

California State University, San Bernardino

CSUSB ScholarWorks

---

Theses Digitization Project

John M. Pfau Library

---

2006

## Clients in a mandated treatment program: A needs assessment

Sabrina Gail Eisner

Adriana Vazquez

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Social Work Commons](#), and the [Substance Abuse and Addiction Commons](#)

---

### Recommended Citation

Eisner, Sabrina Gail and Vazquez, Adriana, "Clients in a mandated treatment program: A needs assessment" (2006). *Theses Digitization Project*. 3491.

<https://scholarworks.lib.csusb.edu/etd-project/3491>

This Thesis is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

CLIENTS IN A MANDATED TREATMENT PROGRAM:

A NEEDS ASSESSMENT

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Sabrina Gail Eisner

Adriana Vazquez

June 2006

CLIENTS IN A MANDATED TREATMENT PROGRAM:  
A NEEDS ASSESSMENT

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

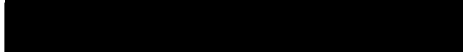
by  
Sabrina Gail Eisner  
Adriana Vazquez

June 2006

Approved by:

  
Dr. Tom Davis, Faculty Supervisor  
Social Work

5/9/06  
Date

  
Olivia Sevilla, L.C.S.W., Executive  
Director, Bilingual Family Counseling  
Service, Inc.

  
Dr. Rosemary McCaslin,  
M.S.W. Research Coordinator

## ABSTRACT

The purpose of this study is to acknowledge the unique needs that are shared among legally mandated clients in substance abuse treatment. Currently, many substance abuse programs generalize their treatment modalities disregarding each population's uniqueness. Consequently, there are no specific treatment modalities for legally mandated clients. This study utilized a mixed design approach by using surveys and interviews. The researchers conducted a needs assessment that will contribute to social work practice by enhancing treatment delivery to mandated substance abuse clientele.

## ACKNOWLEDGMENTS

I, Adriana Vazquez, would like to give special recognition to my parents, sister, niece and nephew for their unconditional love and support of me throughout my college years. Without your guidance none of this would have been attainable. Thank you all, your Guñis made it!

I, Sabrina G. Eisner, would like to express my deepest form of gratitude to my parents, sister and brother for believing in my abilities to accomplish one of the biggest goals of my life. Papi y Mami, you never gave up on me. It is because of your love, support and guidance that I have blossomed into the woman I am today.

We would like to give thanks to Dr. Tom Davis, our research advisor, for guiding and preparing us for this thesis project. Your sense of humor allowed us to mash this thesis out and it kept us "low maintenance." Thank you to Dr. Rosemary McCaslin for instilling faith in both of our abilities to get through graduate school. Thank you Tim Thelander for making yourself available to our questions and formatting our thesis. A special thank you to Angelica Vazquez, who took the time and effort from her busy work and school schedule to proof read our entire thesis.

## DEDICATION

We would like to dedicate this research project to Bilingual Family Counseling Service, Inc., without your support we would not have been able to conduct this study. You provide an invaluable service to your clients, who represent an underserved population. We hope these findings assist and contribute to the continuity of effective substance abuse treatment. Additionally, we would like to thank all of the clients who participated in the study. We hope that this will encourage clients to continue to let their voices be heard.

## TABLE OF CONTENTS

ABSTRACT .....	iii
ACKNOWLEDGMENTS .....	iv
LIST OF TABLES .....	viii
LIST OF FIGURES .....	ix
CHAPTER ONE: INTRODUCTION	
Problem Statement .....	1
Purpose of the Study .....	4
Significance of the Project for Social Work .....	7
CHAPTER TWO: LITERATURE REVIEW	
Introduction .....	10
Mandated Client Defined .....	10
Treatment and Retention .....	12
Motivation within Treatment .....	13
Theories Guiding Conceptualization .....	15
Summary .....	19
CHAPTER THREE: METHODS	
Introduction .....	21
Study Design .....	21
Sampling .....	22
Data Collection and Instruments .....	23
Procedures .....	25
Protection of Human Subjects .....	27
Data Analysis .....	27

Summary .....	28
CHAPTER FOUR: RESULTS	
Introduction .....	30
Demographics .....	30
Quantitative .....	33
Education .....	40
Motivation .....	41
Triggers to Relapse .....	43
Qualitative .....	47
Education .....	47
Services .....	48
Motivation .....	49
Triggers to Relapse .....	50
Summary .....	50
CHAPTER FIVE: DISCUSSION	
Introduction .....	51
Discussion .....	51
Triggers to Relapse .....	54
Limitations .....	55
Recommendations for Social Work Practice, Policy and Research' .....	56
Conclusions .....	58
APPENDIX A: SURVEY .....	59
APPENDIX B: INTERVIEW GUIDE .....	65



APPENDIX C: INFORMED CONSENT .....	67
APPENDIX D: DEBRIEFING STATEMENT .....	70
REFERENCES .....	72
ASSIGNED RESPONSIBILITIES PAGE .....	75

LIST OF TABLES

Table 1.	Participants' Responses to Mandated Clients Survey .....	34
Table 2.	Substance Abuse Education versus Coping Mechanisms .....	40
Table 3.	Substance Abuse Education versus Friends Social Support .....	40
Table 4.	Friends Social Support versus Parenting Education .....	41
Table 5.	Gender versus Children as a Motivator .....	41
Table 6.	Job Motivation versus Children Issues .....	42
Table 7.	Treatment History versus Probation Officer as Motivator .....	43
Table 8.	Triggers to Relapse Job Pressure versus Stress .....	43
Table 9.	Depression versus Treatment History .....	44
Table 10.	Gender and Pressure to use Drugs .....	44
Table 11.	Gender and Past Treatment Registrations ....	45
Table 12.	Gender and Family Motivation .....	45
Table 13.	Gender and Children as a Motivator .....	46
Table 14.	Gender and Laws Affecting Mandated Clients .....	46

LIST OF FIGURES

Figure 1. Respondent's Age ..... 31  
Figure 2. Respondent's Gender ..... 32  
Figure 3. Weeks in Treatment ..... 33

## CHAPTER ONE

### INTRODUCTION

This chapter aims to provide background information on substance abuse. The field of substance abuse contains a large body of knowledge that is relevant to social work practice. This study focused on coerced clients in treatment. This chapter will provide a broad overview of the general problem, which is to understand the unique characteristics of legally mandated clients. Addressing policy, micro and macro concepts, provides a clear understanding of what treatment modalities provide the best outcomes.

#### Problem Statement

Substance abuse is a rising epidemic in the United States. In 1992, the economic cost from drug and alcohol abuse was estimated to be \$246 billion dollars (National Institute of Drug Abuse, 2005). Inflation and growth will only increase this amount in the future. Within the criminal justice system alone, \$23.6 billion dollars is attributed to drug and alcohol offenders (National Institute of Drug Abuse, 2005).

Currently, the existence of court-mandated treatment aims to reduce criminal recidivism (Freeman, 2003). What is known about individuals involved in the legal system is that they are going to receive services in which they would not normally be involved (Kelly, Finney, & Moos, 2005). However, there is insufficient research supporting the effectiveness of legally mandated substance abuse treatment. It is important to acknowledge these insufficiencies regarding treatment in order to provide productive treatment for an individual.

This issue is a concern to social work practice because there is a continuous strive to improve the quality of life for individuals. In order to be competent, social work practitioners must value their clients. The process can begin by starting where the client is. Researching the effectiveness of substance abuse treatment allows social workers to apply the correct treatment modalities that will benefit this population.

When considering this issue it is important to address both the macro and micro elements. According to Freeman (2003), substance abuse treatment programs should reduce addictive behavior, criminal recidivism and

re-incarceration. However, there is no system developed that has proven results. Cost of crime, healthcare, accidents and premature deaths among substance abusers continues to be a huge burden on society. From a macro perspective, it is important to recognize that these costs are imposed on government and healthcare services, taxpayers, and victims (National Institute of Drug Abuse, 2005).

In 2000, California voters approved Proposition 36. This was a substance abuse and crime involvement act. The purpose was to allow non-violent drug offenders to enroll in drug treatment and probation in lieu of going to jail. In 2002, researchers evaluated the Substance Abuse and Crime Prevention Act. They found that 86% percent of clients that were eligible for this program were enrolled in outpatient drug treatment (Longshore, Evans, Urada, Teruya, Hardy, Hser, Prendergast, & Ettner, 2003). Recognizing that outpatient drug treatment is the predominant modality emphasizes the importance of knowing the unique characteristics displayed by mandated clients.

It has been determined that \$120 million dollars are spent annually for treatment services. This money is designated for the duration of five and one half years.

However, due to the large disparity between incarceration and treatment costs, this initiative will save California taxpayers \$1.5 billion over the five-year period of time (Longshore et al., 2003).

In the 2005 evaluation of the Substance Abuse and Crime Prevention Act, researchers examined individuals who were first time offenders. From July 2001 to July 2002, it was determined that 35% (n = 10,196) completed outpatient treatment (Longshore, Evans, Urada, Hser, Prendergast, & Hawken, 2005).

From a micro perspective, focusing on the individual makes it possible to fulfill their immediate needs. Considering the areas mentioned, it is evident a problem exists among legally mandated clients in substance abuse treatment. The goal is to consider what will benefit the client population.

#### Purpose of the Study

The purpose of this study was to acknowledge legally mandated client's needs in their substance abuse treatment. De Jong and Berg (2001) found that practitioners could begin to build cooperation with their mandated clients by focusing on what the clients want.

However, there are no specific treatment modalities for legally mandated clients.

