



The Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

ADDICTION Messages

Ideas for Treatment Improvement

JANUARY 2003 • VOLUME 6, ISSUE 1

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Engagement and Retention: Part 1 – Early Engagement Tips

“Those who are lifting the world upward and onward are those who encourage more than criticize.”

-Elizabeth Harrison

kept 1-2, 19% kept 3-5, 13% kept 6-7, and only 28% kept 8 or more,

- * Average number of outpatient alcoholism treatment sessions was = 4.7
- * 52-75% of alcoholics dropped out of treatment by their fourth outpatient session.

Early Engagement

As a counselor you no doubt have met clients entering treatment who are unaware that their substance use is dangerous or that it causes problems in their lives. When you meet new clients it is important to keep in mind that they may be at any point on the severity continuum and/or at any stage of readiness for change. In opening sessions it is important to:

Establish rapport and trust by:

- * Creating a safe environment for the client to engage in dialogue,
- * Explaining how the agency/program operates,
- * Asking clients to provide information about why they have come to the agency, and
- * Telling clients if you or another counselor will be working with them.

Explore events that precipitated treatment entry by:

- * Being aware of your client's emotional state as it is associated with experiences that brought them to treatment,

Improving client engagement and retention is a continuing concern for many treatment agencies. We know that successful treatment outcomes depend on the client becoming actively involved in treatment for a long enough period of time to make decisions and life style changes consistent with recovery from substance use disorders. The philosophy and behavioral strategies for enrolling and keeping clients in treatment have changed significantly in recent years. The AM will focus on those recent discoveries in the next three issues.

Extent of the Problem

Dennis Donovan, in a presentation to the 2000 Washington State Fall Research Conference noted that:

- * 46% of referrals to inpatient alcoholism treatment did not come for the initial interview; 44% of those attending did not return again,
- * 45% of 5,000 admissions to hospital-based alcoholism treatment terminated within the 1st month,
- * 15% of alcoholics in an outpatient program kept no appointments, 38%

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- * Taking advantage of opportunities to motivate clients to consider change, and
- * Being aware that the client may feel coerced into treatment and/or blame the referring source.

Commend client for coming by:

- * Understanding your client's expectations,
- * Affirming their courage for coming to treatment, and
- * Affirming that their investment in seeking assistance indicates that they are capable of making choices that are in their best interest.

Tools for Measuring Client Readiness and Motivation

Client "readiness" and motivation are multidimensional and challenging to assess. Understanding your client's "readiness" is an important aspect of learning how to engage your client early on. Assessing client "readiness" for treatment includes understanding the following dimensions of motivation:

- * Self-efficacy
- * Readiness to change
- * Decisional balancing
- * Motivations for using substances
- * Goals and values

These dimensions are described briefly below, along with a listing of tools that will help you better assess your client's readiness for treatment. For a more thorough discussion and copies of the tools, see the CSAT TIP 35, "Enhancing Motivation for Change in Substance Abuse Treatment".

Self-Efficacy

Self-efficacy refers to the client's level of confidence regarding his/her ability to change and abstain from substances.

Tools for evaluation:

Situational Confidence Questionnaire (SCQ), Brief Situational Confidence Questionnaire (BSCQ), and the Alcohol Abstinence Self-Efficacy Scale (AASE).

Readiness To Change

Readiness to change can be viewed as where your client might be on a continuum of stages/steps toward making beneficial changes in his/her life.

Tools for evaluation:

The Stages of Change Model, the Readiness Ruler, University of Rhode Island Change Assessment Scale, Stages of Change Readiness and Treatment Eagerness Scale, and the Readiness to Change Questionnaire.

Decisional Balancing

Decisional balancing helps your client investigate the positive and negative aspects of particular behaviors.

Tools for evaluation:

Alcohol and Drug Consequences Questionnaire and Deciding to Change Table.

Motivation for Using Substances

Accurate self-awareness can stem from a dialogue that assists and encourages your client to understand his/her personal expectations regarding the use of substances.

Tools for evaluation:

Alcohol Expectancy Questionnaire, Alcohol Effects Questionnaire, Effects of Drinking Alcohol, Alcohol Belief Scale, Marijuana Effect Expectancy Questionnaire (MEEQ), and the Cocaine Effect Expectancy Questionnaire (CEEQ).

