Coercion and Motivation: Construct Analysis and Factor Association in Entering Treatment for Substance-Abuse

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Coercion and Motivation: Construct Analysis and Factor Association in Entering Treatment for Substance-Abuse

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Abstract

Informed by the theoretical underpinnings of Self-determination theory (SDT), we aimed to examine relationships between motivation and independent measures of external pressure to enter treatment. By exploring whether or not a directional association exists between perceived coercion and motivation, using the Circumstances and Motivation subscales of the CMR and availability sampling method, we surveyed 63 clients seeking substance abuse treatment under legal coercion, social coercion, and voluntarily. Results suggest that motivation to engage in substance abuse treatment is not reliably inferred from referral source. Treatment-seeking groups appear to experience greater external pressures to leave treatment than to enter treatment. Results are consistent with SDT—specifically, treatment motivation appears to be a personal consideration that likely moderates the effect of coercion.

Introduction

Currently, nearly 30 percent of referrals to publicly funded outpatient care programs are originated by the criminal justice system and close to 30 percent enter treatment under coercive informal pressure (TEDS, 2010). Persistent attrition ranges, ranging from 50-80 percent, in all major drug treatment modalities and attendant relapse have focused research on the effectiveness of legal coercion and the assumed potential of motivation to improve treatment retention and outcomes (Glassbo, 2010).

In general, findings seem to support that legal coercion pressures are effective in promoting entry into treatment and, by large, implicate the concomitant high dropout rates to low motivation—presumed to be endemic to compulsory treatment-seeking groups (Evans, Li, & Hser, 2009). This reductionist conceptualization appears problematic in that it presumably renders court-mandated clients as oppositional, being coerced into treatment, and lacking internal motivation, whereas voluntary treatment-seekers are frequently perceived as volitional participants (Brecht & Anglin, 1993). The veracity of these conclusions have been challenged on the grounds that they neglect to consider substance abuse clients groups experience a multitude of pressures from various sources—including internal demands to seek treatment (Prendergast et al., 2009). Moreover, research has infrequently explored associations between informal opinions of coercion, client motivation to seek help, and commitment to the treatment process (Wild, Cunningham, & Ryan, 2006).

Theory

Whereas early models of motivation are circumscribed by a dichotomous conceptualization of motivation (i.e., internal and external), self-determination theory (SDT; Deci & Ryan, 1987) offers a more differentiated conceptualization of motivation in proposing that external sources—including internal demands to seek treatment (Prendergast et al., 2009). Moreover, research has infrequently explored associations between informal opinions of coercion, client motivation to seek help, and commitment to the treatment process (Wild, Cunningham, & Ryan, 2006).

Hypothesis

Informed by the theoretical underpinnings of SDT, the present study aims to examine the following research question (RQ) and associated hypotheses (H):

R Q 1: Are perceived coercion and motivation separate constructs when assessing controlled, depending on the degree to which they may be internalized by the individual.

H 1: Referral source will not predict perceived coercion or motivation.

H 2: Coercion and motivation will be positively correlated when assessed during initial stages of treatment.

Research Design: The IRB-approved empirical study utilized a convenience sample of clients from two local outpatient substance-abuse treatment facilities in Las Vegas. Client participants were grouped as: Legally Coerced, Socially Coerced, or Voluntary—based on their status or referral source.

Sample N=19, Socially Coerced=22, Voluntary=22, Total=63.

Materials: Self-administered questionnaire survey design using the Circumstances and Motivation subscales of the CMR (Doleo & Mitchell, 1998) and a Likert type scale—containing 18 questions and a brief demographic questionnaire.

Participant characteristics:

• At least 21 years old
• Attended fewer than four individual treatment sessions with their respective clinician.
• Gender distribution: 34 male participants (54%), 29 women participants (46%).
• Age and ethnicity distributions are excluded due to lack of space but available upon request.

Results

One-way-between-subjects ANOVAs were conducted to compare the effect of clients’ perception of coercion and motivation.