Polcin (2001), stated that drug courts were designed to increase coordination and collaboration among the legal authority figures and treatment programs. When developing programs for clients, understanding their expectations can contribute to a positive outcome.

As an individual enters treatment it is important to understand how they perceive themselves as a mandated client. According to Ferabee, Prendergast, and Anglin (1998), the term coerced treatment lacks consistency. It may be assumed that the court coerces an individual when in fact they may also be receiving pressure by family, friends, or employers.

A problem in the practice of substance abuse treatment is that many programs generalize their modalities disregarding each population's uniqueness. Consequently, there are no specific treatments for legally mandated clients. Agencies need to have a holistic approach with their clients in order to render effective treatment.

Researching this issue will specifically assess individual concerns. The concerned populations are the



clients and the agency. The clients that enter the treatment program are mandated to do so by law. Many times these individuals enter and complete the program because they want to comply with the law. However, after completion they may or may not achieve sobriety. It is imperative to research what will motivate, include and retain these clients in the program.

Agencies should be interested about what is benefiting their clientele in treatment. It is important to have successful clients but it is more important that the clients maintain their sobriety after the fact. The purpose of treatment is to help a person obtain sobriety successfully. If the clients directly state what will help, that would benefit the counselors, group facilitators and the agency when providing service.

The research method that was implemented in this study was a needs assessment. The researchers conducted surveys and interviews to identify possible approaches to address mandated client's specific needs in substance abuse treatment. This included the use of descriptive data that helped to evaluate social needs. Overall, if clients are included in the formulation of treatment,

then they will finish with a sense of pride, accomplishment and achievement.

#### Significance of the Project for Social Work

Conducting the needs assessment will contribute to social work practice by enhancing treatment delivery to mandated substance abuse clientele. With the research results, social workers will be able to practice under a model that is specifically tailored for coerced clients. This allows for sensitivity towards clients' specific concerns.

The Generalist Model provides a guide for social workers to integrate skills and resources that will meet the client's needs at a micro, mezzo and macro level (Kirst-Ashman & Hull, 2002). This prepares social workers to help clients with individualized personal issues from a holistic standpoint. The stages of the generalist intervention process that were addressed in this study include engagement, implementation and evaluation.

Engagement is the initial process where practitioners can orient themselves to the situation and establish rapport with the client (Kirst-Ashman & Hull, 2002). With this study, the process of engagement allows

both the clinician and client to establish a genuine relationship. Providing a treatment tailored to the client's expectations will alleviate stressors that are caused during the engagement stage. Hence, clients will feel a sense of belonging in their treatment program.

Another stage that will be addressed in this chapter is implementation. Implementation involves the clinician and client's plan to achieve their common goal (Kirst-Ashman & Hull, 2002). Assessing the client's needs helps when implementing an effective treatment plan. The study allowed the implemented treatment to be geared towards the client's goals. This benefited the client by providing effective coping techniques. In addition, this may minimize the rates of recidivism among mandated substance abuse clients.

The final stage is evaluation. The results of the study will benefit agencies and the community. The agencies can use the results as a guide to evaluate their current treatment. Additionally, the research will offer data that will assist in developing new programs that are specifically tailored to meet client's needs.

The research question for this study was: What are the unique needs of legally mandated clients in substance abuse outpatient treatment?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

The following chapter provides a critical review of the literature related to substance abuse treatment in respect to legally mandated clients. Gaps and conflicting findings are discussed to provide an understanding of the unique characteristics shared among the legally mandated substance abuse population. Defining mandated clients and understanding the types of variables involved in treatment provides an avenue to use theoretical frameworks to conceptualize the present study.

#### Mandated Client Defined

There are a number of individuals that are coerced into substance abuse treatment. When treating legally mandated clients it is not sufficient to reduce or eliminate substance use; it is equally important to be concerned with enhancing life satisfaction (Sullivan, Wolk, & Hartman, 1992).

Clients are unique and their differences must not be overlooked. Legally mandated clients are a special population. Substance abuse treatment literature defines

a special population as a group of clients with unique treatment needs (as cited in Olmstead & Sindelar, 2004). Their treatment success should be measured apart from other populations.

It has also been understood that there are multiple pressures that contribute to why a client is coerced into treatment. On the surface, it may appear that all coerced clients are legally mandated, however, this assumption is false. There are additional stressors from family and friends that contribute to this process. In a study conducted by Brown, O'Grady, Battjes, and Katz (2004), it was found that those clients that perceived support from friends and spouses were more motivated and likely to be ready for treatment. A substantial number of studies have indicated positive outcomes for coerced clients in treatment compared to self-referred clients; however, other studies show mixed results (Polcin, 2001).

There is no research with substantial evidence that renders which treatment modality is most effective when treating legally mandated clients. The discrepancy may be attributed to how the outcome is being measured. Generally, the focus is on whether or not an individual is still using (Morgan, Morgenstern, Blanchard, Labouvie,

& Bux, 2003). It is common to see a 12-step program being used in the process of recovery. However, generalizing from programs such as this may be the reason for such discrepancies in outcome success.

#### Treatment and Retention

In order to understand outcome success, types of treatment must be examined. In treatment, retention is a vital factor because it has been shown to be the strongest predictor of drug use and criminality improvements (DeLeon, Jainchill, & Wexler, 1982). Understanding this relationship is vital when working with these clients, because if a program can figure out a way to increase their retention rate, then they will be serving the client's needs and society as a whole. Additionally, Simpson and Joe (2004) found that there is a relationship between early engagement in the therapeutic participation and retention and post treatment recovery. Therefore, if a counselor is able to engage the client early on, then it is likely that the person will stay in treatment and retain their sobriety.

Finding out what is keeping clients in treatment programs is important because the goal of treatment is to

teach clients the tools they need to maintain sobriety. DiClemente, Bellino, and Neavins (1999) found that client motivation is critical when determining treatment outcome. Although a counselor can encourage a client to participate in treatment, it is up to the client to decide when they are ready for change. Yet, some counselors believe a client is ready for change only when they hit rock bottom (Rapp et al., 2003).

#### Motivation within Treatment

Levels of motivation vary among individuals. Beginning where the client is not only allows the counselor to understand their client's readiness for treatment, but it also allows the client to start the recovery process at a level with which he or she is most comfortable. Rapp, Li, Siegal, and DeLiberty (2003) found that substance abuse clients entering treatment were motivated depending on the severity of their abuse. Critics of coerced treatment approaches believe that if motivation is not present, success in treatment will be unlikely (Horrocks, Barker, Kelly, & Robinson, 2004). However, there continue to be discrepancies within the literature.



Gregoire and Burke (2004) found that those involved with the legal system had higher motivation to change. They used the Transtheoretical Model and administered the Readiness to Change Questionnaire, which was used to tabulate motivation. The data support the notion that coerced clients may be reducing substance abuse as a result of change efforts rather than just external factors.

These results were inconsistent with those of Kelly, Finney, and Moos (2005). They specifically examined drug-treatment characteristics such as motivation, self-efficacy, coping, substance use, consequences, remission and social involvement. The study determined that there are different characteristics but each group experienced therapeutic gains from treatment. Additionally, they found that mandated treatment is effective and there is not much variance in outcome characteristics when compared to non-mandated clientele. This implies that having such programs will potentially decrease the costs for the criminal justice system because crime recidivism will decrease.

It should not be assumed that all mandated clients are motivated and ready to begin the changing process.

According to Horrocks, Barker, Kelly, and Robinson (2004), offenders within the criminal justice system are considered deviant and their motivations are questionable. Labeling client's as "deviant" may lead to generalizations that can hinder treatment outcomes.

In some cases, clients have trouble engaging in treatment causing them to be noncompliant (Sung, 2004). Integrating the client's perspective into their treatment will help build rapport with the counselor. Additionally, many offer a sense of ownership, allowing the client to feel a sense of self-achievement during the recovery process. Assessing legally mandated clients' needs allows them to partake in collaborative development of their substance treatment program.

#### Theories Guiding Conceptualization

There are multiple theories that have shaped past research focusing on coerced clients. Addressing the different theoretical perspectives will help in understanding the population of legally mandated clients. This study examined grounded theory, motivational interviewing and the trans-theoretical model to help guide the research.

Grounded Theory (GT) approaches research on a case-by-case basis, rather than examining consolidated results. This theory, evaluates the process by which a theory can be created (Glaser & Strauss, 1967). The goal of GT is not to theorize about how the world works, but instead focus on how respondents view it.

The basic premise of GT is to study data that are collected in order to develop variables that can be placed into categories or concepts, which are ultimately related. Being able to find these relationships allows the researcher to be sensitive to the case's uniqueness (Glaser & Strauss, 1967). Assessing clients' treatment needs allowed researchers to conceptualize what benefits mandated clients best.

Another theoretical approach is Motivational Interviewing (MI). MI is defined as an evidence-based model that helps individuals move forward and overcome any ambivalence that is hindering their motivation for change (Miller & Rollnick, 2002). The fundamentals of MI include collaboration, evocation and autonomy.

Collaboration is a key component in treatment. The emphasis is having an interactive and egalitarian approach (Miller & Rollnick, 2002). A counselor's role is

to explore and support the client's needs. It is vital for the counselors to be aware of their own personal beliefs. Such awareness will prevent them from projecting their aspirations onto the client. Additionally, this will contribute to an interpersonal experience that is not coercive for the client.