Goals and Values

It is essential that you understand accurately your client's values and goals for entering treatment.

Tools for evaluation:

Use of open-ended questions, Motivational Structure Questionnaire, the Study of Values Questionnaire, and the What I Want From Treatment Questionnaire.

Motivation and Early Engagement

Research has shown that a key component of client engagement and retention is client motivation. Motivation-enhancing approaches are associated with increased participation in treatment and improved treatment outcomes. As a counselor, you can work with your client to enhance their motivation to continue adopting beneficial changes. Using motivational techniques can benefit your client through:

- * Inspiring change,
- * Preparing them to enter treatment,
- * Increasing their participation and involvement in treatment,
- * Improving the outcomes of treatment, and
- * Encouraging a return to treatment if symptoms recur.

Prochaska, DiClemente, and Norcross (1992) describe five distinct stages of the individual change process. Understanding the stage your client may be in is important throughout treatment, and particularly crucial in initial engagement. Many people are in the Pre-Contemplation or Contemplation stages when you first meet them. Others may be ready to make a change but aren't sure how to get started. Still others have started and discovered they need help to succeed.

Pre-Contemplation

Your client is not yet considering change or may be unwilling or

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unable to change at this point.

Interventions = Provide information, feedback, observations, and explore how the client perceives their problems.

Contemplation

Your client acknowledges concerns about their situation and is still ambivalent towards making a change.

Interventions = client self-assessment, elicit motivational statements, weighing pros and cons and client's personal values.

Preparation

Your client shows commitment to making a change but is still undecided about treatment.

Interventions = clarify client's goals, offer options, and negotiate a plan.

Action

Your client is actively taking steps to change but still may be unstable.

Interventions = reinforce importance of remaining in recovery, acknowledge difficulties, identification of high risk situations, learn refusal skills and build supportive social network.

Maintenance

Your client has achieved initial goals, is abstinent and actively

working on maintaining gains.

Interventions = participation in regular meetings, support lifestyle changes, maintain contact, and review long-term goals.

Gaining an idea of your client's motivation for change through using these tools and models can help you formulate strategies to encourage your client's initial engagement in treatment. Providing appropriate early interventions according to your client's level of motivation will be beneficial, while interventions that are mismatched can worsen outcomes.

How A Counselor Can Encourage Motivation

There are several strategies you can use to encourage your client's level of motivation, and therefore, their response to early engagement in treatment.

- * Focus on client strengths rather than weaknesses,
- * Show respect for client autonomy and decisions,
- * Individualize treatment,
- * Refrain from using labels,
- * Develop therapeutic partnership,
- * Use empathy – not authority,
- * Focus on beneficial early interventions,
- * Focus less on intensive treat-

ments,

- * Recognize client may have co-occurring disorders and/or use multi-substances, and
- * Accept treatment goals that may be interim and/or incremental toward a main goal.

Sources:

Center for Substance Abuse Treatment (1999)

Enhancing Motivation for Change in Substance Abuse Treatment
Treatment Improvement Protocol (TIP) Series, Volume 35
Free to download at: www.samhsa.gov

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Next Issue:

**Engagement and Retention:
"Strengthening the Connection"**

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| Series 5 includes Vol. 5, Issues 1-3 | “Methamphetamine: Myths & Facts” |
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Pre-Test

Series 9

Circle the correct answer for each question

#1

During early engagement you establish rapport and trust through:

- a. creating a safe environment
- b. explaining agency operations
- c. avoiding questions about why they came to treatment
- d. "a" and "b"
- e. none of the above

#2

New clients may be at any point on the severity continuum and/or at any stage of readiness for change.

True False

#3

When exploring what events precipitated the client coming to treatment be aware that:

- a. most clients come for the same reasons
- b. they may blame others
- c. the client may feel coerced into coming to treatment
- d. none of the above
- e. "b" and "c"

#4

Assessing the client's "readiness" for treatment includes understanding which of the following dimensions of their motivation:

- a. readiness for change and self-efficacy
- b. decisional balancing
- c. motivation for using substances
- d. their goals and values
- e. all of the above

#5

The "Stages of Change" model refers to:

- a. consistent and predictable steps toward change that do not vary.
- b. includes five stages of change
- c. moving from the Pre-Contemplation stage through the Maintenance stage
- d. "a" and "b"
- e. "b" and "c"

#6

The longer the length of time a client spends in treatment the better the outcome.

