either side of this debate.

ere are relevant questions, however, that revolve around the issue of attrition. For example, are those with very severe substance use disorders more or less likely to complete treatment? Conventional wisdom would suggest that clients with a severe substance use disorder are highly motivated to complete treatment and gain mastery over the issues that brought them to treatment. But is this a valid assumption?

Although the vexing problem of attrition is a concern for all professionals working in the mental health arena, the highest attrition rates have been reported in substance abuse treatment programs,

of the relationship between therapist and client within the context of treatment [4]. Without a robust working relationship between therapist and client, substantial progress toward treatment goals is unlikely. e concept of therapeutic alliance encompasses three primary components: (1) an agreement between therapist and client about the goals to be accomplished through treatment, (2) an agreement about the therapy tasks and objectives needed to accomplish those goals, and (3) an emotional bond between therapist and client that permits the client to make therapeutic progress.

An important nding that has emerged from a considerable number of studies is that positive alliance formed early in treatment seems to predict ultimate therapeutic success across a spectrum of clinical issues and treatment modalities [5]. is is signi cant because many clients with a substance use disorder report unsatisfactory relationships within their social environment, and a history of poor social and family relationships. erefore, it would follow that positive therapeutic alliance would be critical to success with substance use disorder clients. Additional challenges to forming positive alliance may arise because many clients with a substance use disorder are likely to deny the problem, show hostility toward the therapist, do not want to be in treatment, and present with a history of treatment failures.

In one meta-analytic review, Martin, Garske, and Davis [6] reported that although the correlation between therapeutic alliance and treatment outcomes is positive and moderate, the e ect is consistent

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Appendix A

Simple Screening Instrument for AOD Abuse
Self-Administered Form

Directions: The questions that follow are about your use of alcohol and other drugs. Your answers will be kept private. Mark the response that best fits for you. Answer the questions in terms of your experiences in the past six months.

During the last six months. . .

1. Have you used alcohol or other drugs? (such as wine, hard liquor, pot, coke, heroin or other opiates, uppers, downers, hallucinogens, or inhalants)
___ Yes ___ No

2. Have you felt that you use too much alcohol or other drugs?
___ Yes ___ No

3. Have you tried to cut down or quit drinking or using drugs?
___ Yes ___ No

4. Have you gone to anyone for help because of your drinking or drug use? (such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program)
___ Yes ___ No

5. Have you had any health problems? For example, have you:
___ Had blackouts or other periods of memory loss?
___ Injured your head after drinking or using drugs?
___ Had convulsions, delirium tremens ("DTs")?
___ Had hepatitis or other liver problems?
___ Felt sick, shaky, or depressed when you stopped?
___ Felt "coke bugs" or a crawling feeling under the skin after you stopped using drugs?
___ Been injured after drinking or using?
___ Used needles to shoot drugs?
Check "y Tc tny Tc Tu((i)-0.9(s)-1(-2(nj)-C0ntTc Tu((i)-0.9(s)-1(-2(f05i3i-hor)-2ou)-5(r)0-2(f05i3A

8. Have you been arrested or had other legal problems? (such as bouncing bad checks, driving while intoxicated, theft, or drug possession)
___ Yes ___ No

9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs?
___ Yes ___ No

10. Are you needing to drink or use drugs more and more to get the effect you want?
___ Yes ___ No

11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs?
___ Yes ___ No

12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone?
___ Yes ___ No

13. Do you feel bad or guilty about your drinking or drug use?
___ Yes ___ No

The next questions are about lifetime experiences. . .

14. Have you ever had a drinking or other drug problem?
___ Yes ___ No

15. Have any of your family members ever had a drinking or drug problem?
___ Yes ___ No

16. Do you feel that you have a drinking or drug problem now?
___ Yes ___ No

Score	**Degree of Risk for AOD Abuse**
0-1	**None to low**
0-2	**Minimal**
≥ 4	**Moderate to high**

Appendix B

Scale Data Indices

SEX:	
Male	1
Female	2
RACE/ETHNICITY:	
Black/African American	1
White/European American	2
Hispanic/Latino/Latina	3
Native American	4
Asian/Asian American	5
Pacific Islander	6
Other	7
AGE:	
18 - 24	1
25 - 34	2
35 - 44	3
45 - 54	4
55 - 64	5
65+	6
MARITAL STATUS:	
Not married/never married	1
Married/living together	2
Divorced/separated/widowed	3
EDUCATION:	
Elementary (0 to 8 years)	1
Some high school (1 to 3 years)	2
High school graduate (4 years)	3
Some college (1 to 3 years)	4
College graduate (4 years or more)	5
OCCUPATION:	
Production worker	1
Professional specialty	2
Sales	3
Service industry	4
Technical	5
Transportation or material moving	6
Law enforcement	7
Military	8
Entertainment	9
Other	10
None	11
SURVEY QUESTIONS:	
Yes	1
No	2
ANSA LEVEL OF NEED:	
Mild	1
Moderate	2
Moderately severe	3
Severe	4
Profound	5
ATTRITION:	
Completed treatment	1
Did not complete treatment	2
Unable to contact	3