Legal Mandates and Perceived Coercion in Therapeutic Community Treatment

Poppy Rourke (School of Psychology)

Dr. John Howard (National Cannabis Information and Prevention Centre) and Dr. Kristy Martire (School of Psychology)

University of New South Wales
Pressure to enter AOD treatment

• Established practice to refer those in criminal justice system with substance use issues to treatment
• Therapeutic Communities are one of the treatment settings that receives clients referred through CJ system
• Contentious issue – critics and proponents
• Other sources of pressure
Past Research Findings

- Efficacy of legally mandated treatment
- Perceived coercion
- Motivation
- Other sources of pressure
Research Aims

1. To examine how legal mandates, perceived coercion from legal and other sources, and internal motivation relate to one another

2. To examine how legal mandates, perceived coercion from legal and other sources and internal motivation impact upon treatment engagement and retention

3. To investigate the impacts of legally mandated treatment, perceived coercion and motivation on individuals through open-ended interview questions.
Study Design

• **Methods:**
  - Sample (N=114) recruited from two residential AOD facilities. Self report questionnaires completed
  - A subset of participants also completed interview with open ended questions (N=22)
• **Measures:** TCU Client Evaluation of Self and Treatment, Perceived Coercion Questionnaire, Severity of Dependence Scale, Addiction severity index,
• **Analysis:**
  - Multiple regression to find which factors predicted treatment engagement
  - survival analysis to examine the impact of legal mandates on treatment retention
  - thematic based analysis was used to analyse open ended responses
Results

Research Aim 1: To examine how legal mandates, perceived coercion from legal and other sources, and internal motivation relate to one another.
Voluntary and Legally Mandated Clients

- There were few differences between voluntary and legally mandated clients on the other variables.
- Legally mandated participants scored significantly higher on perceived legal coercion.
- Division a theme emerging in open ended responses...

“They go ‘oh we’re here willingly but you know the people that are here by court … they’re here just because the court sent them.’ well just because court sent us that means we can’t leave…. And definitely they’re the ones that are always leaving. So tough shit to them”
<table>
<thead>
<tr>
<th>Motivation: desire for help</th>
<th>Motivation: treatment readiness</th>
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<tbody>
<tr>
<td>Legally Mandated</td>
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<td>Perceived Legal Coercion</td>
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<td>Perceived Relational Coercion</td>
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<td>Perceived financial Coercion</td>
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<td>Perceived health coercion</td>
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<td>Perceived employment coercion</td>
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Results

Research Aim 2: To examine how legal mandates, perceived coercion from legal and other sources and internal motivation impact upon treatment engagement and retention
Treatment Satisfaction

MOTIVATION: treatment readiness

SOCIAL: Peer Support

ENGAGEMENT: Treatment satisfaction
Counselor Rapport

MOTIVATION:
- treatment readiness

SOCIAL:
- Peer Support

ENGAGEMENT
Counselor Rapport
Treatment Participation

**MOTIVATION:**
- Treatment readiness

**PSYCH FUNCTIONING:**
- Self efficacy

**SOCIAL:**
- Peer Support

**ENGAGEMENT**
- Treatment Participation
Treatment retention
Results

Research Aim 3: To investigate the impacts of legally mandated treatment, perceived coercion and motivation on individuals through open-ended interview questions.
Open ended responses

• On motivation:
  • Motivation is important
  • Motivation can grow through treatment

“You might come in here not knowing that you’ve got that in you, that you do want it, and you could be here for a week or two and then realise you know, when the anger or detox has subsided, you realise oh yeah, maybe.”
Open ended responses

• On legal mandates:
  • Still an element of choice
  • can be helpful, even when there is initial resentment

“My first instinct was to rebel and not want to do it because I know its hard. But the legal impetus actually helped me accept that, it was a good push… I went from resentful to acknowledging it was a really good idea”
Open ended responses

• On family pressure:
  • positive and negative perceptions and impacts.

“There’s days when you’re running really rough that um I’ll speak to them [family] on the phone and feel really you know anxious about it, powerless. I run on what they call fear which is ‘f’ everything and run.”
Practical Implications and Applications

1. External pressure isn’t necessarily a bad thing!
   - Legal referrals into TC treatment can be as effective as voluntary treatment entry
   - Other sources of perceived coercion did not have negative impact on treatment engagement

→ Supports the practice of accepting clients with external pressures into TC treatment
Practical Implications and Applications

2. Motivation is important, but not fixed
   - Both the quantitative and qualitative results indicated that motivation is important in treatment
   - However open ended responses suggested motivation is dynamic
   ➔ Low motivation should be seen as a treatment target rather than a treatment barrier!

3. Peer support and self efficacy are also important
   - Both were significant predictors of treatment engagement
   ➔ Other treatment targets include increasing peer support between residents, and increasing self-efficacy
Practical Implications and Applications

4. Legally mandated and voluntary clients are very similar but there is some division between the groups

- Quantitative results indicated that there were few differences between the groups
- Open ended responses indicated that there is some division between the groups

→ Increasing cohesion between the groups is important, this could increase the efficacy of treatment for all. One approach to this could be to educate the voluntary and legally mandated clients about the fact that they are more similar than dissimilar.
Acknowledgements

Many thanks to the programs, their staff and the clients who were beyond generous in their support.
Thank you!
Any questions?

poppyrourke@gmail.com
Sample

- Sex: (m=77) f (n=36)
- Age range: 19-59
- Legal status: voluntary (n=67) legally mandated (n=47)
Limitations

- Participants volunteers
- Social desirability bias in self report
- Limited sample size