True False

#7

Contingency Management refers to:

- a. an intervention designed to either increase or decrease target behaviors
- b. provides immediate reinforcing or punishing consequences for behaviors
- c. a supervision model for staff counselors
- d. "a" and "b"
- e. "a" and "c"

#8

Which of the following statements concerning the affects of providing transportation for clients is true?

- a. providing a car, van or contracted transportation improved client retention.
- b. providing transportation does not impact retention rates.
- c. providing vouchers for transportation costs has the largest impact on retention rates.
- d. "a" and "b"
- e. none of the above

#9

Factors that improve client retention and participation in continuing aftercare settings include:

- a. providing phone reminders
- b. attending aftercare group while client is still an inpatient
- c. peer pressure
- d. "a" and "b"
- e. none of the above

#10

If a client is scheduled for an intake appointment within 24 hours of their initial phone call they are more likely to attend that meeting.

True False

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Engagement and Retention - Part 2

Strengthening the Connection

*“Even if you are on the right track,
you will get run over if you
just sit there”.*

~ Will Rogers (1879-19)

The success of substance abuse treatment depends largely on the degree to which clients initially engage and participate in planned treatment activities. The last issue of *Addiction Messenger* described key elements of successful early engagement, tools for measuring client readiness for change, and tips for improving the client's connection to treatment. This issue will provide more ideas for connecting successfully with your clients and bolstering their motivation.

Motivational Factors

Joe, Simpson, and Broome (1998) examined client motivation as a predictor of engagement and retention in a number of different treatment settings. Motivation and treatment readiness were found to be more important predictors than socio-demographic, drug use and other variables. Your ability to use motivational enhancement strategies appears to be one key to engaging and retaining clients in treatment. Consider learning about and using some of the following frameworks and strategies for increasing client motivation.

The FRAMES Model

Miller and Rollnick (1991) identify six

elements of effective brief counseling interventions:

- 1. Feedback** regarding personal risk or impairment is given to the client following assessment of substance use problems.
- 2. Responsibility** for change is placed on the client but with respect for the client's right to make choices for themselves.
- 3. Advice** about changing, reducing or stopping substance use is given to the client in a nonjudgmental manner.
- 4. Menu** of self-directed options for change and treatment alternatives are offered to the client.
- 5. Empathetic** counseling showing warmth, respect and understanding is emphasized.
- 6. Self-efficacy** or optimistic empowerment is developed in the client to encourage change.

Decisional Balance Exercises

The client weighs the pros and cons of changing versus not changing their substance use behaviors. You can assist in the process by asking your client to verbalize the positive and negative aspects of substance use and listing them on a sheet of paper. The purpose of this exercise is to tip the client's decision scale toward a decision for positive change. The balance is tipped by making clear to the client the costs of their substance use, lessening the client's perceived rewards of use, making the benefits of changing behavior apparent, and by identifying the potential obstacles to change.

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Identification of Discrepancies Between Goals and Current Behaviors

The client is encouraged to identify the gap between future goals and the consequences for current behaviors. The counselor helps the client focus on, and raise awareness of, the negative aspects of substance use. Careful and strategic use of reflection can help highlight discrepancies. The counselor separates the behaviors from the person to help the client explore how future goals are being undermined.

Flexible Pacing

All clients will move through the stages of change at their own unique pace. They may fluctuate between stages, remain ambivalent for a long period of time, or be ready to take action. Assess your client's motivation by understanding their history and their current readiness for change. Meeting your client at her/his current stage with interventions designed to move the person to the next stage is important. Damage can be done to the client-counselor relationship, resulting in premature drop out, when we try to push the client too quickly toward a higher level of readiness or action.

Personal Contact With Clients Not In Treatment

Interventions that encourage continuity of care can be beneficial. A handwritten note or telephone call can encourage your client to return after they miss an appointment and stay engaged in treatment.

Reducing Pre-Treatment Drop Out

A few studies have examined treatment system variables related to pre-treatment drop out. Results indicate

that having fewer days between the initial client contact and the scheduling of the intake appointment results in higher client attendance. Scheduling intake appointments within 48 hours of the initial call is even more effective.

