

Regular article

Social reinforcement of substance abuse aftercare group therapy attendance

Steven J. Lash*, Gregory E. Petersen, Edmund A. O'Connor Jr., Lauren P. Lehmann

Substance Abuse Residential Rehabilitation Treatment Program (116A4), Veterans Affairs Medical Center, Salem, VA 24153, USA

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Abstract

Although adherence to aftercare therapy in substance abuse treatment is associated with improved treatment outcome, relatively little research has explored methods of improving aftercare adherence. To improve on established methods of promoting aftercare adherence, 43 graduates of the 28-day intensive substance abuse treatment program at the Salem Veteran's Affairs Medical Center who received standard aftercare orientation are compared to 38 graduates who received the standard intervention plus social reinforcement of aftercare group therapy attendance. Clients who received social reinforcement attended more aftercare group sessions than did clients who received the standard treatment during the 8-week intervention (68.8% vs. 49.4% of sessions attended), and during the 4-week follow-up period (41.5% vs. 31.4% of sessions). These findings are noteworthy since the standard treatment had been shown to be effective in increasing aftercare adherence in prior studies (Lash, 1998; Lash & Blosser, 1999). Areas for future research are discussed. © 2001 Elsevier Science Inc. All rights reserved.

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1. Introduction

Substance abuse treatment programs have clearly been shown to be more effective than no treatment (Holder, Longabaugh, Miller, & Rebonis, 1991) and they provide significant medical cost savings (Holder & Blose, 1992). However, 1-year after beginning treatment, only 20–35% of clients are abstinent (see Marlatt, 1985), and few differences in effectiveness have been found between the major methods of substance abuse treatment (e.g., National Institute on Alcohol Abuse and Alcoholism, 1997). One way in which substance abuse treatment effectiveness may be improved is to increase adherence to aftercare therapy, because most relapses occur shortly after completing inpatient, or intensive outpatient treatment, and aftercare attendance has been associated with improved treatment outcomes.

Substance abusers are most vulnerable to relapse within the first 3 months of initiating abstinence (see Marlatt, 1985, for a review). Because most inpatient or

intensive outpatient substance abuse treatment programs are 1 month or less in length, aftercare may help individuals maintain sobriety through the remainder of the critical first 3 months of sobriety. This hypothesis is supported by findings that aftercare participation is associated with significantly better treatment outcomes (for reviews, see Ito & Donovan, 1986; Stark 1992). Furthermore, several studies have supported a causal role for aftercare adherence in treatment outcome. Vannicelli (1978) found the pattern of correlations over time between drinking and aftercare participation were consistent with aftercare promoting sobriety, rather than sobriety promoting aftercare attendance. Additionally, several authors have found that experimental interventions that substantially increased aftercare adherence also improved treatment outcome (Ahles, Schlundt, Prue, & Rychtarik, 1983; Lash & Blosser, 1999). However, increased aftercare attendance is not always associated with improved treatment outcome (e.g., Gilbert, 1988; McLatchie & Lomp, 1988; Ouimette, Moos, & Finney, 1998).

Despite the promising role of aftercare programs in promoting treatment outcome, only a small number of controlled studies have attempted to increase aftercare participation (for a review, see Lash & Blosser, 1999).

* Corresponding author. Tel.: +1-540-982-2463 ext. 2593; fax: +1-540-224-1957.

E-mail address: steven.lash@med.va.gov (S.J. Lash).

Additionally, when interventions have been successful, the aftercare participation rates are often low, or the interventions do not appear practical in most treatment settings. Further systematic research is needed to find practical interventions that can surpass the success rates of current methods of promoting aftercare adherence. The current study was designed to further improve upon interventions conducted previously (Lash, 1998; Lash & Blosser, 1999; Lash & Dillard, 1996). Lash (1998) found that having an aftercare group therapist provide a brief aftercare orientation session with an attendance contract to clients prior to completion of substance abuse treatment resulted in greater aftercare adherence. Clients who received this intervention were more likely to begin aftercare group therapy (70% vs. 40%) and attended more frequently during the first 8 weeks of aftercare (37% vs. 17% of sessions) than were clients who received a minimal aftercare orientation.

