Improving Client Engagement and Compliance in Treatment

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How are we doing keeping our clients in treatment?

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- Rates of first-month attrition in substance abuse treatment programs are approximately 30%.

- Drop-out prior to 3 months can be 50% or more (Garnick et al., 2013; Graff et al., 2009; Choi et al., 2003; Harris, 1998; Hubbard et al., 1989; Kang et al., 1991; Simpson 1981; Simpson et al., 1997).

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- The completion rate for publicly funded programs in 2012 was 40% across modalities, 33-37% in outpatient settings, the most common form of service delivery in the US (SAMHSA Treatment Episode Data Set 2013).

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- The best predictor of positive treatment outcomes is length of time in treatment. (Hubbard et al., 1989; 1997; Simpson & Sells, 1982; Simpson et al., 1997; Zhang et al., 2003).

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- Three months of treatment is considered the minimum to see symptom improvement (Katz et al., 2004; Simpson & Joe, 2004; Simpson et al., 1997).

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What makes clients engage (and stay) in treatment??

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- **Counseling rapport** predicts significantly better treatment retention and outcomes (Joe et al., 2001; Connors et al., 1997; Joe et al., 1999).

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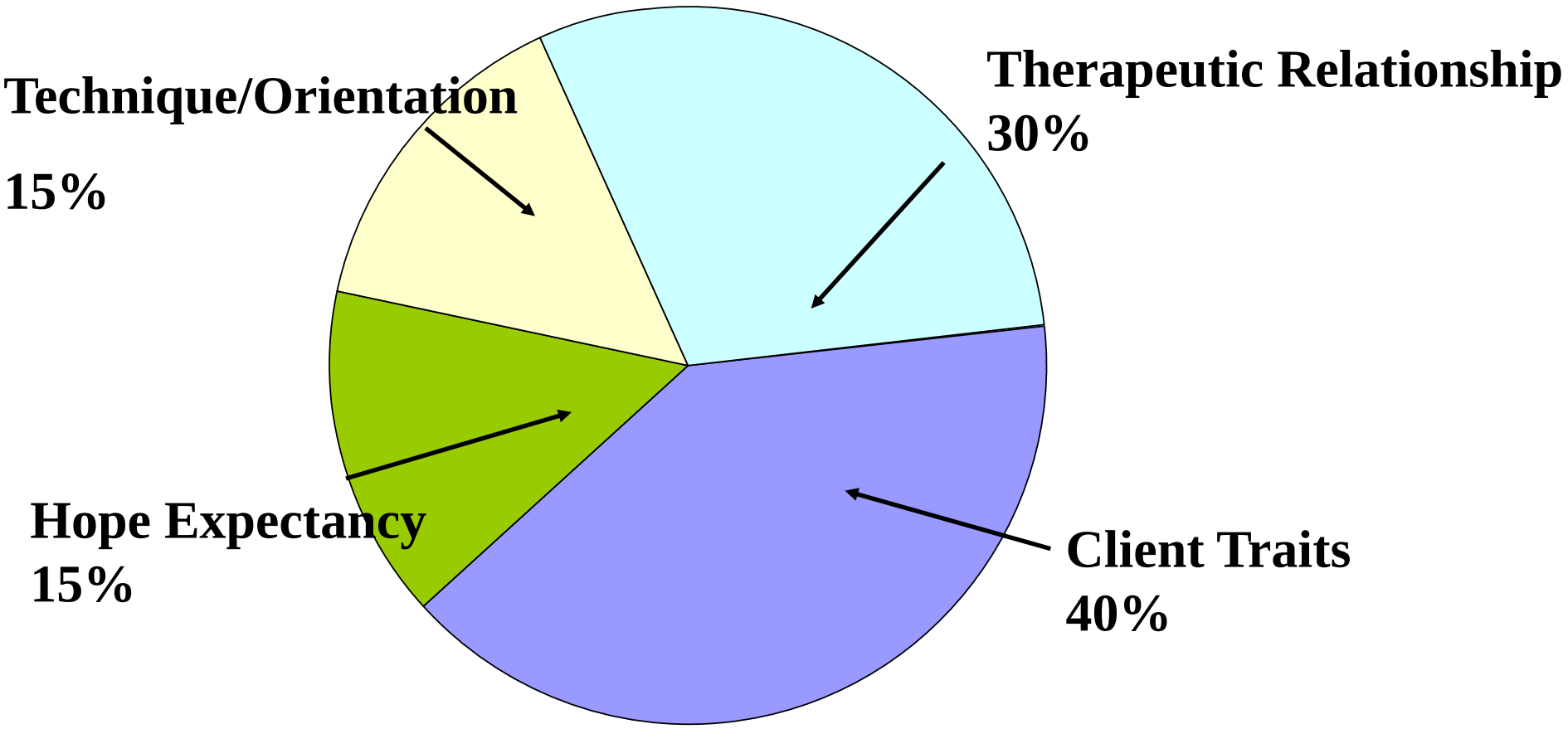
Factors that Lead to Success in Counseling