Evocation is an approach that aims to elicit insight from clients. It is assumed that the motivation for change is from within the client (Glaser & Strauss, 1967). Counselors help clients identify their own perceptions and goals. Counselors need to understand the systems that surround clients in order to elicit a response. This entails using a systems theory component, which focuses on complexity and interdependence (Zastrow & Kirst-Ashman, 2004). Understanding the interactions and systems that exist in individuals' lives means that all components are being addressed; therefore, a successful treatment would look into all lifestyle dynamics and how they interact. This, in turn, motivates the client when preparing for the changing process.

The third element that guides the spirit of MI is autonomy. In autonomy, the clients are responsible for their own change. Counselors encourage and respect

clients' rights and their ability to make decisions. Autonomy is related to the NASW's Ethical Principle, which respects the dignity and worth of a person. By promoting clients' self-determination it is possible to enhance their capacity for change (Kirst-Ashman & Hull, 2002). Overall, these three fundamentals are the building blocks used in MI. Being able to support a client's self-efficacy is the first step towards beginning where the client is.

The final theory to be examined is the Trans-theoretical Model (TM). TM acknowledges that behavioral change is a process that can be broken down into five stages: pre-contemplation, contemplation, preparation, action, and maintenance. It also recognizes that the need for change and making the change will lead to obtaining new behaviors. In order for a successful intervention to be applied, it is crucial to identify what stage an individual is in (Miller & Rollnick, 2002).

In the pre-contemplation stage, individuals are unaware that a problem exists. There is no intention of modifying a behavior. Contemplation is the stage where the person begins to identify their problem; however, they have not committed themselves to attempt any type of

change. The next stage is preparation. It includes some form of change through plans of action. The action stage is where the individual acts upon their plan and modifies behavior. Finally, if a person is able to avoid relapse and consolidates gains from treatment, they have managed to reach the maintenance stage (Gregoire & Burke, 2004).

TM is operationalized to be used in the promotion of behavioral change in the area of substance abuse (Miller & Rollnick, 2002). TM is the most recognized approach affecting motivation among substance abuse individuals (Prochaska, DiClemente, & Norcross, 1992). This is important because past research has found that clients' stage of change can predict substance use and treatment retention (Heather, Rollnick, & Bell, 1993; Simpson & Joe, 1993). For the purposes of this study, these characteristics were helpful when identifying client's need and readiness to change.

#### Summary

This chapter included knowledge about legally mandated substance abuse clients and treatment. Defining mandated clients made it possible to address treatment in respect to retention and motivation. Specifically, the

chapter allowed the reader to understand the different theoretical frameworks and how they are applicable when working with mandated clientele. The literature addressed how grounded theory, motivational interviewing and trans-theoretical models can be applied when working with this population. It is vital information for the study proposed because the knowledge can serve as a base to begin assessment of legally mandated clients and their specific needs in substance abuse treatment.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter provides an overview of the specific purpose of the study by describing the design. It includes the methodological implications and both strengths and weaknesses of the study. Sampling, data collection, instruments and study procedures are described in detail. Additionally, the researchers offer a description of how protection of human subjects is obtained. Last, the data analysis will be provided in respect to the surveys and interviews.

#### Study Design

The purpose of the study was to explore the needs in treatment for legally mandated substance abuse clients. A mixed design approach was used for this study. This approach allowed researchers to see results using both qualitative and quantitative data. The implications of using a mixed design are that the techniques compliment one another. Surveys offer a larger sample size to be included in the study, whereas, the interviews added more depth to the responses given by the participants. The



mixed design can be viewed as a way to bridge the gap between the under-representations of surveys with clarification by interviewing.

However, both surveys and interviews have limitations. Surveys restrict individual responses. This methodology controlled participant's responses by limiting their options to the tool that was administered. On the other hand, interviews were limited because it was difficult to code participant's responses due to the range. Another limitation when conducting interviews was social desirability. This caused participants' responses to be biased.

#### Sampling

The sample used for this study was obtained from Bilingual Family Counseling Service, Inc. This agency offers counseling groups to legally coerced clients. Participants were selected from nine counseling groups. The goal was to offer surveys to 50 participants and interview an additional 4 participants.

Individuals within the substance abuse groups were utilized for the purpose of this study. All participants were at least 18 of age, and registered in the agency's

group counseling program and had a minimum of six weeks of participation in treatment. The selection criteria for this study was aimed at identifying a representative group of substance abuse clients that were receiving treatment.

The sample used in the surveys was drawn by using a convenience sampling method. This approach is convenient and practical. Random sampling was used to select the four individuals to be interviewed. In order to increase representation of the population, the researchers attempted to include a diverse sample in respect to gender, age, and ethnicity.

#### Data Collection and Instruments

The data was collected from surveys and interviews. This study has no dependant or independent variables because it is a descriptive and correlational study.

The instruments that were used to collect data are surveys and interviews. The surveys include an ordinal level of measurement that will be used to rank the importance of services. Interviews included a nominal level of measurement. The researchers also include

demographics, history of previous treatment included program enrollments, and duration of current treatment.

The survey created for this study was developed because there are no existing instruments that assess clients' needs in legally mandated substance abuse treatment programs. The survey items were derived from past client input in regards to treatment services.

The survey was created by directly asking clients what they think would benefit their treatment outcomes. The survey tool includes 27 questions using five point Likert scales (see Appendix A). The strength of the survey is that the questions were developed directly from client input. This study empowers the clients to voice their opinion and allows them to be active in their treatment program. A limitation of the survey is that it will only be provided in English. This discriminates against Spanish speaking groups at the agency. The questions used in this research study were developed from English speaking clients at Bilingual Family Counseling Service, Inc.

The interviews allowed the researchers to gather other information that was not addressed in the survey

tool. Validity or reliability cannot be established for this survey because it has never been tested.

The interview guide serves as an additional tool to fully assess any information that might have been missed in the survey. The interview guide includes seven questions that will be used to gather descriptive responses of clients' needs in treatment (see Appendix B).

The strengths of having the interviews are that they allowed the researcher to provide an environment that is less structured. Additionally, clients were able to express themselves openly without censorship. Interviewing allows researchers to explore questions that may have been difficult to frame and gives clients an opportunity to respond in depth. This can also test the survey by finding common themes within the content of the interview. Interviewing limitations include interviewer biases, influence and distortion.

#### Procedures

The data collection took place at Bilingual Family Counseling, Inc. The potential survey participants were approached when they checked-in with the agency's

receptionist. They were asked to participate in the survey after attending their group-counseling session. The survey took approximately 15 minutes to complete. The researchers handed out the surveys to the participants in a private counseling room. After administering directions to the survey, the researchers left the room while the surveys were being completed. This will reduce the Hawthorne Effect. After the participants completed the surveys, each participant placed their survey in a large envelope and deposited it into a drop box to ensure confidentiality.

A support staff at the agency randomly selected the participants being interviewed. Only the client's first name, group session, day, and time were provided to the researchers. Clients participated in the study after attending their assigned group-counseling session. Interviews on average lasted 30 minutes to complete the interview. The researchers conducted all interviews in a private room. Cookies and coffee were offered as incentives for participating in the study.

## Protection of Human Subjects

The confidentiality of the participants was maintained by not including the participants' names on the surveys or interview guide. Study participants were asked to read and mark the consent form, in addition to verbalizing consent before participating in the study. They were assured that they could stop at any time during the study (see Appendix C). Participants were provided with a debriefing statement that included the names and contact information of the researchers and the advisors in case the participants had any questions (see Appendix D). All data will be kept in a locked filing cabinet for duration of three years. After the three-year duration, all information gathered will be shredded.

## Data Analysis

This was an exploratory study that will use correlational and descriptive statistics. This study did not use independent or dependent variables. This study was a needs assessment of mandated clients in substance abuse treatment. The focus was on the construct of 'helpfulness' in terms of how important or effective treatment components are from the clients' point of view.

The relationships that were examined, and the correlations this study hoped to find, focused on the association between the clients' perceived helpfulness of treatment components and the clients' perceptions about what was missing in their treatment.

This study used a Pearson's  $r$  statistic to examine correlations. This study also used a chi-square and t-tests to examine associations between what the client perceived as helpful in treatment and what the client perceived as missing in treatment.

This study also used qualitative interviews that developed the constructs of 'helpfulness' and 'future helpfulness' in treatment components. The process used to refine the qualitative data included coding and identifying thematic elements.

### Summary

This chapter discussed the overall methodology for this study. An overview of the study design and sampling criteria was included. The goal was to create a protocol that allows future researchers to administer the study. The purpose of having a mixed design was to assess mandated clients' specific needs in-group counseling. The

descriptive data clarified what participants find most significant in treatment.



## CHAPTER FOUR

### RESULTS

#### Introduction

Chapter four reviews the quantitative and qualitative results obtained from the research study. Utilizing descriptive statistics and running frequencies describe the demographics. Additionally, bivariate correlations are analyzed in order to find the significance between items introduced in the developed tool for this study. Researchers also used independent sample T-tests, which compare two means in order to determine whether they vary significantly from one another. Furthermore, qualitative data from the interviews will be introduced to determine congruency among the survey and interview responses.

#### Demographics

There were 57 eligible participants for the quantitative component of this research project. Each person completed the Mandated Clients Survey (Appendix A). The participants' ages ranged from 20 to 58 years, with a mean of approximately 38 (37.7,  $SD = 10.009$ ).

Figure 1 describes the age frequencies for all survey respondents.

