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Comparing Perceptions of Motivation to Change: Clinicians Versus Their Substance-Abuse Clients

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Abstract

Although some clients enter treatment voluntarily to seek intervention for their substance abuse problems, most enter under coercive external pressures that may be perceived by clinicians as less influenced by addressing substance abuse than by appearing mandated from the judicial system, family, or employers. Little research has examined and compared clinicians’ appraisals of intrinsic and extrinsic motivation to change as opposed to how the clients assess themselves. A congruency between the two parties’ assessments may inform the quality of the therapeutic relationship and facilitate an effective treatment plan. Using the Circumstance, Motivation, and Readiness Scales (CMSR) and availability sampling methods, we surveyed both the clinicians and their clients (N=33 clients and 11 clinicians). Results showed that there is a statistically significant difference between the ratings of the clinicians and their clients. The clinicians tended to rate the clients as having lower motivation and being less ready to change than the clients rated themselves. In addition, the clinicians rated three groups of clients similarly; no significant difference existed comparing (a) a court-mandated group, (b) a conditionally-mandated group, and (c) a voluntary group. Likewise, there was no significant difference with respect to clients’ own ratings, comparing the three client groups. Implications for practice, policy, and future research are discussed.

Introduction

Ingress to alcohol and drug treatment programs is often hastened by legal mandates from the justice system, formal directives from social assistance agencies and employers, and informal pressures, in form of ultimatums or interventions, from family and friends (Klag, O’Callaghan, & Creed, 2005). Clients entering treatment programs, however, very seldom specify a singular decisive factor in seeking treatment. Marlowe et al. (2003) have asserted that clients present a complex and heterogeneous conceptualization of intrinsic and extrinsic coercive social pressures that ultimately influence decision to seek help.

Research on the role of coercion as a strategy for addiction treatment has primarily focused on objective external sources of social pressure. Recent studies have contended that external social pressures do not correlate with client commitment to seek treatment—rather, engagement in treatment is more reliably a function of individual’s perceptions of the degree of personal choice and identification with the goals of treatment (Ryan & Deci, 2006; Wild, Cunningham, & Ryan, 2006).

Little research has simultaneously examined the relationship between objective and perceived coercion and the conditions under which the clients and the clinician’s perceptions of coercion are convergent or divergent. Divergence in the clients’ and clinicians’ perceptions of motivation or readiness to seek treatment may adversely affect the therapeutic alliance. The quality of the therapeutic alliance, particularly in the initial stages of the client and clinician relationship, has been a robust predictor of treatment engagement and retention (Meler, Bannock, & Domnell, 2005). Among substance abuse populations, duration of participation in treatment has been a reliable clinical and statistical predictor of positive treatment outcome (Simpsoon, Joe & Ronan-Sat, 1997).

Currently, treatment completion rates among Nevada residents seeking outpatient substance abuse treatment programs remains alarmingly low. Specifically, of those discharged from intensive outpatient treatment programs only 17 percent successfully completed treatment—nearly one-half the national ratio. Moreover, 42 percent were mandated by the criminal justice system and nearly 30 percent were referrals from community sources that impose various levels of social control to hasten entry into treatment (Substance Abuse and Mental Health Services Administration, 2005). Among substance abuse populations, duration of participation in treatment has been a reliable clinical and statistical predictor of positive treatment outcome (Simpsoon, Joe & Ronan-Sat, 1997).

Hypothesis

1. Clinicians tend to rate their substance abuse clients as having lower motivation and being less ready to change than the clients rate themselves.

Research Design: The IRB approved empirical study utilized a convenience-sample of clients and their respective clinicians from two local outpatient substance abuse treatment facilities. Client participants were grouped as Mandated, Conditional, or Voluntary on their status or referral source. Sample Size: Sample = 33 clients and 11 clinicians. Research on the role of coercive social pressures that shape client’s decision to enter treatment. The study relied on data obtained from only two outpatient facilities.

Materials and Methods

Sample
• Key outcome of the study is the significant disparity in the overall scores between clients and clinicians (Figure 1).
• Clinicians highly underrate the effects of intrinsic factors i.e., motivation and readiness, relative to clients’ treatment seeking behavior.
• Clinicians’ ratings of extrinsic factors, i.e., circumstances, are highly consistent with clients’ appraisals.

Discussion

The ANOVA analyses support the T-test overall findings that there were no differences between the client groups’ scores.

The degree of consistency between mandated, conditional, and voluntary clients’ self-ratings provide compelling evidence for the possibility that clients, as general, may be closely matched in their level of motivation or readiness, regardless of the referral status.

This conclusion is consistent with observations by Farahbod, Prendergast & Anglin (1998), which suggest that the interrelation among internal and external motivational sources are complex and caution against dismissing individual motivational factors in forming clinical impressions relative to substance abuse clients.

Study Limitations

• Sample size was small and not evenly distributed among client groups.
• The study relied on data obtained from only two outpatient facilities.
• More clinicians need to be recruited for the study.

Implications

• Policy: Standardized assessment of perceived level of coercion and autonomy in treatment seeking behavior to minimize clinician bias.
• Practice: Implementation of treatment strategies that are informed by the particular pressures that shape client’s decision to enter treatment.
• Research: Systematic measurement of the extent to which congruent perceptions between client and clinician predict retention and treatment outcomes.

References