Other studies suggest that clients are four times as likely to attend their intakes if they are offered appointments within 24 hours of their initial phone contact. After the client has attended the initial appointment a reminder call for the next scheduled appointment is beneficial. The reminder call along with a satisfaction questionnaire for the client to fill out shortly after the appointment can help retain the client during the first crucial month. In addition, out-reach efforts such as phoning the client who did not attend their initial appointment and re-scheduling it has a positive impact on that client attending an intake interview. Approximately 50% of individuals who contact a treatment agency do not follow through on their intake appointment. Agencies with similar service trends may want to consider some of these activities to assure connecting with a higher percentage of clients.

Enhancing the Counselor-Client Connection

Several strategies for improving initial client engagement and participation have been studied. Consider using some of these methods for enhancing your relationship with clients.

Develop Rapport

Counseling style can influence the development of rapport and building of client trust. The use of motivational interviewing can help you understand your client's unique perspectives and goals. Rapport build-

ing is sensitive to ethnic differences. It is especially important for minority clients to feel safe and understood in the agency environment. Honoring ethnic backgrounds and traditions can help clients feel comfortable.

Induct Clients Into Their Role

Acquaint your client with you and the agency, especially if others have not done so. Clarify the treatment process, the expectations for client behavior, and agency rules. Encourage questions and clarify any misconceptions. Use language that the client understands. Understanding their role may prevent the client's premature termination from treatment but it will clarify expectations and foster a greater sense of safety and a lessening of anxiety about treatment.

Explore Client Expectancies and Determine Discrepancies

Discuss the client's expectations about treatment and possible fears. Sharing a list of other clients' concerns may increase the client's willingness to be candid. Some clients will have negative expectations based on past experiences. Each client needs an opportunity to tell you their anxieties. This is particularly important for individuals that feel coerced into treatment. Your client's expectations are important to understand before moving on to the more difficult work of therapy and change.

"Immunize" the Client Against Common Difficulties

Anticipate any potential difficulties or situations the client could face during treatment that may make them want to terminate and discuss them with the client. You can discuss possible negative reactions to treatment assignments, times when the client may feel uncomfortable in emotionally stressful situations, and the ten-

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dency to pull back from painful insights. Clients can be assured that these are normal feelings in the recovery process. Let the client know that they may not want to return to treatment after such experiences. Develop a plan with your client for how to handle these types of discomfort. A plan can forestall impulsive early termination and strengthen the therapeutic relationship.

Investigate & Resolve Barriers

Discuss any initial barriers that may hinder your client's engagement in treatment. Barriers can include not understanding written materials, having difficulty with transportation or childcare, and insufficient financial funds or insurance coverage. Your client may also feel unprepared to participate. As treatment proceeds be aware that your client may experience unanticipated new barriers that could slow progress.

Increase Congruence between Internal and External Motivation

Internal motivation is associated with increased client involvement. A combination of internal and external motivation promotes an even more positive response. External motivation is experienced as outside pressure to participate, or the need/desire to please or satisfy some influential person or group. The client's

desire to satisfy the court, an employer or spouse are examples of external motivation. You can explore significant external motivators with your client. Facilitating or clarifying the client's emotional distress about his/her situation may be helpful in enhancing internal motivation to participate in treatment. When a client's anxiety about life problems begins to surface, it can become a significant internal motivator for change.

Examine and Interpret Noncompliant Behavior

Noncompliance, such as missing or arriving late to an appointment, can be an expression of your client's dissatisfaction with treatment or it may be an illustration of their ambivalence about change. You can explore non-compliant behavior in a non-judgmental and problem solving manner to support the client's engagement in treatment. Take advantage of opportunities to discuss reasons for problematic behavior; they can help clients gain insights into their own motivation or beliefs. You can use noncompliant behavior as a signal to you that you need to get more information from your client or that treatment strategies need to be shifted.

All these approaches may contribute to strengthening the client's connection with you, the treatment program, and to a recovery process that could be the beginning of a better life.

