

Background

- Professional treatment can effectively reduce substance use and related impairments.
- HOWEVER, low treatment retention and completion rates mitigate treatment's benefits.
- Elucidating predictors of attrition/retention can inform clinical practice to enhance the likelihood of successful client outcomes.
- Clients' perspectives about leaving treatment are under-investigated.

Role of the early treatment period

- The *drug abuse treatment process model* describes the early phase of treatment as an engagement stage that initiates the recovery process.¹
- E.g. Among TC clients, a more positive first-week response to TC social processes predicts retention for the first month.²

Study Objectives

- To examine the role of client background, addiction-related cognitions and early treatment experiences in predicting attrition; and
- To conduct a qualitative study exploring clients' stated reasons for attrition.

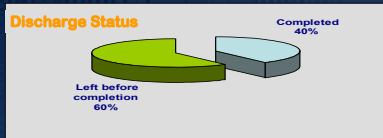
Settings and procedures

- 314 consecutive admissions recruited within 2 weeks of admission at two large publicly-funded outpatient programs in New York City.
- 36 participants remained in treatment < 30 days and were dropped from the study, designed to assess the role of individual and treatment factors as predictors of post-treatment 12-step participation.
- 250 clients re-interviewed at treatment end and a year later (90% re-contact) constitute the sample for this study.

Study Domains

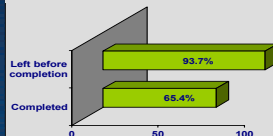
- OUTCOME: Treatment retention from program records.
- PREDICTOR DOMAINS assessed at baseline:
 - Demographics
 - Substance use history
 - Psychological functioning (ASI)
 - Recovery- promoting cognitions (e.g., commitment to abstinence, self-efficacy)
 - Treatment experiences: E.g. Expectations of help, agreement with treatment goals, perceptions of counselors, ease of complying with program, self-rated likelihood to complete treatment.

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Return to substance use in the year after leaving treatment as a function of discharge status

Drop-outs were 2.8 times more likely to return to drug use in the year after services ended than were treatment completers (85%CI = 1.8-4.25, p<.001)



Chi. Sq. = 29.73, p<.001

Baseline Predictors of Attrition: Demographics and functioning

	Completed N = 115	Dropped out N = 135	Signif.
Age (mean years)	40.7	37.4	.003
Male Gender (%)	36.4	63.6	.0003
Female gender	59.4	40.6	.0003
Race			
White	33.3	67.7	.03
Black	53.2	46.8	.004
Latino	38.9	61.1	.09 (trend)
Medical ASI	.29	.27	ns
Psychological ASI	.30	.29	ns
Legal ASI	.20	.25	ns
Employment ASI	.64	.62	ns
Number of areas where needs services (0 - 9)	6.3	5.9	ns

Baseline Predictors of attrition: Addiction history and recovery- promoting cognitions

	Completed N = 115	Dropped out N = 135	Signif.
Past year dependence severity	7.5	7.8	ns
Used past month (% yes)	23.9	71.1	.000
Past consequence of drug use	4.23	4.16	ns
Prior treatment (% yes)	46.2	53.8	ns
Ever attended 12-step (% yes)	48.3	51.7	ns

Recovery promoting cognitions	32.0	30.9	ns
Readiness to change			
Commitment to abstinence (1-5)	3.23	3.93	.0001
Coping (process of change)	45.40	40.15	.000
Drug abstinence self-efficacy (1-5)	3.96	3.64	.026

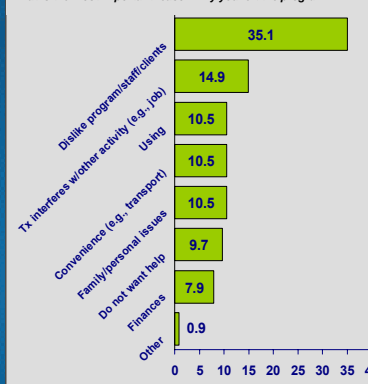
Baseline Predictors of Attrition: Treatment experiences

	Completed N = 115	Dropped out N = 135	Signif.
Expectation that tx will help (0-4)	2.70	2.61	ns
Ease of complying w/tx (0-3)	2.52	2.42	ns
Agree with treatment goals (0-3)	1.81	1.70	.04
External pressure to be in tx (1-10)	3.59	3.80	ns
Likelihood to complete tx (1-10)	9.56	8.92	.003
Counselor's sincerity/understanding	1.84	1.66	.004
Teamwork with counselor (0 - 2)	1.76	1.60	.014
Overall satisfaction w/program	8.25	7.81	ns
Program matches expectations (1-10)	8.30	7.40	.0019

Qualitative analyses: Reasons for leaving treatment

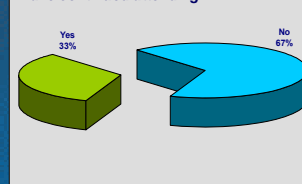
Reasons for leaving treatment

What is the most important reason why you left the program?



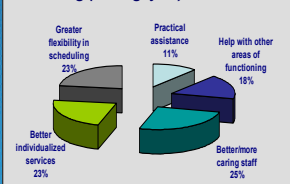
Minimizing Attrition [1]

Is there anything the program could have done differently so that you would have continued attending?



Minimizing Attrition [2]

What could have been done differently so that you would have continued attending (among 'yes')?



Summary of findings

- Over half of participants left treatment before completion.
- Attrition is significantly associated with return to substance use in the following year, underlining the need to identify factors associated with completion.
- Male gender, younger age, recent substance use, lower abstinence motivation, and drug self-efficacy at intake are associated with attrition.
- Early treatment experiences including patients' self-rated likelihood to complete treatment are significant predictors of attrition.

Clinical Implications

- The good news is that since many predictors of attrition appear determined early on, they may be addressed to maximize retention – some suggestions:
 - Involve client in setting treatment goals
 - Explore whether and why client expects/does not expect to complete treatment
 - Involve client in decision-making (Teamwork)
 - Listen to client in a non-judgmental way and express understanding
 - Explore clients' expectations of treatment, redress unrealistic expectations
 - Motivation (commitment to abstinence) is critical to retention and to subsequent outcomes: Use motivational interviewing and related strategies to enhance motivation for change.

References cited

1. Joe, G. W., Simpson, D. D., & Broome, K. M. (1998). Effects of readiness for drug abuse treatment on client retention and assessment of process. *Addiction*, 93, 1177-1190.
2. Mandell, W., Edelen, M.O., Wenzel, S., Dahl, J., & Ebener, P. (in press) Do dimensions of TC treatment predict retention and outcomes? JSAT.