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Finding a Treatment That Fits: A Grounded Theory of Adolescent
Retention in Alcohol and Drug Treatment

A thesis presented in partial fulfillment of the requirements for the degree of

Master of Arts
in
Psychology

at Massey University, Albany, New Zealand.

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2008

Abstract

The present study sought to uncover the process youth go through and the factors that influence their decision to dropout of drug and alcohol treatment. The study reports the experiences of 9 participants from a residential therapeutic community treatment programme in Auckland. Participants' ages ranged from 14 to 17 years. The study utilised a qualitative approach, specifically, a grounded theory approach. Treatment dropout was found to be a complex process that was specific to the individual. A range of client, programme, and other factors were found to influence participants' decisions to dropout of the treatment programme. Recommendations are included for clinicians and suggestions for future research are made.

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Introduction

Statement of the Problem

Alcohol and drug misuse is a significant problem worldwide (Lowinson, Ruiz, Millman, & Langrod, 2005) including New Zealand. The Alcohol Advisory Council of New Zealand (ALAC, 2008) suggests in New Zealand alcohol harm costs somewhere between \$1 billion and \$4 billion a year. It costs the public health sector \$655 million; it costs in crime and related costs \$240 million; it costs in social welfare \$200 million; it costs in other government spending \$330 million, and in lost productivity it costs about \$1.17 billion a year. It goes on to say that alcohol is responsible for 70% of accident and emergency hospital admissions and that 75% to 90% of weekend crime is attributable to alcohol. It also posits that 3.9% of all deaths in New Zealand in 2000 were attributable to alcohol consumption, that is, approximately 1040 deaths.

Youth are not exempt from this problem. ALAC (2008) suggests that 125,000 youth under the age of 17 fall into the category of binge drinkers. Illicit drug use amongst New Zealand youth is also extremely common. In fact, in New Zealand and Australia, youth appear to have higher rates of illicit drug dependence than the rest of the developed world with estimates ranging from 2.2% to 12% (Boden, Fergusson, & Horwood, 2006). Youth are at a particularly high risk of negative consequences as a result of their alcohol and drug use as they are at a critical period in their development. Physical, emotional, and neuro-cognitive changes are powerfully evident (Childress, 2006).

Generally, it has been found that treatment is efficacious and improves the lives of adolescents in significantly meaningful ways (Williams, Chang and Addiction Centre Adolescent Research Group, 2000). Treatment has been associated with abstinence (Lewis, Piercy, Sprenkle, and Trepper, 1990; Brown, Vic and Creamer, 1989), a reduction in alcohol and other drug use (Friedman, Glickman, and Morissey, 1986), and a myriad of related domains including criminal activity, employment and educational status, and health outcomes including health behaviour (e.g. HIV risk behaviour) and health symptoms (e.g. psychopathology), as well as a plethora of

physical signs and symptoms (Jainchill, 1997; Spooner, Mattick, and Howard, 2001; Hser, Hubbard, Hsieh, Fletcher and Anglin, 2001).

However, precluding the fact that treatment is efficacious is the fact that retention of adolescents in treatment is typically low (Orlando, Chan, & Morral, 2003). At Odyssey House Youth Residential treatment programme, 66% of youth exit the programme on their own accord within the first week of treatment (Davidson, 2007). It is suggested that stays of 90 days or more is a benchmark for significant changes to occur in residential settings or the equivalent time receiving counselling in outpatient drug free settings (Hser et al, 2001; Simpson, Joe, Broome, Hiller, Knight, & Rowan- Szal, 1997; Hubbard, Marsden, Rachel, Harwood, Cavanaugh, & Ginzberg, 1989).

A number of pre- during, and post- treatment variables have been examined in relation to favourable treatment outcomes. In a thorough review of the effectiveness of adolescent treatment Williams and colleagues (2000) concluded that treatment completion is the *most* consistent predictor of favourable treatment outcomes. The factors contributing to the retention of clients in treatment are not well understood (DeLeon, Hawke, Jainchill & Melnick, 1997; Melnick, et al, 1997; Williams, et al, 2000; Orlando et al, 2003; Jainchill, et al, 2005; Schroder, Sellman, & Deering, 2007). What little research that has been conducted has focussed on *fixed* client characteristics. Despite being given much attention in the past, in general, these studies find no or little association to favourable treatment outcomes (Melnick et al, 1997, Orlando et al, 2003). Moreover, they are of little use as they have no practical value. If the objective is to improve treatment and outcome for all presenting clients rather than to select those most likely to succeed, it is imperative to look at retention predictors that can be influenced by service providers.

Dropouts are undoubtedly problematic. For the consumer, benefits may not be wreaked as the treatment plan was devised according to provider expectations of treatment attendance. From the perspective of the treatment provider, dropouts are costly as high “front end” costs (requirements for initial assessments and treatment planning) occur. As a result, treatment facilities- in effect, operate at low organisational efficiency and effectiveness levels (Simpson et al, 1997). Given the negative perception of treatment dropouts as failures, lowered staff morale

also results (Pulford, Adams, & Sheridan, 2006). Understanding the factors that contribute to low retention is necessary then to improve treatment for adolescents.

Significance of the study

The present study sought to elucidate the issue of retaining youth in alcohol and drug treatment. Specifically, it sought to elucidate the issue of retaining youth in a residential drug and alcohol treatment programme based on a modified therapeutic community. The therapeutic community is fundamentally a self-help approach that views the community of residents itself as the agent of change. It views the substance disorder as a condition of the whole person requiring a new set of values and social skills to support a healthy, pro-active, and drug-free lifestyle. It achieves these tasks through an emphasis on group work, and a variety of teachings on “right living” modelled and taught through a variety of therapeutic groups for example anger management (De Leon, 2000).

By employing a qualitative approach, specifically, the grounded theory approach (Glaser & Strauss, 1967; Glaser, 1978; Glaser; 1992) the study explicates the reasons why youth dropout of treatment. Given that relatively little is known about the reasons why the retention of adolescents in treatment is low, a qualitative approach was deemed appropriate (Glaser & Strauss, 1967; Patton, 2002). A range of client and programme factors related to treatment dropout are reported. By explicating the factors contributing to low retention, the mechanisms contributing to the effectiveness of programs are also addressed.

Recommendations are made for service providers that may increase the retention of youth in substance abuse treatment and respectively, treatment outcomes. A number of suggestions for future research are also made. The research examining the effectiveness of adolescent drug and alcohol treatment lags significantly behind efforts examining the effectiveness of treatment for adults (Williams et al, 2000). If nothing else, more research effort is demanded on humanitarian grounds.