

6.6 Simple induction procedures help alcohol and drug users engage with residential rehabilitation

Findings Relatively simple extensions to induction procedures for residential therapeutic communities can make a radical difference to how well less motivated clients engage with the programme.

Studies ① and ② reported on 500 problem alcohol/ drug users sent to a facility in Texas for violating probation or parole. Residents spent four months in stable 'communities' of 30–40 people. Research showing that initial readiness for treatment (acknowledging a problem, wanting to do something about it, and confidence in the programme) was related to participation and progress led to a training course to heighten the low readiness of coerced clients. It consisted of interactive exercises and games over four two-hour group sessions. Compared to eight other communities, three to four weeks later residents in trained communities felt somewhat more positive about their counsellors, about resident-led meetings, and about the effectiveness of the programme, and felt that they and others were participating more fully.

LINKS Nuggets
4.7 3.7 2.2

The 605 residents in study ③ were mainly cocaine or heroin addicts admitted voluntarily. Intakes went through the standard 30-day induction led by junior staff or also attended three 90-minute 'seminars' weekly led by the most experienced staff, intended to address each individual's concerns. Seminars increased 30-day retention from 62% to 77%. The impact was greatest in clients least motivated for treatment and most likely to leave early; those allocated to the seminars were 18 times more likely to stay 30 days.

In context Poor retention in residential rehabilitation in Britain limits its success. Since drop out tends to occur early, induction procedures such as those in study ③ could be a major influence on performance. Therapeutic alliance (the quality of the relationship between therapist and client) has consistently been shown to affect outcomes. In study ① this was improved by readiness training and it can be expected to have been improved by the intervention in study ③. Whilst retention may be less of a problem with legally coerced clients, what happens during stays is the driver for progress which outlasts containment; engagement and therapeutic alliance are key factors.

Effectively random allocation to procedures clearly distinct from control conditions make these studies unusually robust. However, interventions were delivered to groups but outcomes analysed individually, lessening confidence in the findings. Clients in studies ① and ② may have had far less severe substance problems and been less socially disadvantaged than typical residential clients in Britain; whether the training actually improved retention and outcomes has yet to be reported. Some important variables were *not* improved, including ratings of the helpfulness of staff-led sessions and of the cohesiveness of the communities.

Practice implications Even non-criminal justice clients are often pressured into treatment and training of the kind tried in studies ① and ② could be valuable. Study ③ shows that simple investment in experienced staff addressing the individual concerns of new residents can pay considerable dividends in improved retention, especially of less motivated clients. Retention will improve in communities which use such procedures to quickly establish a relationship within which the client has reason to feel they are being listened to, understood, and given helpful, positive responses to their concerns. Even in a group setting, from the start addressing individual concerns helps prevent these becoming causes of early drop-out or disengagement and probably gives the message to each resident that they count as an individual and are not being submerged in the community.

Featured studies ① Sia T.L., et al. "Treatment readiness training and probationers' evaluation of substance abuse treatment in a criminal justice setting." *J. Substance Abuse Treatment*: 2000, 19, p. 459–467 ② Czuchry M., et al. "Drug abuse treatment in criminal justice settings: enhancing community engagement and helpfulness." *American J. Drug and Alcohol Abuse*: 2000, 26(4), p. 537–552 ③ De Leon G., et al. "Therapeutic communities. Enhancing retention in treatment using 'senior professor' staff." *J. Substance Abuse Treatment*: 2000, 19, p. 375–382. Copies: for all apply DrugScope.

Contacts ① Tiffany Sia, Institute of Behavioral Research, Texas Christian University, Box 298920, Fort Worth, TX 76129, e-mail sia@tcu.edu ② Michael Czuchry, Fayetteville State University, 120 Murchison Road, Fayetteville, NC 28301-4298, USA, e-mail mczuchry@cs.com ③ George De Leon, National Development and Research Institutes, Inc., 8th Floor, 71 West 23rd Street, New York, NY 10010, USA, e-mail george.deleon@ndri.org.