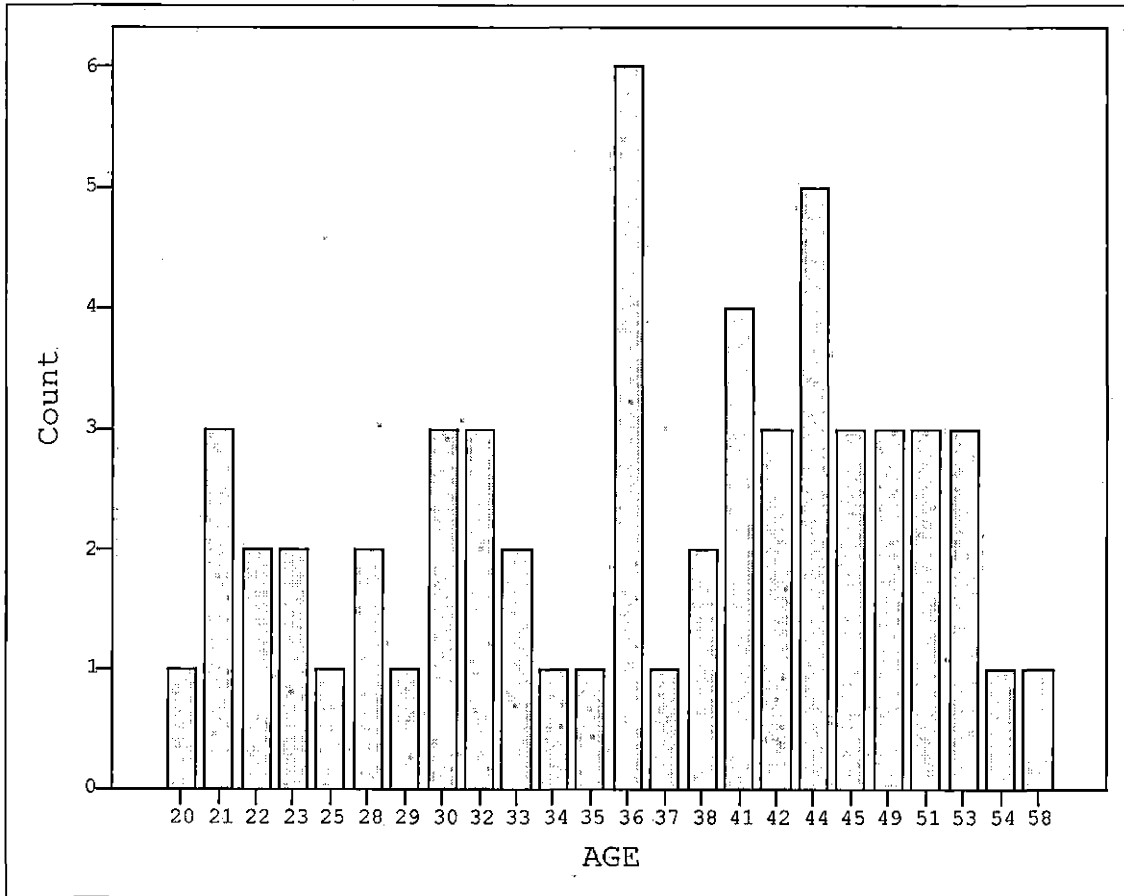


Figure 1. Respondent's Age

Figure 2 will describe the gender frequencies of the survey participants. The study sample size contained 42 males (73.7%) and 15 females (26.3%).

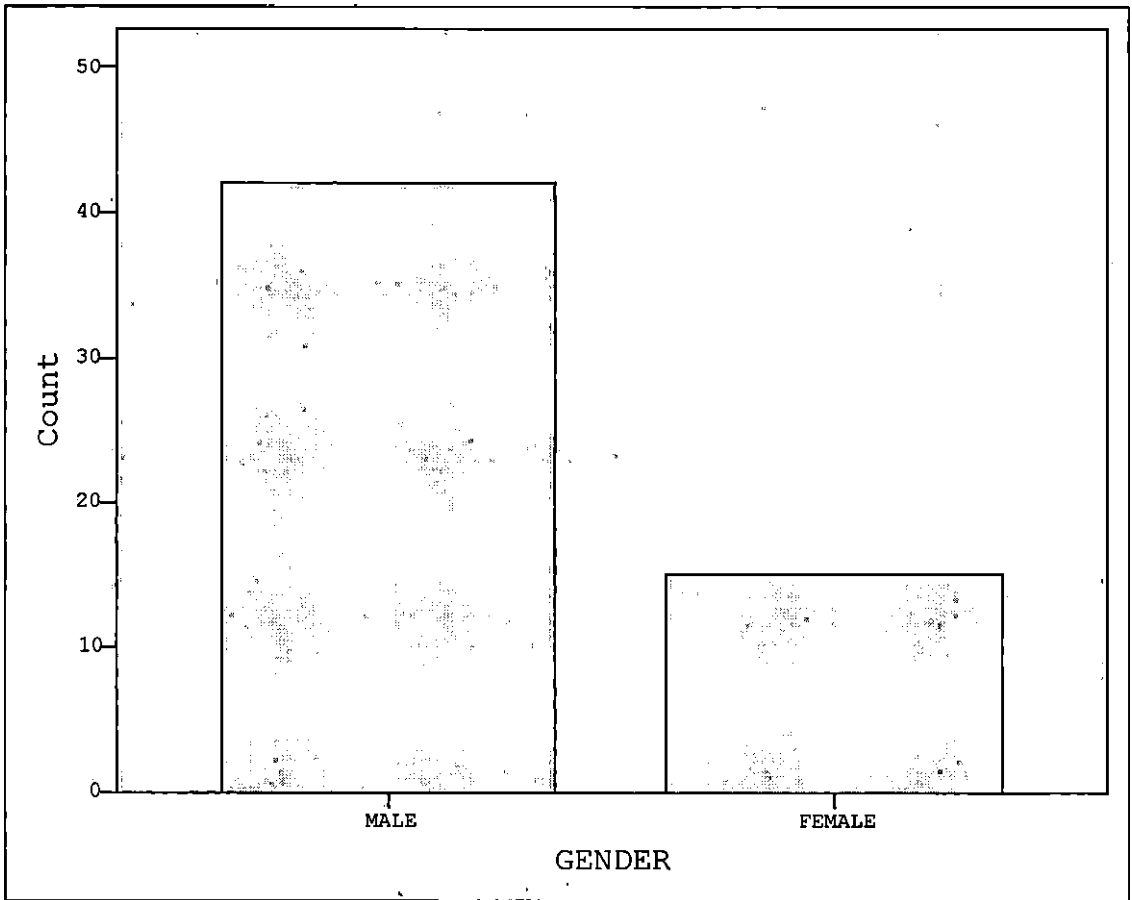


Figure 2. Respondent's Gender

Figure 3 depicts each participant's length of weekly treatment while in substance abuse treatment group. Treatment length can vary from 6 weeks up to 104 weeks, with an approximate mean of 24 (23.72,  $SD = 24.41$ ).

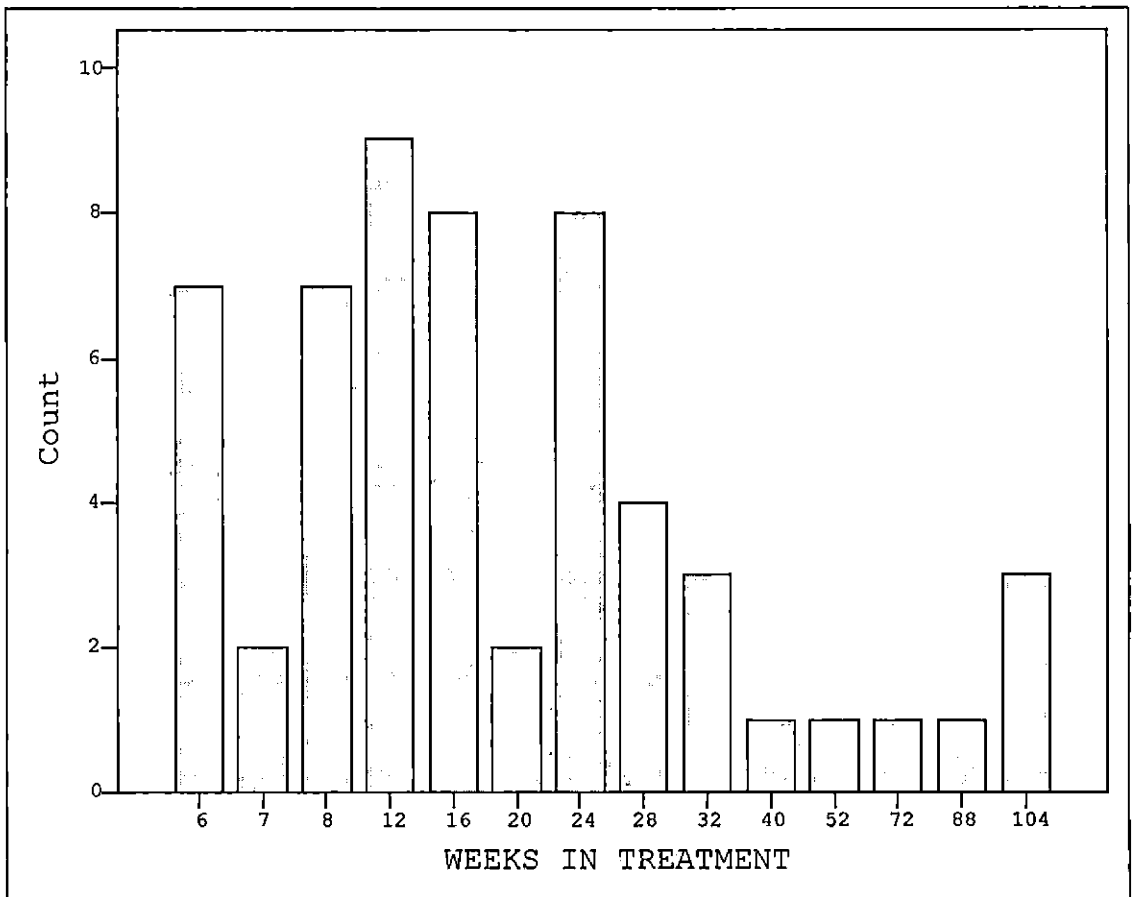


Figure 3. Weeks in Treatment

### Quantitative

Table 1 contains the response frequencies to each Likert scale question asked in the Mandated Clients Survey. These questions are utilized to understand the participants' perceived needs while in substance abuse treatment.