Lash and Blosser (1999) further improved on this intervention by adding attendance prompts with feedback to the intervention. Individuals in the prompts and feedback condition received an aftercare orientation with an attendance contract, plus: weekly appointment cards, weekly automated appointment reminder phone calls, weekly feedback on their progress toward completing 8 aftercare groups, as well as a phone call and a letter from their group therapist following any missed appointments. Compared to clients who received only the aftercare orientation with an attendance contract, these clients were more likely to begin aftercare (100% vs. 70%); they attended more weekly aftercare group sessions during the first 8 weeks of aftercare (55% vs. 29% of sessions); and they were less likely to be readmitted to the hospital within 6 months of beginning treatment (5 vs. 15 admissions).

Reinforcement of aftercare participation has been found to improve aftercare adherence and treatment outcome in one controlled study. Ossip, Van-Landingham, Prue, and Rychtarik (1984) found that having significant others prompt aftercare attendance and reinforce attendance with a mutually agreed upon reinforcer (e.g., cook a favorite meal for them) resulted in increased aftercare attendance. Clients who received this intervention attended twice as many individual aftercare therapy sessions over the first 16 weeks of aftercare compared to clients who did not receive it. Furthermore, as reported in a 1-year follow-up study (Ahles et al., 1983), these clients had higher abstinence rates, fewer days having drunk 2 or more ounces of alcohol, and increased employment rates compared to the clients in a standard treatment condition.

The current study examines whether social reinforcement further improves aftercare adherence when added to interventions already shown to be effective. It was hypothesized those clients who received this standard intervention plus social reinforcement of aftercare group therapy attendance would show greater aftercare adherence than clients who received the standard treatment. Treatment adherence was

defined as the number of aftercare group sessions individuals attended during the first 8 weeks of aftercare while the interventions were in place, and during the following 4 weeks after the interventions were discontinued.

2. Materials and methods

2.1. Participants

The 4 female and 77 male participants were in the residential ($n=70$), or the outpatient ($n=11$), 28-day substance abuse residential rehabilitation treatment program (SARRTP) at the Veterans Affairs Medical Center (VAMC) in Salem, VA. The Salem VAMC's Research and Development Committee reviewed and approved this study and participants gave informed consent for reception of social reinforcement. The study was conducted as a program evaluation and all data were collected as a regular part of the program through chart review. All participants lived within a 45-minute drive of the treatment center, or 1 of the 8 outreach clinic locations where aftercare group therapy is provided. All had transportation, and a work schedule that allowed for aftercare group therapy attendance. Participants' mean age was 44.25 years ($SD=9.46$) and their marital status was as follows: 22% married, 35% divorced, 26% single, 12% separated, and 5% widowed. Their racial make up was: 52% Caucasian, 47% African American, and 1% Hispanic. All participants were substance-dependent (68% alcohol-dependent, 28% cocaine-dependent, 17% polysubstance-dependent, 6% marijuana-dependent) while 17% also had a substance abuse diagnoses for a secondary substance. Dual diagnoses, defined as a psychiatric disorder on Axis I or II in addition to substance dependence, were present in 36% of the clients.

2.2. Procedure

This SARRTP emphasizes relapse prevention and cognitive-behavioral principles to help those with substance dependence maintain abstinence from substance use. Participation in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) is required during the 28-day program. After graduating the intensive SARRTP, all clients are encouraged to participate in 1 of 13 weekly, hour-long, aftercare therapy groups, and/or AA or NA. All participants' medical records were monitored to track their aftercare attendance for 12 weeks following completion of their residential or outpatient treatment.

2.2.1. Experimental design

An A-B quasi-experimental design was used to evaluate whether social reinforcement would further improve aftercare attendance and treatment outcome compared to the standard aftercare orientation procedures. Baseline data were collected on 43 clients who received the standard

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