



Reasons for dropout from drug abuse treatment: Symptoms, personality, and motivation

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Abstract

Previous research has identified risk factors for early attrition from substance abuse treatment, but has not assessed reasons for dropout from the client's perspective. Interview and self-report assessment data were collected from 24 clients who prematurely terminated outpatient treatment to evaluate their subjective reasons for dropping out and the association of these reasons with demographic and clinical variables. Items from scales indicating problems with client motivation or conflicts with program staff were the most commonly endorsed. The severity of participant's symptoms and logistical problems interfering with appointments were less commonly reported as reasons for dropping out. Demographic, substance abuse, and motivational stage indicators were infrequently associated with subjective reasons for dropout. In contrast, indicators of maladaptive personality functioning were strongly associated with many reasons for dropping out, especially concerns about privacy and boundary issues within the program. Results from this preliminary evaluation will guide the development of an instrument and intervention focused on dropout risk factors and treatment reengagement.

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Retention in substance abuse treatment is associated with better outcomes, and premature dropout remains the major problem undercutting treatment effectiveness. In drug-free outpatient and residential settings, first month dropout rates are commonly at least 50% and rates in methadone maintenance,

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although somewhat lower, are still high during this period of medication stabilization (Hubbard et al., 1989; Simpson, 1981; Stark, 1992). Research on the individual client and treatment program factors associated with early attrition is needed to facilitate the development of interventions targeted at this problem (Battjes, Onken, & Delany, 1999; Harris, 1998; Simpson, Joe, & Brown, 1997). As a first step in the development of a dropout risk assessment instrument and treatment intervention, this study explored client's subjective reasons for leaving treatment and the association of these reasons with demographic and clinical variables.

Prior research has identified several potential demographic factors related to dropout, including male gender, minority status, and younger age (Agosti, Nunes, & Ocepeck-Welikson, 1996; Anderson & Berg, 2001; Claus & Kindleberger, 2002; Copeland & Hall, 1992; Maglione, Chao, & Anglin, 2000; Martinez-Raga, Marshall, Keaney, Ball, & Strang, 2002; Sweet & Noones, 1989). An earlier onset of substance abuse, greater alcohol severity, and polydrug abuse are associated with higher risk for early dropout from both inpatient and outpatient settings (Agosti et al., 1996; Maglione et al., 2000; Martinez-Raga et al., 2002). Co-occurring psychiatric diagnosis and psychiatric symptom severity (Claus & Kindleberger, 2002; Sweet & Noones, 1989), and specifically antisocial and borderline personality disorders have been related to early attrition (Daly & Pelowski, 2000; Martinez-Raga et al., 2002). Although it has been suggested that treatment program factors play a significant factor (Claus & Kindleberger, 2002), there have been few empirical studies on how program functioning or staff behaviors contribute to early dropout.

Although some factors have been identified, the reasons for clients dropping out of treatment prematurely remain poorly understood and relatively understudied. Most research has examined differences in admission demographic and clinical variables collected for other study aims and conducted post hoc comparisons of factors differentiating clients who dropped out versus those who completed treatment. Because clients who dropout have not been assessed at the time of these post hoc comparisons, no study has examined reasons for dropout from the client's perspective or attempted to relate these reasons to demographic and clinical variables. We conducted the first study to evaluate the correlates of client's subjective reasons for early dropout as a first step in the development of an assessment and intervention aimed at dropout reengagement. We predicted that clients would endorse a range of personal and programmatic reasons for leaving treatment early that would be associated with greater symptom severity, lower motivation, and maladaptive personality dimensions.

1. Method

1.1. Participants

Twenty-four adults were assessed who recently dropped out of treatment and either responded to an advertisement or were called by phone after leaving treatment within two months of admission from The APT Foundation Central Treatment Unit (CTU). CTU provides psychosocial outpatient treatment to approximately 90 New Haven, Connecticut area residents with primary drug or alcohol problems referred either by self, criminal justice, or child protection systems. CTU clients were asked to complete a permission form upon admission allowing research staff to contact them by phone in the case of missed appointments. Research staff was provided these permission forms and a list of recent dropouts (defined

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