Table 1. Participants' Responses to Mandated Clients Survey

Questions	Response	Frequency	Percent
How helpful has it been to discuss family issues in treatment?	Never helpful	2	3.5
	Rarely helpful	4	7.0
	Occasionally helpful	10	17.5
	Helpful	23	40.4
	Extremely helpful	18	31.6
	Total	57	100.0
To what extent is group counseling helpful for you in treatment?	Never helpful	1	1.8
	Rarely helpful	3	5.3
	Occasionally helpful	8	14.0
	Helpful	23	40.4
	Extremely helpful	22	38.6
	Total	57	100.0
How helpful would individual counseling have been for you in treatment?	Never helpful	1	1.8
	Rarely helpful	4	7.0
	Occasionally helpful	8	14.0
	Helpful	26	45.6
	Extremely helpful	18	31.6
	Total	57	100.0
To what extent would parenting education be helpful to you in treatment?	Never helpful	10	17.5
	Rarely helpful	11	19.3
	Occasionally helpful	14	24.6
	Helpful	11	19.3
	Extremely helpful	11	19.3
	Total	57	100.0
How helpful would it have been to discuss children issues in treatment	Never helpful	11	19.3
	Rarely helpful	6	10.5
	Occasionally helpful	20	35.1
	Helpful	13	22.8
	Extremely helpful	7	12.3
	Total	57	100.0

Questions	Response	Frequency	Percent
To what extent is substance abuse education helpful for you in treatment?	Never helpful	1	1.8
	Rarely helpful	1	1.8
	Occasionally helpful	9	15.8
	Helpful	26	45.6
	Extremely helpful	20	35.1
	Total	57	100.0
How helpful would it have been to discuss Proposition 36 requirements?	Never helpful	3	5.3
	Rarely helpful	9	15.8
	Occasionally helpful	9	15.8
	Helpful	17	29.8
	Extremely helpful	19	33.3
	Total	57	100.0
How helpful would learning coping mechanisms be for you?	Never helpful	4	7.0
	Rarely helpful	1	1.8
	Occasionally helpful	13	22.8
	Helpful	24	42.1
	Extremely helpful	15	26.3
	Total	57	100.0
To what extent is your family a motivator for you to stop using drugs?	Never motivating	4	7.0
	Rarely motivating	6	10.5
	Occasionally motivating	4	7.0
	Motivating	15	26.3
	Extremely motivating	28	49.1
	Total	57	100.0
To what extent are your children a motivator for you to stop using drugs?	Never motivating	13	22.8
	Rarely motivating	1	1.8
	Occasionally motivating	3	5.3
	Motivating	12	21.1
	Extremely motivating	28	49.1
	Total	57	100.0

Questions	Response	Frequency	Percent
To what extent is the drug-testing requirement a motivator for you to stop using drugs?	Never motivating	3	5.3
	Rarely motivating	2	3.5
	Occasionally motivating	12	21.1
	Motivating	13	22.8
	Extremely motivating	27	47.4
	Total	57	100.0
To what extent is your job a motivator for you to stop using drugs?	Never motivating	6	10.5
	Rarely motivating	5	8.8
	Occasionally motivating	6	10.5
	Motivating	19	33.3
	Extremely motivating	21	36.8
	Total	57	100.0
To what extent is your probation/parole officer a motivator for you to stop using drugs?	Never motivating	3	5.3
	Rarely motivating	8	14.0
	Occasionally motivating	3	5.3
	Motivating	19	33.3
	Extremely motivating	24	42.1
	Total	57	100.0
To what extent has your group facilitator been of support to you?	Rarely supportive	2	3.5
	Occasionally supportive	6	10.5
	Supportive	16	28.1
	Extremely supportive	33	57.9
	Rarely supportive	2	3.5
	Total	57	100.0
How interested are you in learning about new laws affecting legally mandated clients?	Never interested	3	5.3
	Rarely interested	7	12.3
	Occasionally interested	8	14.0
	Interested	23	40.4
	Extremely interested	16	28.1
	Total	57	100.0

Questions	Response	Frequency	Percent
While in treatment, is receiving social support from friends important to you?	Never important	4	7.0
	Rarely important	7	12.3
	Occasionally important	5	8.8
	Important	26	45.6
	Extremely important	15	26.3
	Total	57	100.0
Has anyone ever pressured you to use drugs?	Never pressured	18	31.6
	Rarely pressured	13	22.8
	Occasionally pressured	15	26.3
	Pressured	7	12.3
	Extremely pressured	4	7.0
	Total	57	100.0
To what extent has your surroundings caused you to relapse?	Never	14	24.6
	Rarely	10	17.5
	Occasionally	15	26.3
	Often	10	17.5
	Always	8	14.0
	Total	57	100.0
To what extent has having money been a trigger to relapse for you?	Never	21	36.8
	Rarely	13	22.8
	Occasionally	11	19.3
	Often	7	12.3
	Always	5	8.8
	Total	57	100.0
To what extent has stress been a trigger to relapse for you?	Never	10	17.5
	Rarely	8	14.0
	Occasionally	16	28.1
	Often	18	31.6
	Always	5	8.8
	Total	57	100.0



Questions	Response	Frequency	Percent
To what extent has being overly confident about your sobriety been a trigger to relapse for you?	Never	20	35.1
	Rarely	13	22.8
	Occasionally	15	26.3
	Often	6	10.5
	Always	3	5.3
	Total	57	100.0
To what extent is being on the streets a trigger for you to relapse?	Never	17	29.8
	Rarely	9	15.8
	Occasionally	11	19.3
	Often	11	19.3
	Always	9	15.8
	Total	57	100.0
To what extent are your relationships a trigger for you to relapse?	Never	16	28.1
	Rarely	10	17.5
	Occasionally	16	28.1
	Often	12	21.1
	Always	3	5.3
	Total	57	100.0
Do job pressures trigger you to relapse?	Never	27	47.4
	Rarely	15	26.3
	Occasionally	11	19.3
	Often	4	7.0
	Always	27	47.4
	Total	57	100.0
Does drug testing have an effect on you using drugs?	Never	16	28.1
	Rarely	8	14.0
	Occasionally	8	14.0
	Often	11	19.3
	Always	14	24.6
	Total	57	100.0

Questions	Response	Frequency	Percent
Does your health status have an effect on your drug use?	Never	26	45.6
	Rarely	7	12.3
	Occasionally	9	15.8
	Often	9	15.8
	Always	6	10.5
	Total	57	100.0
Has depression ever been a trigger for you to relapse?	Never	17	29.8
	Rarely	9	15.8
	Occasionally	12	21.1
	Often	12	21.1
	Always	7	12.3
	Total	57	100.0
Have you ever been registered for any substance abuse treatment in the past?	Yes	24	42.1
	No	33	57.9
	Total	57	100.0

The following correlations were investigated using a Pearson product-moment correlation coefficient. The findings that were significant fell into three themes: education, motivation and triggers to relapse. The results are demonstrated in the following tables.

## Education

Table 2. Substance Abuse Education versus Coping Mechanisms

		Substance abuse education	Learning coping mechanisms
Substance abuse education	Pearson Correlation	1	.562**
	Significance (2tailed)		.000
	N	57	57
Learning coping mechanisms	Pearson Correlation	.562**	1
	Significance (2tailed)	.000	
	N	57	57

\*\* Correlation is significant at the 0.01 level (2-tailed).

There was a large positive correlation between substance abuse education being helpful and learning coping mechanisms ( $r = .562$ ,  $n = 57$ ,  $p < .01$ ).

Table 3. Substance Abuse Education versus Friends Social Support

		Substance abuse education	Receiving social support from friends
Substance abuse education	Pearson Correlation	1	.552**
	Significance (2tailed)		.000
	N	57	57
Receiving social support from friends	Pearson Correlation	.552**	1
	Significance (2tailed)	.000	
	N	57	57

\*\* Correlation is significant at the 0.01 level (2-tailed).

There was a large positive correlation between substance abuse education being helpful and receiving social support from friends, while in treatment ( $r = .552$ ,  $n = 57$ ,  $p < .01$ ).

Table 4. Friends Social Support versus Parenting Education

		Receiving social support from friends	Receiving parenting education
Receiving social support from friends	Pearson Correlation	1	.453**
	Significance (2tailed)		.000
	N	57	57
Receiving parenting education	Pearson Correlation	.453**	1
	Significance (2tailed)	.000	
	N	57	57

\*\* Correlation is significant at the 0.01 level (2-tailed).

There was a medium positive correlation between receiving social support from friends and receiving parenting education in treatment ( $r = .453$ ,  $n = 57$ ,  $p < .01$ ).

