

Does stage-of-change predict dropout in a culturally diverse sample of adolescents admitted to inpatient substance-abuse treatment? A test of the Transtheoretical Model

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Abstract

The Transtheoretical Model (TTM) (Prochaska, DiClemente, & Norcross, 1992) proposes that the stages-of-change construct can serve as useful tool for identifying those most at-risk of treatment dropout [Prochaska, J. O. (1999). How do people change, and how can we change to help many more people? In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The heart and soul of change* (pp. 227–255). Washington: American Psychological Association]. While researchers have found mixed support for this claim in adult samples, studies have not yet tested this issue in adolescent substance-abuse treatment settings. This paper reports findings from a Canadian study of adolescents ($n=130$: 80 Caucasians, 50 Aboriginals) admitted to a hospital-based, residential substance-abuse treatment program. Two approaches were used to test the TTM's claim: (1) a hierarchical logistic regression model of dropout was developed using the subscales of the University of Rhode Island Change Assessment instrument (URICA), demographic variables, and subscales of the Addiction Severity Index (ASI); and (2) a chi-square analysis was employed to test the hypothesized relation between stage-of-change and dropout status. The findings demonstrated that the best predictive model of dropout included only the Precontemplation subscale of the URICA (OR: 4.3; 95% CI: 2.0–9.0). In addition, adolescents assigned to the Precontemplation stage manifested significantly higher rates of treatment attrition than individuals in the Contemplation or Preparation/Action stages. This study

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provides important empirical support for the predictive utility of the stage-of-change construct among a culturally diverse sample of adolescents admitted to an inpatient substance-abuse treatment program. © 2005 Elsevier Ltd. All rights reserved.

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Patient attrition represents one of the most troublesome aspects of addiction treatment (Prochaska, 1999; Prochaska & Velicer, 1997). Baekeland and Lundwall (1975) found that 28% of adults admitted to inpatient programs dropped out. Between half and three-quarters (52–72%) of outpatients withdrew from the treatment process before the fourth session. Stark's (1992) more current review found similar rates across treatment studies. Among adolescents in long-term residential treatment, attrition rates range widely (7–90%, mean 48%) and mean dropout for outpatients is about one-third (34%, range 19–55%) (Williams & Chang, 2000). Such high rates of attrition are frustrating for clinicians and a considerable expense for treatment providers. Moreover, many studies show that length-of-stay in treatment and completion are strongly associated with better long-term outcomes for both adolescents and adults (Simpson, Joe, & Brown, 1997; Stark, 1992; Williams & Chang, 2000; Zhang, Friedmann, & Gerstein, 2003).

Many presentations of the Transtheoretical Model include a major section on the predictive utility of the stage-of-change construct in relation to treatment attrition (cf. Prochaska, 1999; Prochaska & Velicer, 1997), and advocates of the Transtheoretical Model have claimed that the stages-of-change construct can serve as a useful tool in identifying those most at-risk of treatment attrition (Prochaska, 1999). The Transtheoretical Model predicts that those in the Precontemplation stage will manifest higher rates of dropout than individuals assigned to other stages. This claim has been difficult to test for two related reasons. First, almost all TMC-related substance-abuse or mental-health studies have employed the 32-item Likert-scaled University of Rhode Island Change Assessment (URICA) stage-of-change measure—an assessment tool meant to be more sensitive to the complex motivational postures of those seeking mental health or substance-abuse treatment than the forced-choice 5-item stage-assignment algorithm (Diclemente, Schlundt, & Gemmell, 2004, p.109). Secondly, whereas the Transtheoretical Model proposes 5 distinct stages-of-change, TMC studies on mental health or substance abuse—using the same TMC-advocated cluster analytic techniques to assign URICA-based stage status—have found between 2 and 9 identifiable stage profiles (Beitman et al., 1994; Blanchard, Morgenstern, Morgan, Labouvie, & Bux, 2003; Carney & Kivlahan, 1995; Diclemente & Hughes, 1990; Edens & Willoughby, 1999; McConaughy, Diclemente, Prochaska, & Velicer, 1989; McConaughy, Prochaska, & Velicer, 1983; Willoughby & Edens, 1996). Over the last 20 years of research on the URICA stage-of-change measure, researchers have not found agreement on a set of standardized rules for the assignment of stage-of-change status.

Nevertheless, researchers have employed a number of methods to test the Transtheoretical Model's claims regarding treatment dropout. Some studies have used cluster analysis to assign stage-of-change status, followed by a chi-square analysis of the relation between stage-status and dropout (e.g., Edens & Willoughby, 1996). Others have used each of the 4 URICA

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