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Client engagement in legally-mandated addiction treatment: A prospective study using self-determination theory

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ABSTRACT

Objective: Mixed evidence on the effectiveness of using legal referrals to leverage treatment participation may reflect unmeasured variability in client motivations for seeking care. We hypothesized that associations between legal referral and client engagement would be moderated by reasons that clients sought treatment, as conceptualized by self-determination theory (SDT).
Methods: Adults entering a Western Canadian residential addiction treatment program ($N = 325$; 49.2% male; 54.5% First Nations, Métis, or Inuit; 15.1% legally referred; M age = 32.9 years, range = 18–63, $SD = 10.3$) rated the extent to which treatment was being sought because of coercive social pressures (external motivation; $\alpha = .85$), guilt and shame about continued substance misuse (introjected motivation; $\alpha = .82$), or a valued commitment to the goals of the program (identified motivation; $\alpha = .91$). Six weeks later, clients rated their level of cognitive involvement in treatment (83.4% completion rate); chart reviews assessed retention status and number of days retained until drop-out.
Results: Multivariable Cox regression and logistic regression analyses showed that legally-mandated clients who reported low admission levels of identified or external treatment motivation were most likely to exhibit early dropout. Legally-mandated clients who reported high admission levels of introjected motivation were most likely to be retained in treatment with high cognitive involvement.
Conclusions: SDT provides a useful framework for describing how associations between legal referral and client engagement in treatment vary, depending on their reasons for seeking care.
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1. Introduction

Many clients who enter addiction treatment are sufficiently impaired and concerned by their problems to voluntarily seek care. But pathways bringing clients into treatment have broadened over time (Schaub et al., 2010; Weisner & Schmidt, 2001) and service providers recognize that social control tactics are increasingly used to mandate or compel treatment participation (Wild, 2006). With respect to legal social controls, a variety of policies and programs can provide treatment as an adjunct or alternative to criminal sanctions, including civil commitment, court-ordered treatment, and/or diversion-to-treatment (Gostin, 1991; Leukefeld & Tims, 1988; National Drug Treatment Monitoring System, 2011; Rush & Wild, 2003; Substance Abuse and Mental Health Services Administration, 2011). Referral mechanisms between legal authorities and treatment providers may be highly formalized (e.g., drug treatment courts) or rely on ad-hoc arrangements (e.g., a probation service mandating clients to seek treatment on a case-by-case basis).

Proponents argue that using legal system leverage to compel treatment participation can reduce the individual and population burden of substance misuse in a cost-effective manner (Anglin, Nosyk, Jaffe, Urada, & Evans, 2013; Chandler, Fletcher, & Volkow, 2009), and this has led to widespread interest in determining whether legal referral is associated with beneficial client outcomes. The US National Institute on Drug Abuse endorses legally-mandated treatment on grounds that "individuals who enter treatment under legal pressure have outcomes as favorable as those who enter treatment voluntarily" (NIDA, 2012, p. 19). However, randomized controlled trials designed to assess efficacy of legally-mandated treatment are rare. Instead, a large body of research has addressed effectiveness of legal referral using observational designs that typically compare outcomes among people who are and are not legally mandated to seek treatment (Wild, 2006; Wild, Roberts, & Cooper, 2002). Reviews of this literature have reached mixed conclusions (Bright & Martire, 2013; Hall, Farrell, & Carter, 2014; Klag, O'Callaghan, & Creed, 2005; Stevens et al., 2005; Wild et al., 2002). Some studies report that legal referral is associated with the same patterns of treatment retention, client engagement, and post-treatment

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outcomes as observed among clients not seeking treatment under legal mandates (Anglin, Brecht, & Maddahian, 1989; Brecht, Anglin, & Wang, 1993; Grichting, Uchtenhagen, & Rehm, 2002; Kelly, Finney, & Moos, 2005; Perron & Bright, 2008; Polcin, 2001; Schaub et al., 2010). In contrast, a recent systematic review (Werb et al., 2016) and meta-analyses (Parhar, Wormith, Derkzen, & Beauregard, 2008) indicate that legally-mandated treatment can be associated with inferior outcomes compared to voluntary treatment seeking. Other research suggests that purported benefits of mandated treatment do not persist after legal leverage is lifted (Anglin & Hser, 1991; Stevens et al., 2005; Weisner, 1990; Zhang, Roberts, & Lansing, 2013), and that use of legal referrals is associated with poor quality of therapeutic relationships, noncompliance, and low client confidence in treatment (Joe, Simpson, & Broome, 1999; Marshall & Hser, 2002; Wolfe, Kay-Lambkin, Bowman, & Childs, 2013).

1.1. Missing in action: client perspectives on legal mandates

We propose that this body of conflicting evidence reflects three interrelated conceptual and methodological problems often found in observational studies: (a) overreliance on secondary analyses of administrative datasets that almost never assess client perspectives on legally mandated treatment, coupled with (b) an assumption that referral source as noted in administrative records is a suitable proxy for client-perceived coercion and motivations for seeking care, and consequently (c) use of simple main effect tests comparing outcomes among clients who are and are not referred to treatment from the legal system (see Klag et al., 2005; Parhar et al., 2008; Wild, 2006; Wild, Newton-Taylor, & Alletto, 1998; Wild et al., 2002). These problems were addressed in the present study, which prospectively followed a cohort of treatment seekers to determine whether associations between legal referral and client engagement varied in relation to motivations for seeking care.