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Enhancing Motivation for Change in Substance Abuse Treatment
Treatment Improvement Protocol (TIP) Series, Volume 35
Free to download at: www.samhsa.gov

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Next Issue:

**Engagement and Retention Part 3:
"Improving Retention"**

NFATTC NEWS

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MARCH 2003 • VOLUME 6 ISSUE 3

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Engagement and Retention – Part 3

Improving Client Retention

*“You may have to fight a battle
 more than once to win it.”*

~ Margaret Thatcher (1925 -)

The last issue of the Addiction Messenger focused on various aspects of connecting successfully with your clients to improve engagement. Information on reducing pre-treatment drop out, enhancing the client-counselor relationship and the counselor’s influence on client motivation were stressed. When the approaches identified are implemented they can have a strengthening effect on your client’s treatment and recovery process.

This month’s issue will provide you with information to help you retain clients in treatment. Remaining in treatment long enough to gain a solid foundation for recovery is key to successful long-term change. The length of time clients remain in treatment is a consistent and important predictor of post-treatment outcomes. The longer clients stay in treatment the more likely they are to maintain behavior change and realize their treatment goals.

The Drug Abuse Treatment Outcome Studies (DATOS), funded by the National Institute on Drug Abuse (NIDA), focused on treatment retention and follow-up outcomes. They examined outcomes for clients in both Long Term Residential (LTR) and Outpa-

tient Drug-Free (ODF) environments. In both LRT and ODF settings, clients who remained in treatment for 3 months or longer had significantly better follow-up outcomes on a variety of criteria than did those treated less than 3 months. In both environments posttreatment outcomes continued to improve as treatment retention increased. Treatment programs with higher quality treatment delivery systems tended to have longer retention rates. Characteristics of such systems included: better client-counselor relationships, provision of a wide range of services, and higher client satisfaction with the program.

Variables That Improve Retention

Retention rates can be improved along four factors: program variables, counselor characteristics, client traits and environmental conditions. The following factors are those presented in handouts by Joseph Rosenfeld at the Annual Michigan Substance Abuse Conference in September 2002.

Program Variables

Retention was better in programs that:

- Admit clients within 24 hours of being contacted.
- Transfer their clients from one level of care to another in a seamless manner.
- Have ancillary services available.

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- Remind their clients of appointments and schedule them at the same time each week.
- Orient their clients to the treatment program.
- Consult with clients regarding the length and intensity of their treatment as well as other aspects of their care.
- Tolerate clients that achieve abstinence at varying rates of speed.
- Encourage rapid re-admission policies for clients who may be relapsing.

Counselor Characteristics

Retention rates are better for counselors who:

- Look for and identify client strengths rather than weaknesses, helping counselors form a stronger therapeutic alliance with the client.
- Communicate “therapeutic optimism” to the client regarding their ability to be successful.
- Are seen by their supervisors as having positive mental health.
- Have a strong investment in their own personal or professional growth.
- Have high self-esteem and a positive attitude toward clients.
- Communicate a strong and appropriate sense of humor.
- Demonstrate appropriate self-disclosure.
- Reinforce positive self-statements made by client.

Environmental Conditions

Retention is better in environments that:

- Are accessible and “feel safe” (both inside and out).

- Are located in areas that do not provide “cues” or opportunities for continued substance use.
- Make opportunities for and foster positive social support.

Client Traits

Retention is better for clients that:

- Are employed.
- Have a positive social network of family and friends.
- Feel they possess good coping skills and positive self-efficacy.
- Feel they are close to being their “ideal-self”.
- Don’t have a great amount of guilt and shame.

Dennis Donovan, at a presentation to the Washington State Fall Research Meeting: *Bridging the Gap Between Practice, Policy and Research* (2001), noted additional client variables to consider. Those factors included considering the drug class being used by the client; client gender, race and/or ethnicity; whether the client is voluntary or mandated; and the presence of comorbid physical and psychiatric problems.

Service Coordination

Typically referred to as case management, service coordination is also an important contributor to client retention. A service coordinator helps the client access the services and resources they need. Such help may spell the difference between remaining in treatment or ending it prematurely. Service coordination can reduce your client’s internal and external roadblocks to recovery. During primary treatment service coordination includes:

- Motivating the client to stay engaged in treatment,
- Facilitating access and entry into needed services,
- Providing support during transition times,
- Intervening to avoid or respond to crises,
- Promoting client independence, and
- Developing support structures for community integration.

Motivation is as crucial to engaging clients as it is to retaining them. It is important to provide motivational enhancements throughout the treatment process. Each client will have a unique motivational outlook. Service coordinators can respond to individual needs with client-specific incentives.

