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PRETREATMENT DROPOUT AS A FUNCTION OF TREATMENT DELAY AND CLIENT VARIABLES

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Abstract — Utilizing a retrospective analysis we examined factors correlated with preintake dropout in patients phoning to make intake appointments for cocaine treatment. Inquiries of 235 individuals calling our outpatient cocaine treatment program over a 7-month period were analyzed for relationships between patient age and gender; residence in the city where the program is located; marital status; referral source; reported problems with alcohol, marijuana, and heroin; reported last use of cocaine or other illicit stimulants; assigned counselor gender; person who made the appointment; days to the intake appointment; and attending the scheduled intake session. Only days to appointment was significantly (Wald = 12.4587, $df = 1$, $p < .05$ and $\chi^2 = 17.7$, $df = 8$, $p < .05$) correlated with attending the scheduled intake session. Appointments scheduled the same day differed significantly ($\chi^2 = 4.3$, $n = 235$, $df = 1$, $p < .05$) from appointments scheduled later. This suggests that client and situational variables are not significantly related to initial attendance and enhances the significance of systemic variables that are under a clinic's control, such as appointment delay. The results indicate that the longer the delay between the initial phone contact and the scheduled appointment, the less likely a client is to attend an appointment. Further, they suggest that the greatest decrease in initial attendance occurs in the first 24 hours following the phone inquiry. Taking a "microscopic" look at the appointment delay variable is valuable in understanding and addressing preintake dropout.

Studies examining variables predicting preintake dropout (Carpenter et al., 1981; Errera, Davenport, & Decker, 1965; Grieves, 1978; Rosenberg & Raynes, 1973) have for the most part generated contradictory findings, generally identifying client characteristics not subject to manipulation. In many ways, investigating treatment system variables rather than immutable factors (such as client demographics and characteristics) may be more beneficial. One population having high preintake dropout and attrition is the chemically dependent, especially the cocaine dependent (Agosti et al., 1991). Agencies treating cocaine dependence are often frustrated by their inability to reach a greater percentage of individuals needing treatment.

One possible way to improve such efforts is by examining preintake dropouts of cocaine treatment programs. For humanitarian and economic purposes, it is important to understand the reasons why some clients are unwilling or unable to take the step of attending a scheduled intake. An extensive literature search has not uncovered any previous research involving preintake dropouts from a cocaine treatment agency.

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M E T H O D

Subjects

The study included 250 clients calling a community outpatient, research, and treatment facility between May 15, 1992 and January 11, 1993. This facility had two admission criteria unrelated to the purpose of the present study: (1) use of cocaine or other illicit stimulants within the past 30 days; and (2) being between the ages of 18 and 65. Fifteen of the 250 inquiries did not meet these criteria and were referred to other treatment programs. The treatment agency was located within an urban area in Camden, New Jersey and provided assistance to anyone in the surrounding area.

Procedure

When a prospective client called for an initial appointment, the operator completed a phone inquiry form consisting of questions pertaining to client demographics and substance use. We performed a tabular analysis and a backward logistic regression (Aldrich & Nelson, 1984; Fox, 1984) on the 13 independent variables and the dichotomous dependent variable, showing or not showing for an initial appointment. The 13 independent variables derived from the inquiry form were as follows: (1) days between initial phone contact and scheduled appointment, (2) marital status, (3) gender of operator taking phone call, (4) gender of assigned counselor, (5) gender of client, (6) age of client, (7) referral source (self, family, friend, inpatient drug treatment, detox unit, court system, family services, homeless services), (8) time since last cocaine use, (9) whether the client was a city resident, (10) whether the client or someone else made the call, (11) reported alcohol problem, (12) reported marijuana problem, and (13) reported heroin problem.

R E S U L T S

For the 250 clients, the mean age was 30 ($SD = 6$); 169 (68%) clients were males and 81 (32%) females. Of the 235 clients scheduled for appointments, 136 (58%) did not show for their scheduled appointments, and 99 (42%) did.

Of the tabular analyses performed on the independent variables, only days between initial phone contact and scheduled appointment was significant ($p < .05$). Having an alcohol problem approached significance ($p < .10$). As shown in Table 1,

Table 1. Chi-square analyses of variables and attendance

Variable	χ^2	<i>N</i>	<i>DF</i>	<i>p</i>
Days to appointment	17.705	235	8	.024
Alcohol problem	3.777	234	1	.052
Caller	1.530	235	1	.216
Last cocaine use	29.965	230	28	.365
Counselor gender	0.446	234	1	.504
Referral source	9.475	219	11	.578
Heroin problem	0.309	234	1	.578
Marital status	2.709	235	4	.608
Operator gender	0.217	234	1	.641
Client gender	0.205	235	1	.651
Client age	1.425	235	3	.700
Camden residence	0.096	235	1	.757
Marijuana problem	0.000	234	1	.985

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