The potential importance of treatment motivations is indicated by research documenting heterogeneity among legally-referred clients in relation to perceived coerciveness of their treatment episode (Urbanoski, 2010; Wild et al., 1998), salience of their concerns about legal problems (Vickers-Lahti et al., 1995), varied reasons for seeking care (Hiller, Knight, Leukefeld, & Simpson, 2002; Klag et al., 2005; Marlowe et al., 1996; Prendergast, Greenwell, Farabee, & Hser, 2009; Stevens et al., 2006; Wild et al., 1998), and readiness to change behavior (Marlowe et al., 2001; Wells-Parker, Kenne, Spratke, & Williams, 2000). Such heterogeneity implies that associations between legal referral and outcomes could vary in relation to client motivations for seeking treatment, but this possibility has received very little attention in extant research. One recent study followed 289 consecutive admissions to California addiction treatment programs and reported that higher internal motivation, but neither legal referral nor self-reported hope, was associated with retention (Hampton et al., 2011). Echoing the conclusions of the reviews cited earlier, they concluded that it is “not possible to make definitive conclusions regarding legal coercion's effectiveness” (p. 401).

1.2. Measuring treatment motivation and client engagement

Self-determination theory (SDT; Deci & Ryan, 1985; Deci & Ryan, 2002) provides a useful perspective on these issues. SDT proposes that motivation ranges on an continuum from activities that are initiated and controlled by social forces to those that are self-determined. External motivation refers to client beliefs that treatment is sought because external events or agents have coerced or pressured them to seek help. Introjected motivation refers to feelings of guilt and shame if treatment is not undertaken. Identified motivation occurs when clients personally identify with the goals of treatment, commit to these goals and choose to seek help. In SDT, internalization refers to the extent to which these motives are endorsed at any given time (cross-sectionally) and to the process by which beliefs about treatment participation are transformed from being perceived as external impositions to personally valued choices (longitudinally). A large international literature confirms that this process is facilitated to the extent that social environments support basic psychological needs for autonomy, relatedness, and competence (Deci & Ryan, 2002; Ryan & Deci, 2000). Previous research using SDT has documented positive cross-sectional and longitudinal associations between identified motivation, helpful patient attitudes toward treatment, and client retention (De Leon, Melnick, Kressel, & Jainchill, 1994; Downey, Rosengren, & Donovan, 2001; Klag, Creed, & O'Callaghan, 2010; Ryan, Plant, & O'Malley, 1995; Wild, Cunningham, & Ryan, 2006). The present study extended this work by examining whether associations between legal referral and client engagement vary in relation to treatment motivations, as conceptualized by SDT.

Retention is the most common outcome in this area (Hampton et al., 2011; Klag et al., 2005; Longinaker & Terplan, 2014; Perron & Bright, 2008; Stevens et al., 2005; Wild et al., 2002), but this measure has also generated mixed findings. Some studies report that legal referral is associated with superior retention compared to those seeking treatment from other referral sources (Brecht, Anglin, & Dylan, 2005; Copeland & Maxwell, 2007; Grichting et al., 2002; Knight, Hiller, Broome, & Simpson, 2000; Young & Belenko, 2002), while others report either no difference or inferior retention among legal referrals (Beynon, Bellis, & McVeigh, 2006; Claus & Kindleberger, 2002; Hampton et al., 2011; Longshore & Teruya, 2006; Mertens & Weisner, 2000; Stevens et al., 2005). Although retention predicts positive post-treatment outcomes (Hser, Evans, Huang, & Anglin, 2004; Hubbard, Craddock, & Anderson, 2003; Moos & Moos, 2003; Simpson, 2004; Zhang, Friedmann, & Gerstein, 2003), most studies in this area merely assess whether or not clients were retained at a follow up assessment, and little research has investigated temporal patterns of dropout. To address this limitation, the present study prospectively followed a cohort of people seeking residential treatment and modeled dropout rates over time.

A related outcome measurement issue is that retention in treatment does not guarantee meaningful client participation (Schacht Reisinger, Bush, Colom, Agar, & Battjes, 2003; Sung, Belenko, Feng, & Tabachnick, 2004). Increasing recognition is therefore being given to quality of clients' cognitive involvement in the treatment process (Conner, Longshore, & Anglin, 2009; Flynn, Craddock, Hubbard, Anderson, & Etheridge, 1997; Schacht Reisinger et al., 2003; Simpson, 2004). Cognitive involvement extends beyond simply showing up for treatment sessions, as reflected by clients' experiences of commitment to the therapeutic process, confidence in its ability to help, and relatedness with program staff and other clients (Joe, Broome, Rowan-Szal, & Simpson, 2002; Simpson, 2004). Cognitive involvement is prospectively related to improved psychosocial functioning and reduced substance use during and following treatment (Griffith, Knight, Joe, & Simpson, 1998; Joe, Simpson, Dansereau, & Rowan-Szal, 2001; Simpson & Joe, 2004; Simpson, Joe, Greener, & Rowan-Szal, 2000). To the extent that legal referral makes session attendance mandatory, relying solely on retention-based outcome measures is a poor proxy for assessing clients' reactions to treatment content and commitment to behavior change (Simpson, 2004; Wild, 2006). Because there is evidence that legal referral and other external contingencies can be simultaneously associated with treatment attendance and low cognitive involvement (Joe et al., 1999; Schacht Reisinger et al., 2003), we addressed this issue by supplementing our time-to-dropout analysis with a second measure of client engagement that combined retention status and self-reported cognitive involvement in treatment.

1.3. Study design and hypotheses

A prospective observational design was used to examine whether associations between legal referral and client engagement varied in relation to treatment motivation. Hypothesis 1 was that on admission, participants within legally-mandated and not legally-mandated subsamples would report heterogeneity in perceived coerciveness of their

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