Youth engagement and service dosage in a mandated setting: A study of residential treatment centers ☆

Yufan Huang [a],*, David E. Duffee [b], Camela Steinke [c], Heather Larkin [d]

[a] New York State Office of Children and Family Services, Room 313 South, 52 Washington Street, Rensselaer, NY 12144, United States
[b] Center for Applied Behavioral Health Policy, Arizona State University, Mail Code 3220, 500 N. 3rd St. Ste 200, Phoenix, AZ 85004–2135, United States
[c] School of Criminal Justice, University at Albany, 135 Western Ave., Albany, NY 12222, United States
[d] School of Social Welfare, University at Albany, 135 Western Ave., Albany, NY 12222, United States

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ABSTRACT

Treatment theory in residential treatment centers (RTCs) is conceived as a two-stage process of first engaging the client and then delivering services or interventions aimed at presenting problems. This treatment logic has been criticized for "creaming clients" or reserving services for clients easier to engage or more amenable to treatment but less in need. The present study examines whether higher early levels of engagement by youth in RTCs leads to more intervention and compares the relative effects of engagement and seriousness of presenting problems on the quantity of services provided by the mid-point in the adolescents' stay. Data come from interviews with a clinical sample of 71 male and 59 female adolescents in two RTCs in an eastern state. Findings indicate that higher level of engagement predicts more treatment interventions. Treatment staff delivered higher dosages of services to youth with more current behavioral problems, not those with problematic behaviors at intake. Youth with positive peer group backgrounds also received more services. Findings extend knowledge of how treatment staff provide treatment to clients and the role engagement plays in RTC service delivery.

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1. Introduction

Treatment theories often include the expectation that the level of client engagement affects service delivery. In certain settings, practitioners might plan interventions intended to increase the level of client engagement and seek signals of increased engagement before attempting other interventions targeting long-term outcomes. Some treatment failures are explained as failures of engagement. As a result, treatment strategies are conceived as a two-stage process of first engaging the client and then delivering services or interventions aimed at presenting problems. Many youth treatment programs, including many residential treatment centers (RTCs), espouse the importance of engagement in the treatment of high risk youth, and this emphasis is visible in a variety of RTC activities. The current study focuses on part of this two-stage treatment strategy, examining whether higher levels of early engagement lead to more intervention. It further compares the relative effects of early engagement and seriousness of presenting problems on the quantity of services provided.

2. Literature review: youth engagement and service delivery

Pointing to the significance of engagement, the National Institutes of Health Council (2008) affirms the importance of client decision making in selecting both treatment outcomes and means of proceeding. Additionally, practice literature accepts and propagates the idea that engagement promotes change (Colby & Dziegielewski, 2001; Hornby & Atkins, 2000; Irvine, 1979; Lerner, 2001; Martin, Garske, & Davis, 2000; Parloff, 1961; Rogers, 1957; Skidmore & Thackeray, 1982; Turner, 1975). The social work profession in particular distinguishes itself among helping professions through its emphasis on social functioning and seeks solutions through relationships (Larkin, 2006; NASW, n.d.; Richmond, 1917). The emphasis on client decision-making is also in keeping with the National Association of Social Worker's (NASW) Code of Ethics standard of self-determination, which involves supporting clients "to identify and clarify their goals" (NASW, n.d.).

The Council on Accreditation of Services for Families and Children, Inc. (COA), an international not-for-profit child and family service accrediting organization, includes in its standards for accreditation evidence about partnerships between clients and agencies and collaboration on treatment decisions. In required quarterly service utilization reviews, the social worker, the supervisor, and a "neutral

party" must agree that the client is "participating sufficiently to promote desired outcomes within the specified treatment period." COA's statement of principles for effective practice requires agencies to develop supportive partnerships by regarding individuals and their families as primary decision-makers and active participants in all stages of service planning and delivery (Council on Accreditation of Services for Families & Children, Inc., n.d.).

State regulation of congregate foster care also stresses engagement of the client and the client's parents or other primary caretaker. Florida provides an extreme example in which lack of participation and compliance on the part of the parents could result in the termination of parental rights (Florida Statutes Section 39.11.8, 1979; Florida Statutes Section 39.602(4), 2005). The New York State Office of Children and Family Services emphasizes client engagement in the treatment process through standardized reporting and involvement of the client and a client advocate in service planning and service reviews (NYS OCFS, 2003).

There have been few empirical studies of the relationship between engagement and quality of treatment in RTCs (Hair, 2005), but there have been studies in related fields. In psychotherapy, the relationship between therapist and client is known as the "therapeutic alliance." This alliance is seen as crucial to effective treatment. Case studies (e.g. Lerner (2001)) give specific examples in which a trusting, collaborative relationship was vital to successful treatment. There have also been many studies showing that early measures of the quality of the relationship between the psychotherapist and the client are a good indicator of therapy outcomes (Horvath & Greenberg, 1989; Horvath & Symonds, 1991; Luborsky, Crits-Christoph, Alexander, Margolis, & Cohen, 1983; Marmar, Gaston, Gallagher, & Thompson, 1989; Orlinsky & Howard, 1986). Researchers and practitioners in the field of psychotherapy have created guidelines for establishing and using the therapeutic alliance that are similar to the function of engagement in RTC treatment strategy, including the need to establish the relationship early, consideration of the fact that some clients do not form alliances as easily as others, and the need for agreed upon goals in order for treatment to occur (Gelso & Carter, 1985).