Retention Incentives

Voucher-Based Incentives

Originally used in the treatment of stimulant abuse clients, this approach has now been studied in a variety of populations. Vouchers are an effective intervention with specific populations including pregnant and recently postpartum women, adolescents, and those with co-occurring disorders. The voucher-based approach is an individually designed program to promote changes in lifestyle that are conducive to successful recovery. Clients can earn vouchers that are usually exchangeable for retail items contingent on having drug-free urinalysis tests during treatment. A voucher-based incentive program can facilitate initial abstinence and increases retention. Research has illustrated the possibility that the same or similar reinforcing effects of drug use might be op-

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erating when vouchers are used as incentives to promote abstinence.

Low-Cost Contingency Management

Similar to the use of vouchers, contingency management can be used as part of a behavioral contract to encourage group therapy attendance and drug-free urinalysis results. Contingency management reinforcers or prizes can involve clients earning “points” or credits, money or other incentives. Such strategies have proven particularly effective with stimulant users. Low-cost contingency management involves, rather than earning vouchers, a chance to draw from a container to win prizes ranging from \$1 to \$100 in value. Clients have been shown to sustain drug-free urinalysis results for up to 6 months after engaging in an incentives program. This approach seems to be most appropriate for clients who prefer a single drug rather than those who consume multiple drugs of abuse.

Transportation Assistance

Providing a van, car, or contracted transportation services can improve treatment retention rates for outpa-

tient treatment clients, although individual vouchers or payment for public transportation did not have that same effect. The scheduled arrival of a van, car or contracted transportation services can add structure to the recovering client’s life, while vouchers for public transportation don’t add structure and rely on the client’s motivation and initiative. In addition, the driver of the car or van can be an informal source of social support which can have a therapeutic value. The impersonal public transportation system does not offer this factor. The use of a car, van or contracted transportation that offers door-to-door service avoids possible exposure to risky environments or individuals. This is also a “hassle-free” transportation that might reduce excuses for non-attendance as well as other barriers. Finally, a car, van or contracted transportation is an example of an agency environment that is responsive to client needs.

This issue concludes the series on Engagement and Retention. The next series of the Addiction Messenger will focus on Co-Occurring Disorders with special populations including Adolescents, Native Americans, and Women.

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Next Issue:

“Co-Occurring Disorders: Adolescents”

Name _____

Post-Test

Series 9

Circle the correct answer for each question

#1

During early engagement you establish rapport and trust through:

- a. creating a safe environment
- b. explaining agency operations
- c. avoiding questions about why they came to treatment
- d. "a" and "b"
- e. none of the above

#2

New clients may be at any point on the severity continuum and/or at any stage of readiness for change.

True False

#3

When exploring what events precipitated the client coming to treatment be aware that:

- a. most clients come for the same reasons
- b. they may blame others
- c. the client may feel coerced into coming to treatment
- d. none of the above
- e. "b" and "c"

#4

Assessing the client's "readiness" for treatment includes understanding which of the following dimensions of their motivation:

- a. readiness for change and self-efficacy
- b. decisional balancing
- c. motivation for using substances
- d. their goals and values
- e. all of the above

#5

The "Stages of Change" model refers to:

- a. consistent and predictable steps toward change that do not vary.
- b. includes five stages of change
- c. moving from the Pre-Contemplation stage through the Maintenance stage
- d. "a" and "b"
- e. "b" and "c"

#6

The longer the length of time a client spends in treatment the better the outcome.

True False

#7

Contingency Management refers to:

- a. an intervention designed to either increase or decrease target behaviors
- b. provides immediate reinforcing or punishing consequences for behaviors
- c. a supervision model for staff counselors
- d. "a" and "b"
- e. "a" and "c"

#8

Which of the following statements concerning the affects of providing transportation for clients is true?

- a. providing a car, van or contracted transportation improved client retention.
- b. providing transportation does not impact retention rates.
- c. providing vouchers for transportation costs has the largest impact on retention rates.
- d. "a" and "b"
- e. none of the above

#9

Factors that improve client retention and participation in continuing aftercare settings include:

- a. providing phone reminders
- b. attending aftercare group while client is still an inpatient
- c. peer pressure
- d. "a" and "b"
- e. none of the above

#10

If a client is scheduled for an intake appointment within 24 hours of their initial phone call they are more likely to attend that meeting.

True False

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