- Decades of research and over 20 meta-analyses have demonstrated that the **quality of the therapeutic alliance** significantly affects treatment outcome. The clinician attribute most associated with rapport is empathy. (Norcross, 2010, Wampold, 2001)

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- **The quality of the counselor-client relationship** was found to be more predictive of treatment outcome than the use of particular evidence-based practices in a large scale national study. (Project Match Research Group, 1998)

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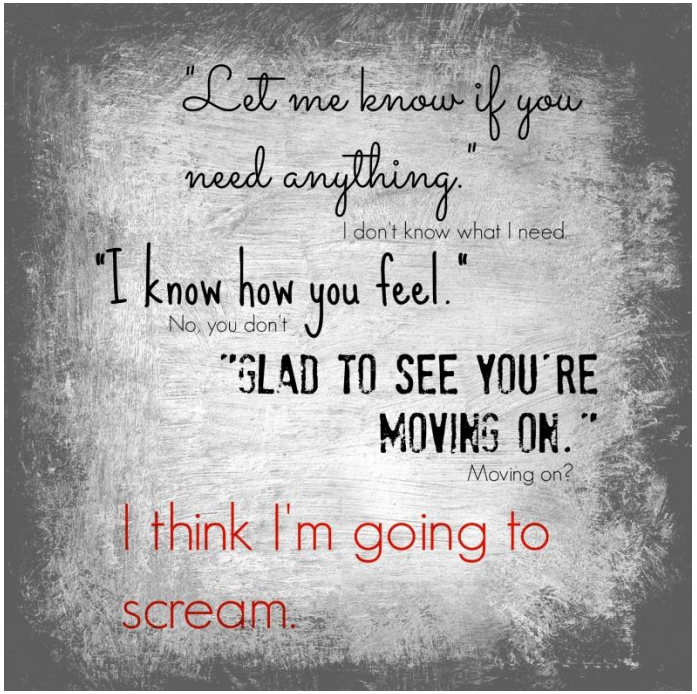
Factors that contribute to drop out

- Treatment does not appear to client to be useful



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Inflexible treatment packages

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Punitive responses to continued drug use

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Poor therapeutic alliance

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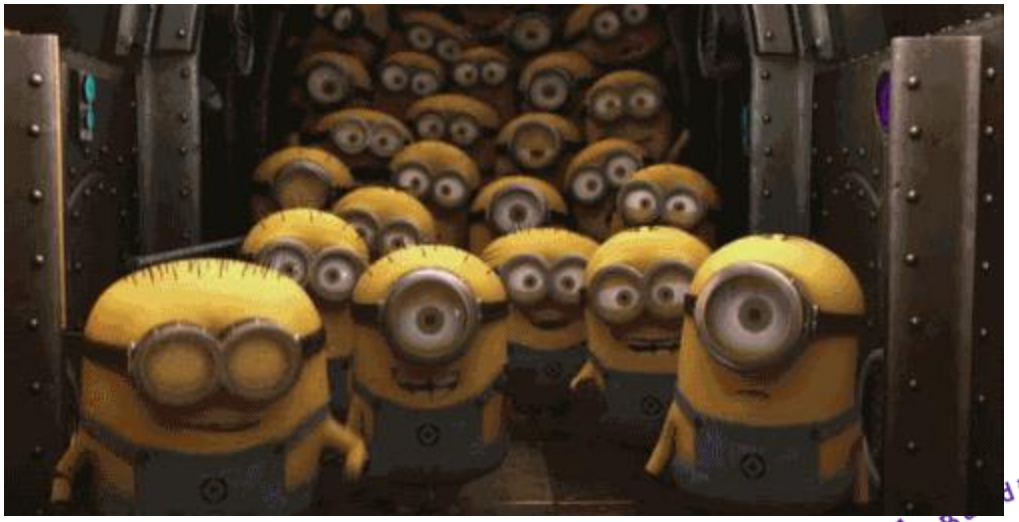
Factors that increase engagement and retention

- Warm, welcoming approach, from receptionists to clinical staff



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Greet all customers and make them feel welcomed
Respect cultural and other personal differences
Evaluate and clarify customer's expectations
Address and respond to customer's needs
Thank and verify that needs have been met

Every contact we have with a customer influences **whether or not they'll come back.**

We have to be great **every time or we'll lose them.**

(Kevin Stirtz)

Pleasant physical environment

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Communication of cultural competence

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Decontamination of the Referral Process: For Clients Coerced Into Treatment

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- "I'm sorry you had to come into treatment this way."
- Honor the client's anger and sense of loss of personal power."
- Acknowledge the choice the client has made.
- Ask what the client would like from treatment.
- Explain the difference between the criminal justice system and treatment.