In the field of substance abuse treatment, it is believed that people are more likely to remain in treatment if they feel they are in treatment for a good reason. As a result, practitioners search for different ways to keep clients engaged (Comfort, Loverro, & Kaltenbach, 2000). Studies have shown that retention is vital to a favorable outcome (e.g. Gerstein (1992); Simpson, Joe, & Rowan-Szal (1997)) and this is what makes engagement in substance abuse treatment so important.

In the case of RTCs, many of the clients do not have the option to leave, since they are most often sent to the center as a result of a court order (Lerman, 2002). But even in situations where services are mandated, engagement is still seen as important. Texts (e.g. Rooney (1992)) and articles (e.g. De Jong and Berg (2001); Murdach (1980)) focus on strategies that social workers and other therapists should use to engage mandated clients in the treatment process. Rooney (1992) states that success can occur in the mandated setting, as long as motivational congruence (collaboration on goals between the client and the practitioner, with the client engaged in this process) is present. De Jong and Berg (2001) also placed heavy emphasis on the self-determination of the client and making the client feel as though he or she had some choice in the treatment process. Some of the research on mandated therapy suggests that the events leading to or emanating from the mandate actually contribute to client engagement (De Jong & Berg, 2001; Duffee & Carlson, 1996; Rooney, 1992). Motivational interviewing (MI) has been found effective with mandated clients (Kistenmacher & Weiss, 2008; Tutty, Babins-Wagner, & Rothery, 2009), suggesting that engagement can be fostered by targeting techniques appropriate to the client's stage of change (see Miller and Rollnick (2002); Prochaska and DiClemente (2005)). Consequently, mandated clients do not necessarily remain as unwilling clients. Thus, employing the right engagement or treatment services, depending upon the client's

particular stage of change, may be more important than the stage of change itself in leading to positive outcomes.

Carlson, Barr, and Young (1994), studying boys in RTCs, found mixed effects of the components of engagement on outcomes. They found that youth who were rated by staff as more ready to change at admission to residence did not have better outcomes than clients perceived at admission as less ready to change, but the youth's investment in treatment did predict positive outcomes. This study concluded with a challenge to residential staff to remember that clients apparently more amenable at entry did not do better than other boys when outcomes are measured at discharge.

Although numerous articles focus on engagement as a predictor of outcomes, there is a paucity of research on why this linkage occurs. For example, reviewing the literature on treatment relationships of adolescents, Shirk and Karver (2003) cautiously concluded that engagement in treatment promoted better outcomes for youth, but they did not explain that link. A review of the 18 published articles used in Shirk and Karver's meta-analysis reveals that while the authors discussed the link between engagement and outcomes, they did not explain how or why this relation existed.

The sparse empirical literature that attempts to link engagement to services, rather than outcomes, focuses on client attendance or completion of services as opposed to terminating treatment prematurely (Garcia & Weisz, 2002; Harwood & Eyberg, 2004; Hawley & Weisz, 2005; McLeod & Weisz, 2005). This research is not particularly applicable to clients in mandated settings, where attendance is a poor indicator of active participation and where early termination by the client is a possible but drastic step that leads to more coercive intervention by the state. Moreover, these studies make it difficult to distinguish the client's participation or collaboration in treatment services with the effect on those services that the client's buy-in is supposed to produce. That is, many of these studies, while important to understanding engagement, might be better interpreted as demonstrating connections among the attitudinal, relational, and behavioral components of engagement, rather than showing the impact of engagement on service delivery (Cunningham, Duffee, Huang, Steinke, & Naccarato, 2009). The current study therefore helps to fill a gap in understanding the connection between engagement and services, contributing to services research.

Additional evidence about the engagement process and its results is important for both practical and theoretical reasons. On the practical side, treatment resources are expended in the pursuit and monitoring of client engagement. Evidence that engagement affects services would support greater attention to how to engage clients effectively. Evidence that engagement is overrated as a precondition for service delivery would caution treatment staff against investing in clients who display commitment, or waiting for signs of engagement before commencing therapy, to the detriment of other clients with similar problems but who are less engaged (Carlson et al., 1994).

Furthermore, Miller and Rollnick (2002) suggest that motivation takes place within an interpersonal context, and this might be the case for engagement as well; techniques and services employed by staff persons at the right times may be more important than the degree to which a client is engaged early. For similar reasons, engagement research could also change client selection processes if program intake staff members are seeking cues of client readiness as a prerequisite for admission. If research determines that the level of engagement can be altered after admission, and does affect the nature of services and service outcomes, then theories of engagement should be developed and tested using micro-measures of the early treatment process to capture when and how engagement occurs.

3. Theory and hypotheses

The training and values of helping professionals, mandates from accrediting bodies, and state regulations previously described combine