Motivation

Table 5. Gender versus Children as a Motivator

		Gender	Children as a motivator to stop using drugs
Gender	Pearson Correlation	1	.278*
	Significance (2tailed)		.000
	N	57	57
Children as a motivator to stop using drugs	Pearson Correlation	.278*	1
	Significance (2tailed)	.000	
	N	57	57

\* Correlation is significant at the 0.05 level (2-tailed).

There was a small positive correlation between gender and children being a motivator for participants to stop their substance use ( $r = .278, n = 57, p < .05$ ).

Table 6. Job Motivation versus Children Issues

		Job as a motivator to stop using drugs	Discussing children issues
Job as a motivator to stop using drugs	Pearson Correlation	1	.453**
	Significance (2tailed)		.000
	N	57	57
Discussing children issues	Pearson Correlation	.453**	1
	Significance (2tailed)	.000	
	N	57	57

\*\* Correlation is significant at the 0.01 level (2-tailed).

There was a medium positive correlation between participants reporting their jobs as being a motivator to stop using drugs and participants perceiving the discussions of their children's issues as helpful ( $r = .453, n = 57, p < .05$ ).

Table 7. Treatment History versus Probation Officer as Motivator

		Treatment history	P.O. as a motivator to stop using drugs
Treatment history	Pearson Correlation	1	-.343**
	Significance (2tailed)		.009
	N	57	57
P.O. as a motivator to stop using drugs	Pearson Correlation	-.343**	1
	Significance (2tailed)	.009	
	N	57	57

\*\* Correlation is significant at the 0.01 level (2-tailed).

The relationship between treatment history and the individuals' Probation Officer (P.O.) being a motivator for treatment were examined. There was a medium negative correlation between the two variables [ $r = -.343$ ,  $n = 57$ ,  $p < .01$ ], with high levels of the PO being a motivator for treatment with low levels of treatment history.

### Triggers to Relapse

Table 8. Triggers to Relapse Job Pressure versus Stress

		Job pressure as a trigger to relapse	Stress as a trigger to relapse
Job pressure as a trigger to relapse	Pearson Correlation	1	.356**
	Significance (2tailed)		.000
	N	57	57
Stress as a trigger to relapse	Pearson Correlation	.356**	1
	Significance (2tailed)	.000	
	N	57	57

\*\* Correlation is significant at the 0.01 level (2-tailed).

There was a medium positive correlation between job pressures being a trigger to relapse and stress levels ( $r = .356, n = 57, p < .01$ ).

Table 9. Depression versus Treatment History

		Depression as a trigger to relapse	Treatment history
Depression as a trigger to relapse	Pearson Correlation	1	.358**
	Significance (2tailed)		.000
	N	57	57
Treatment history	Pearson Correlation	.358**	1
	Significance (2tailed)	.000	
	N	57	57

\*\* Correlation is significant at the 0.01 level (2-tailed).

There was a medium positive correlation between depression being a trigger to relapse and participants' treatment history [ $r = .358, n = 57, p < .01$ ].

The following correlations were investigated using an independent-sample t-test.

Table 10. Gender and Pressure to use Drugs

	F	Significance
Pressure to use drugs	5.605	.021

The t-test conducted compared the scores of males and females who reported being pressured to use drugs.

There was a significant difference in the scores for males ( $M = 2.62$ ,  $SD = 1.306$ ) and females [ $M = 1.80$ ,  $SD = .862$ ;  $t = (56) = 2.253$ ,  $p = .021$ ].

Table 11. Gender and Past Treatment Registrations

	F	Significance
Past treatment registration	22.796	.000

The t-test compared past treatment registration scores for males and females. There was a significant difference in scores for males ( $M = .50$ ,  $SD = .506$ ) and females [ $M = .80$ ,  $SD = .414$ ;  $t = (56) = -2.059$ ,  $p = .000$ ].

Table 12. Gender and Family Motivation

	F	Significance
Family being a motivator to stop using drugs	10.579	.002

A t-test was conducted to compare male and female scores when asked about family being a motivator to stop using drugs. There was a significant difference in scores for males ( $M = 4.12$ ,  $SD = 1.087$ ) and females [ $M = 3.67$ ,  $SD = 1.718$ ;  $t = (56) = -2.143$ ,  $p = .002$ ].



Table 13. Gender and Children as a Motivator

	F	Significance
Children being a motivator to stop using drugs	10.594	.002

A t-test was conducted to compare male and female scores when asked about children being a motivator to stop using drugs. There was a significant difference in scores for males ( $M = 3.45$ ,  $SD = 1.699$ ) and females [ $M = 4.447$ ,  $SD = 1.125$ ;  $t = (56) = 1.177$ ,  $p = .002$ ].

Table 14. Gender and Laws Affecting Mandated Clients

	F	Significance
Laws affecting legally mandated clients	5.349	.024

A t-test was conducted to compare male and female scores regarding how interested they were in learning about new laws affecting legally mandated clients. There was a significant difference in scores for males ( $M = 3.60$ ,  $SD = 1.231$ ) and females [ $M = 4.13$ ,  $SD = .834$ ;  $t = (56) = -1.565$ ,  $p = .024$ ].

## Qualitative

The researchers conducted four interviews to assess legally mandated clients' perceived needs. The interview tool (Appendix B) was developed for the purpose of fully capturing legally mandated clients perceived needs while in substance abuse treatment. The following major themes were found: education, services, motivation and triggers to relapse.

### Education

Participants were asked what educational information would be important to their treatment success. A 29-year old male stated that, "learning how to communicate with family and friends again" would be important to him. Additionally, learning about relationships was also important to this client. He exclaimed

"I had a delusion of who I thought my friends were and it was a distorted image. Sometimes the ones who try to hold your hands are the ones who hold you down. Learning about healthy relationships and what people you should be hanging around with will help."

In concurrence with the theme of education, a 43-year old female who has been in and out of treatment for the past

three years expressed, "Give me education about the legal system." When asked to explain this further, she stated, "I need information about how to obtain my driver's license and other services like shelters, food and vocational training. That will give me hope and will motivate me."

The four participants reported coping skills, drug education, parenting education and social skills as important educational topics to discuss during group treatment. One participant expressed that, "learning these skills will help learning to love yourself and self-respect."

### Services

When asked about what additional services would be beneficial to treatment, a 46-year old male stated, "It would be helpful to have childcare for my kids because many times I miss treatment because I don't have someone to watch them." Additionally, there were two participants who reported that transportation services would be helpful because they have no reliable transportation.

A 29-year old male responded, "I would like someone to educate my family about what to expect regarding my

substance abuse and to give them insight about my situation."

A 43-year old female expressed, "I would like to have regular one-to-one counseling for more support. I want someone to hear me out, not prescribed pills like a doctor would do."

### Motivation

Three of the four participants reported that their family and children were major motivating factors during treatment. A 29-year old male illustrated this by saying, "My kids see right through me. I want to love my kids and be there when they need me. I want to be focused on them. I want to be a role model for them."

The 46-year old and 35-year old participants in this study stated that the judge and probation officer were motivators because "they are people with power." Additionally, a 29-year old male stated that the drug-testing requirement was a motivator. He expressed, "If they are not strict and the facilitators are not on you then you won't stay clean and if your not testing clean they will report it to your P.O."

### Triggers to Relapse

The final themes examined are triggers to relapse. A 29-year old male reported, "Hanging out with my friends makes me want to use again...my wife, kids, work, losing my job, being at a party all trigger me to use." A 46-year old participant stated, "Stressful situations such as job stress and law enforcement trigger me to relapse."

### Summary

Chapter four focused on the quantitative data and the narrative qualitative data. Demographics of the participants were reported. Additionally, the statistical significance was analyzed using bivariate correlations. Independent sample t-tests were utilized for comparing gender to significant variables. Furthermore, a narrative review of the qualitative data was presented which was used to explore mandated clients' perceived needs in their substance abuse treatment program.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter discusses the results of the needs assessment conducted, significant findings and limitations. Additionally, recommendations for future social work practice, policy and research are presented.

#### Discussion

This study was a needs assessment focused on assessing the unique needs of mandated clients in substance abuse treatment groups. This was an exploratory study that was initially of interest because of the limited literature dedicated to working with coerced clients. From the surveys and interviews conducted, the researchers found education, motivation and triggers to relapse as three common themes.

An educational topic that clients reported as important to include in their treatment was substance education, learning coping mechanisms and parenting education. Clients reported that substance abuse education was a valuable component to their treatment. Additionally, they reported that part of that education

had to include knowledge regarding coping mechanisms. Furthermore, participants believed that parenting education would be of benefit to their treatment. This was correlated with participants reporting social support from friends was important while they were in treatment. These findings support the research conducted by Brown, O'Grady, Battjes, and Katz (2004). They reported that clients were more motivated while in treatment if they were receiving social support from friends and spouses. These findings are significant because although clients entering treatment are receiving new education such as substance abuse education, parenting education and learning coping mechanisms, it is also important for them to have social support from friends. Support from friends can assist clients in adapting to a new environment and can ultimately motivate them to finish treatment.

The second theme is motivation in treatment. DiClemente, Bellino, and Neavins (1999) found that client motivation is vital when determining treatment outcome. From the sample used, women who were in treatment were more likely to view their children as motivators to finish treatment. Additionally, during the interviews and surveys it was determined that men reported their

families as a motivator. Since family and children are motivating factors for treatment retention, it is important to incorporate them into treatment discussions. This is related to the correlation that found the discussion of children issues as helpful. Those individuals who wanted to have children issue discussions also reported their job as a motivator to finish treatment. It is important for facilitators to understand family dynamics such as relationships, children and finances. Given the aforementioned, facilitators should incorporate discussions of these motivating factors, which can lead to clients successfully finishing treatment.