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The MI Assessment Sandwich

MI strategies during 1st 20 min

Agency Intake or Assessment

MI strategies afterwards for treatment planning

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Outcomes

- MI provided at the beginning of treatment increases treatment retention and adherence.

- *Hettema et al., 2005, in a meta analysis of 72 empirical studies*

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1. First Break the Ice

- Offer a drink (and maybe something to eat!), chance to use the restroom.
- Ask how the client prefers to be called.
- Make small talk about weather, sports, client's interests, etc.
- Let client know what treatment, your session will be about.
- Any questions?

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2. Get to Know the Person: Use of Motivational Interviewing to Establish Rapport

- Open-Ended Questions
- Affirmations
- Empathic Reflections
- Summaries

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Open-ended questions to evoke client motivation:

- What brings you here?
- What concerns do you have about your drinking and/or drug use, if any?
- What concerns does your (wife, mother, partner, etc) have?
- How would you like things to be different?
- What would you like to get out of being in treatment?

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Empathic Reflections

- A reflection makes a guess about what the person means
- Voice inflection goes down at the end.
- Examples:
  - *You didn't want to come to treatment and at the same time, would like to see if it might help you get back into the league, in some type of position.*
  - *It sounds like you care about your family a lot.*
  - *You don't think that alcohol is a problem in your life and, at the same time, think cocaine has caused you some problems.*
  - *People are overreacting to what happened to you.*
  - *You're not so sure coming here will help you.*
  - *It seems to you that your wife just wants you out of the house.*
  - *You' regret the problems your coke use may have caused in your marriage.*

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Empathize, don't confront

- Client: "I don't really need treatment, I am here because my wife wants me to come."
- Confrontation: "You must need to be here if you overdosed."
- Empathic Response: "You'd like things to be better with your wife."

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Affirmations

- "It took courage to come here when you didn't want to, because you know it might make your life better."
- "You're not willing to give up on yourself. You've worked too hard for all you have achieved."
- "Being there for your family is important to you."
- "You've done the best you could given hard circumstances."

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- First counseling session within 24 hours, with information given about treatment process and what to expect, engagement with counselor (Wisdom, J.P., et.al, 2009)

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Program Orientation to Engage

- Can be pre-treatment or post- admission
- Focus is on relationship building and helping the client identify their own goals for change
- Use MI
- Move away from focus on rules (control and compliance) to how the program can help the client reach their goals
- Use of successful peer role models
- From:

To:

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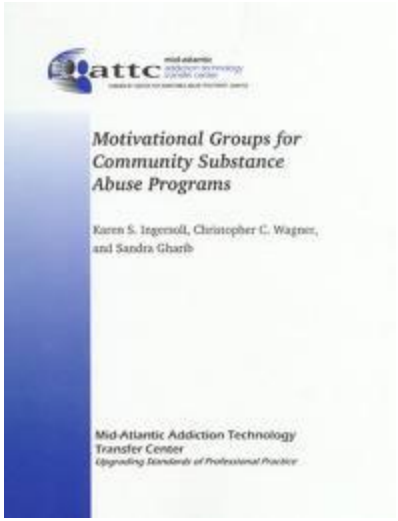
Use Stage-Appropriate Interventions

- Begin by helping clients identify their own goals for change; use of MI in groups and individual counseling.

- Resource: *Motivational Groups for Community Substance Abuse Programs, Ingersoll ,Wagner and Gharib*



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Individualize the Plan with the Client

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- Review the assessment with the client
- Ask for the client's ideas on what they want to accomplish in treatment
- Incorporate the client's strengths, needs, abilities and preferences
- Give the client choices about methods insofar as possible. Programs that have given clients choices about which groups they want to attend have increased retention.*

*Tailor Treatment to Each Client's Circumstances and Needs, Niatx, ttps://niatx.net/promisingpractices/Show.aspx?ID=83&SPNID=32

Use Motivational Incentives

https://www.drugabuse.gov/blending-initiative/motivational-incentives-package

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