A one-way analysis of variance showed no significant effect between the three client groups, F(2, 60) = 1.08, P > .05

A one-way analysis of variance showed no significant effect between the three client groups’ perception of motivation, F(2, 60) = .86, P > .05

Correlation

Pearson’s correlations of coefficients were computed to assess the relationship between the levels of coercion and motivation, coercive pressures to enter and coercive pressures to leave treatment relative to each client group (Table 1).

Table 1: Inter-correlations and descriptive statistics

<table>
<thead>
<tr>
<th>Coercion</th>
<th>Motivation</th>
<th>Pressure to enter</th>
<th>Pressure to leave</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coercion</td>
<td>1.00</td>
<td>21.90</td>
<td>2.82</td>
<td></td>
<td></td>
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<tr>
<td>Legal coercion N=19</td>
<td>Motivation</td>
<td>.09</td>
<td>1.00</td>
<td>21.91</td>
<td>2.58</td>
</tr>
<tr>
<td></td>
<td>Pressure to enter</td>
<td>.56*</td>
<td>20.00</td>
<td>3.32</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pressure to leave</td>
<td>.27</td>
<td>-32</td>
<td>.45*</td>
<td>1.00</td>
</tr>
<tr>
<td>Social coercion N=19</td>
<td>Coercion</td>
<td>1.00</td>
<td>20.36</td>
<td>3.60</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Motivation</td>
<td>.48*</td>
<td>1.00</td>
<td>22.27</td>
<td>3.27</td>
</tr>
<tr>
<td></td>
<td>Pressure to enter</td>
<td>.80**</td>
<td>19.00</td>
<td>3.55</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pressure to leave</td>
<td>.32</td>
<td>56**</td>
<td>-20</td>
<td>1.00</td>
</tr>
<tr>
<td>Voluntary N=22</td>
<td>Coercion</td>
<td>1.00</td>
<td>21.80</td>
<td>4.08</td>
<td></td>
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<tr>
<td></td>
<td>Motivation</td>
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<td>1.00</td>
<td>23.09</td>
<td>3.68</td>
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<td></td>
<td>Pressure to enter</td>
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<tr>
<td></td>
<td>Pressure to leave</td>
<td>.78**</td>
<td>34.00</td>
<td>1.00</td>
<td>11.11</td>
</tr>
</tbody>
</table>

*Correlation significant at .05 level (2-tailed).
**Correlation significant at .01 level (2-tailed).

Discussion

H 1 is supported. Results suggest that motivation to engage in substance abuse treatment is not reliably inferred from referral source.

H 2 is supported. Results suggest a moderate but statistically significant positive correlation between coercion and motivation among clients seeking treatment under social pressures and voluntarily. The association holds constant for the legally coerced group but is not statistically significant.

The finding is consistent with SDT’s proposal that external controls are not necessarily antagonistic to intrinsically motivated behavior. External controls differ in the extent to which they are perceived as self-determined depending on the degree to which the individual may internalize them.

In regards to the research question, the positive correlation between the variables appears to suggest coercion and motivation may not be separate constructs. The aggregate of study findings suggest that coercion does not, in and of itself, diminish motivation among individuals entering treatment under coercion.

A key finding is the indication that compared to other groups, legally coerced clients experience significantly higher levels of pressure to leave treatment than to enter treatment. Objective external pressures including unemployment and lack of stable housing may partially account for high attrition rates.

Study Limitations

Sample size was relatively small.

The study relied on data obtained from only two outpatient facilities.

Implications

Policy: Legal and policy analyses of the ethics of clinician–client relationship that currently justify the reporting duties incurred by clinicians to accommodate legal and social referral institutions.

Practice: Coercion and motivation remain profound abstractions in clinical setting. Concerted efforts to assess both factors upon treatment entry may lead to more effective strategies to modify cognitions that are elicited by the referral process, leading to improved treatment compliance and outcomes.

Research: Future research will benefit from moving beyond a behaviorist perspective with a demonstrated predilection for focusing on objective sources of coercion towards empirical analyses of how treatment-seeking interpret and react to external pressures.

References