Another relationship that was of interest was the correlation between Probation Officers (P.O.) being a motivator to stay in treatment and the clients' treatment histories. If clients were new to Proposition 36 and had never before been in a substance abuse treatment program, they were more likely to perceive their P.O. as a motivating factor. When asked to elaborate, participants stated that they viewed the P.O.'s as people with power. This finding was congruent with those of Gregoire and Burke (2004). They found that those involved with the



legal system had higher motivation to change. Horrocks, Barker, Kelly and Robinson (2004) found that success in treatment is unlikely in coerced treatments if motivation is not present. Therefore, identifying the variables that motivate clients is critical to treatment success.

### Triggers to Relapse

Individuals were asked to report which variables they found to be triggers to relapse. Individuals who were stressed and were receiving job pressure reported these as triggers to relapse. Therefore, if a person in treatment is experiencing pressures at work, it would be important for the facilitator to ask the client about their stress levels since it was determined to be correlated.

Another relationship was found between participants reporting depression as a trigger and their treatment history. Individuals who have been unsuccessful in past treatment programs have a higher tendency of being depressed. As a result, this depression can cause them to relapse. Conducting thorough social history evaluations can provide the facilitator insight as to why the client has been unsuccessful in the past.

## Limitations

The purpose of the overall study was to get a client's perspective about what should be included in their drug treatment program. There were several limitations to this study. Limitations included: the use of one agency, tool design and the limited question formulation.

The researchers conducted the data collection at one agency. This limited the number of participants; therefore, it cannot be generalized to the population. Another limitation was the tool designed for the study. The tool's strengths are the fact that the questions were developed from client input. However, the questions are not necessarily representative of all clients at the agency or the general population.

Additionally, the tool was provided in English only, which excluded individuals that were registered in Spanish speaking groups. Another limitation was the lack of assessing vital demographic information that could have influenced the data collected such as ethnicity/race, socioeconomic status, marital status and number of children.

## Recommendations for Social Work Practice, Policy and Research

Substance abuse is a major epidemic in California. When working with mandated clients in drug treatment it is important to be aware of what treatment components must be included because this will affect the outcomes. This is important for social work practice because many of the drug treatment counselors provide direct continuity of care. Therefore, if a counselor is able to engage mandated clients based off of their needs, there will be a decrease in recidivism rates.

Outpatient drug treatment is the predominant modality used. In 2003, Proposition 36 was evaluated and it was determined that 86% percent of clients that were eligible for this program attended outpatient treatment groups (Longshore, Evans, 'Urada, Teruya, Hardy, Hser, Prendergast, & Ettner, 2003). Unfortunately, many programs utilize a cookie cutter treatment approach, which limits the clients' ability to succeed because it does not address their individual needs. Using a client-centered approach will empower clients to take control of their own substance abuse treatment.

Professionals working with this population need to gather information directly from the clients in regards to treatment implementation. Current policies appear to lack first-hand reports from clients, which can effect the evaluation of any program. Results tend to be based off of clients completing the program. However, this is not necessarily measuring the clients' sobriety nor is it claiming that the client's goals were attained.

Developing a policy that assesses clients' individual progress provides consistency. Overall, social workers have an obligation to implement policies that promote dignity and respect to underserved populations.

This was an initial needs assessment. However, there is a need for further research in order to fully grasp what treatment modalities will be most effective when working with coerced clients. Additionally, researching coerced clients in in-patient treatment programs would give a more diverse understanding. Any new research accumulated would add to the body of knowledge and help practitioners working in direct social work practice.

## Conclusions

This exploratory study was able to assess mandated clients perceived needs in their substance abuse treatment program. Significant correlations were found between variables that clients perceived as vital to their treatment. The key component of this research revolved around asking the client asking the experts, which are the clients. These research results are exemplary because the study took the first step in incorporating coerced clients input. Furthermore, recommendations were made for social work professionals, policy makers and ideas for future research.

APPENDIX A  
SURVEY

## Mandated Clients Survey

1. How helpful has it been for you to discuss family issues in treatment?

1	2	3	4	5
Never Helpful	Rarely Helpful	Occasionally Helpful	Helpful	Extremely Helpful

2. To what extent is group counseling helpful for you in treatment?

1	2	3	4	5
Never Helpful	Rarely Helpful	Occasionally Helpful	Helpful	Extremely Helpful

3. How helpful would individual counseling have been for you in treatment?

1	2	3	4	5
Never Helpful	Rarely Helpful	Occasionally Helpful	Helpful	Extremely Helpful

4. To what extent would parenting education be helpful to you in treatment?

1	2	3	4	5
Never Helpful	Rarely Helpful	Occasionally Helpful	Helpful	Extremely Helpful

5. How helpful would it have been to discuss children issues in treatment?

1	2	3	4	5
Never Helpful	Rarely Helpful	Occasionally Helpful	Helpful	Extremely Helpful

6. To what extent is substance abuse education helpful for you in treatment?

1	2	3	4	5
Never Helpful	Rarely Helpful	Occasionally Helpful	Helpful	Extremely Helpful

7. How helpful would it have been to discuss Proposition 36 requirements?

1	2	3	4	5
Never Helpful	Rarely Helpful	Occasionally Helpful	Helpful	Extremely Helpful

8. How helpful would learning coping mechanisms be for you?

1	2	3	4	5
Never Helpful	Rarely Helpful	Occasionally Helpful	Helpful	Extremely Helpful

9. To what extent is your family a motivator for you to stop using drugs?

1	2	3	4	5
Never Motivating	Rarely Motivating	Occasionally Motivating	Motivating	Extremely Motivating

10. To what extent are your children a motivator for you to stop using drugs?

1	2	3	4	5
Never Motivating	Rarely Motivating	Occasionally Motivating	Motivating	Extremely Motivating

11. To what extent is the drug-testing requirement a motivator for you to stop using drugs?

1	2	3	4	5
Never Motivating	Rarely Motivating	Occasionally Motivating	Motivating	Extremely Motivating



12. To what extent is your job a motivator for you to stop using drugs?

1	2	3	4	5
Never Motivating	Rarely Motivating	Occasionally Motivating	Motivating	Extremely Motivating

13. To what extent is your probation/parole officer a motivator for you to stop using drugs?

1	2	3	4	5
Never Motivating	Rarely Motivating	Occasionally Motivating	Motivating	Extremely Motivating

14. To what extent has your group facilitator been of support to you?

1	2	3	4	5
Never Supportive	Rarely Supportive	Occasionally Supportive	Supportive	Extremely Supportive

15. How interested are you in learning about new laws affecting legally mandated clients?

1	2	3	4	5
Never Interested	Rarely Interested	Occasionally Interested	Supportive	Extremely Interested

16. While in treatment, is receiving social support from friends important to you?

1	2	3	4	5
Never Important	Rarely Important	Occasionally Important	Supportive	Extremely Important

17. Has anyone ever pressured you to use drugs?

1	2	3	4	5
Never Pressured	Rarely Pressured	Occasionally Pressured	Supportive	Extremely Pressured

18. To what extent has your surroundings caused you to relapse?
- |       |        |              |            |           |
|-------|--------|--------------|------------|-----------|
| 1     | 2      | 3            | 4          | 5         |
| Never | Rarely | Occasionally | Supportive | Extremely |
19. To what extent has having money been a trigger to relapse for you?
- |       |        |              |            |           |
|-------|--------|--------------|------------|-----------|
| 1     | 2      | 3            | 4          | 5         |
| Never | Rarely | Occasionally | Supportive | Extremely |
20. To what extent has stress been a trigger to relapse for you?
- |       |        |              |            |           |
|-------|--------|--------------|------------|-----------|
| 1     | 2      | 3            | 4          | 5         |
| Never | Rarely | Occasionally | Supportive | Extremely |
21. To what extent has being overly confident about your sobriety been a trigger to relapse for you?
- |       |        |              |            |           |
|-------|--------|--------------|------------|-----------|
| 1     | 2      | 3            | 4          | 5         |
| Never | Rarely | Occasionally | Supportive | Extremely |
22. To what extent is being on the streets a trigger for you to relapse?
- |       |        |              |            |           |
|-------|--------|--------------|------------|-----------|
| 1     | 2      | 3            | 4          | 5         |
| Never | Rarely | Occasionally | Supportive | Extremely |
23. To what extent are your relationships a trigger for you to relapse?
- |       |        |              |            |           |
|-------|--------|--------------|------------|-----------|
| 1     | 2      | 3            | 4          | 5         |
| Never | Rarely | Occasionally | Supportive | Extremely |
24. Do job pressures trigger you to relapse?
- |       |        |              |            |           |
|-------|--------|--------------|------------|-----------|
| 1     | 2      | 3            | 4          | 5         |
| Never | Rarely | Occasionally | Supportive | Extremely |
25. Does drug testing have an effect on you using drugs?
- |       |        |              |            |           |
|-------|--------|--------------|------------|-----------|
| 1     | 2      | 3            | 4          | 5         |
| Never | Rarely | Occasionally | Supportive | Extremely |

26. Does your health status have an effect on your drug use?

1	2	3	4	5
Never	Rarely	Occasionally	Supportive	Extremely

27. Has depression ever been a trigger for you to relapse?

1	2	3	4	5
Never	Rarely	Occasionally	Supportive	Extremely

Please include any additional items that you perceive as triggers that may have not been mentioned on the survey.

---

---

---

APPENDIX B  
INTERVIEW GUIDE

## Interview Questions

1. As a mandated client, what additional services do you think should have been included in your substance abuse treatment?
2. As a mandated client, what specific topics do you think would have been important to discuss in your substance abuse treatment?
3. As a mandated client, what motivates you to stay in treatment?
4. As a mandated client, what services have been of most benefit to you in treatment?
5. As a mandated client, how effective overall has your treatment been?
6. As a mandated client, what are some of the triggers that cause you to relapse?
7. What social skills do you think you need to learn in order to cope with your triggers?

APPENDIX C  
INFORMED CONSENT

## **Informed Consent for Participation in Survey**

You are being invited to participate in a research study conducted at Bilingual Family Counseling Service, Inc. This project is designed to directly assess clients perceived needs in substance abuse treatment. The purpose of this study is to assess beneficial treatment needs from a mandated client's perspective. The researchers are interested in assessing what specific services you need in order to complete treatment. Therefore, surveys will be conducted to gather this information.

This study is being conducted by Sabrina Eisner and Adriana Vazquez, Social Work graduate students under the supervision of Tom Davis, Assistant Professor of Social Work. This study has been approved by the Institutional Review Board at California State University, San Bernardino. It will approximately take 15 minutes to complete the survey.

Any information gathered from you in connection to this study will remain anonymous. No names will be used in the survey or in any part of the research study. Your participation in this study is completely voluntary. Your decision does not affect your relationship with Bilingual Family Counseling Service, Inc. In fact, the agency will not know whether or not you participated in the survey. If you decide to participate, you have the right to withdraw yourself from the study at any time.

There are no foreseeable risks or benefits to participants. However, the agency may be able to use the results from this study to improve treatment.

Please contact Tom Davis at (909) 537-3839 if you have any questions about this study and your participation in it.

Please check the box below to indicate that you have read this informed consent and choose to participate in this study. By checking this box you are also verifying that you are 18-years of age or older. Thank you.

Please place a checkmark here.

Date: \_\_\_\_\_

## **Informed Consent for Participation in the Interview**

You are being invited to participate in a research study conducted at Bilingual Family Counseling Service, Inc. This project is designed to directly assess clients perceived needs in substance abuse treatment. The purpose of this study is to assess beneficial treatment need from a mandated client's perspective. The researchers are interested in assessing what specific services you need in order to complete treatment. Therefore, interviews will be conducted to gather this information.

This study is being conducted by Sabrina Eisner and Adriana Vazquez, Social Work graduate students under the supervision of Tom Davis, Assistant Professor of Social Work. This study has been approved by the Institutional Review Board at California State University, San Bernardino. It will approximately take 30 minutes to complete the interview. The type of interview questions that will be asked allow the researchers to understand what you think is needed in your substance abuse treatment.

Any information gathered from you in connection with this study will remain anonymous. No names or identifying information will be included in any part of the research study. Your participation in this study is completely voluntary. Your decision does not affect your relationship with Bilingual Family Counseling Service, Inc. In fact, the agency will not know whether or not you participated in the interview. If you decide to participate, you have the right to withdraw yourself at any time.

There are no foreseeable risks or benefits to participants. However, the agency may be able to use the results from this study for future treatment approaches.

Please contact Tom Davis at (909) 537-3839 if you have any questions about this study and your participation in it.

Please check the box below to indicate that you have read this informed consent and choose to participate in this interview. By checking this box you are also verifying that you are 18-years of age or older. Thank you.

Please place a checkmark here.

Date: \_\_\_\_\_



APPENDIX D  
DEBRIEFING STATEMENT

## **Debriefing Statement**

We would like to take this time to thank you for your participation in this study. The purpose of this study was to gather an understanding of what your specific treatment needs are and what treatment approaches might serve you best. Sabrina G. Eisner and Adriana Vazquez, MSW students conducted this study. You may contact our faculty supervisor Tom Davis, Assistant Professor at the California State University, San Bernardino at (909) 537-3839.

We ask all participants to avoid discussing the nature of this study with other participants as it may influence their responses. If you would like to obtain the general results of this study, a copy will be provided to Bilingual Family Counseling Service, Inc. by September 15, 2006.

## REFERENCES

- Brown, B. S., O'Grady, K. E., Battjes, R. J., & Katz, E. C. (2004). The community assessment inventory: Client views of supports to drug abuse treatment. *Journal of Substance Abuse Treatment, 27*(3), 241-251.
- De Jong, P., & Berg, I. K. (2001). Co-constructing cooperation with mandated clients. *Social Work, 46*(1), 361-374.
- DeLeon, G., Jainchill, N., & Wexler, H. K. (1982). Success and improvement rates five years after treatment in a therapeutic community. *International Journal of the Addictions, 17*, 703-747.
- DiClemente, C., Bellino, L., & Neavins, T. (1999). Motivation for change and alcoholism treatment. *Alcohol Research & Health, 23*(2), 86-92.
- Farabee, D., Prendergast, M., & Anglin, D. (1998). The effectiveness of coerced treatment for drug abusing offenders. *Federal Probation, 62*(1), 3-10.
- Freeman, K. (2003). Health and well-being outcomes for drug dependant offenders on the NSW drug court programme. *Drug and Alcohol Review, 22*, 409-416.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine DeGruyter.
- Gregoire, T. K., & Burke, A. C. (2004). The relationship of legal coercion to readiness to change among adults with alcohol and other drug problems. *Journal of Substance Abuse Treatment, 26*(1), 35-41.
- Heather, N., Rollnick, S., & Bell, A. (1993). Predictive validity of the readiness to change questionnaire. *Addiction, 88*, 1667-1677.
- Horrocks, C., Barker, V., Kelly, N., & Robinson, D. (2004). Coercive treatment for drug misuse: A diological juncture. *Journal of Community and Applied Social Psychology, 14*, 345-355.

- Kelly, J. F., Finney, J. W., & Moos, R. (2005). Substance use disorder patients who are mandated to treatment: Characteristics, treatment process, and 1-5 year outcomes. *Journal of Substance Abuse Treatment, 28*, 213-223.
- Kirst-Ashman, K. K., & Hull, G. H., Jr. (2002). *Understanding generalist practice* (3<sup>rd</sup> ed.). Pacific Grove, CA: Brooks and Cole.
- Longshore, D., Evans, E., Urada, D., Hser, Y., Prendergast, M., & Hawken, A. (2005). *Evaluation of substance abuse and crime prevention act 2002 report*. Retrieved October 17, 2005, from <http://www.uclaisap.org/Prop36/documents/sacpa080405.pdf>
- Longshore, D., Evans, E., Urada, D., Teruya, C., Hardy, M., Hser, Y., Prendergast, M., & Ettner, S. (2003). *Evaluation of substance abuse and crime prevention act 2002 report: Implemented July 1, 2001 to June 30, 2002*. Retrieved October 17, 2005, from [http://www.drugpolicy.org/docUploads/UCLU\\_prop36\\_report.pdf](http://www.drugpolicy.org/docUploads/UCLU_prop36_report.pdf)
- Miller, W. R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change* (2<sup>nd</sup> ed.). New York: The Guilford Press.
- Morgan, T. J., Morgenstern, J., Blanchard, K. A., Labouvie, E., & Bux, D. A. (2003). Health related quality of life for adults participating in outpatient substance abuse treatment. *The American Journal of Addictions, 12*(3), 198-210.
- National Institute on Drug Abuse. (2005, February 9). *The economic costs of alcohol and drug abuse in the United States: 1992*. Retrieved September 28, 2005, from <http://www.nida.nih.gov/EconomicCosts/Chapter1.html#1.1>
- Olmstead, T., & Sindelar, J. L. (2004). To what extent are key services offered in treatment programs for special populations? *Journal of Substance Abuse Treatment, 27*(1), 9-15.

- Polcin, D. L. (2001). Drug and alcohol offenders coerced into treatment: A review of modalities for suggestions for research on social model programs. *Substance Use and Misuse, 5*, 589-601.
- Prochaska, J., DiClemente, C., & Norcross, J. (1992). In search of how people change. *American Psychologist, 47*(9), 1102-1114.
- Rapp, R. C., Li, L., Siegal, H. A., & DeLiberty, R. N. (2003). Demographic and clinical correlates of client motivation among substance abusers. *Health and Social Work, 28*(2), 107-115.
- Simpson, D. D., & Joe, G. W. (2004). A longitudinal evaluation of treatment engagement and recovery stages. *Journal of Substance Abuse Treatment, 27*(2), 89-97.
- Simpson, D. D., & Joe, G. W. (1993). Motivation as a predictor of early dropout from drug abuse treatment. *Psychotherapy, 30*, 357-368.
- Sullivan, W. P., Wolk, J. L., & Hartman, D. J. (1992). Case management in alcohol and drug treatment: improving client outcomes. *Families in Society, 73*(4), 195-204.
- Sung, H. (2004). Predicting treatment noncompliance among criminal justice-mandated clients: A theoretical and empirical exploration. *Journal of Substance Abuse Treatment, 26*(1), 13-26.
- Zastrow, C., & Kirst-Ashman, K. K. (2004). *Understanding human behavior and the social environment* (6<sup>th</sup> ed.). Belmont, CA: Brooks and Cole.

## ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Sabrina Eisner & Adriana Vazquez

2. Data Entry and Analysis:

Team Effort: Sabrina Eisner & Adriana Vazquez

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Sabrina Eisner & Adriana Vazquez

b. Methods

Team Effort: Sabrina Eisner & Adriana Vazquez

c. Results

Team Effort: Sabrina Eisner & Adriana Vazquez

d. Discussion

Team Effort: Sabrina Eisner & Adriana Vazquez