

Abstract

People who enter substance abuse treatment under various degrees of legal pressure do at least as well at the end of treatment or at follow-up as those who enter treatment under no legal pressure. Few studies, however, have examined the interaction of referral status (voluntary vs. involuntary) and treatment motivation and readiness.

The present analysis focused on 100 inmates in a large prison-based treatment program in California, some of whom were mandated to treatment and some of whom volunteered, and examined type of referral and motivation as predictors of psychological status and other outcomes at the end of treatment.

Inmates who involuntarily entered treatment exhibited as much change in the measured psychological and social functioning variables as did those who entered voluntarily, even after controlling for other possible predictor variables. They were also as likely to parole from the program and to agree to enter aftercare.

Introduction

Previous studies (see Farabee, Prendergast, & Anglin, 1998) have found that people who enter substance abuse treatment under various degrees of legal pressure do at least as well at the end of treatment or at follow-up as those who enter treatment under no legal pressure (although they may be under other types of external pressure).

In all of these studies on coercion, the offenders were referred to community-based treatment programs and had some degree of choice in the legal process (e.g., treatment or jail). Few studies have examined the interaction of referral status (voluntary vs. involuntary) and treatment motivation and readiness.

The present analysis focuses on prison inmates coerced into a therapeutic community who had virtually no choice in the matter and examines motivation and referral status as predictors of outcomes measured near the end of treatment.

Design

Sample. 100 inmates participating in an outcome study of a large therapeutic community program in a California prison, who completed both waves of the assessment. At the intake interview, 40 indicated that they had entered the program voluntarily; 60 that they had been mandated to the program.

Assessment. The Texas Christian University Self-Rating Form (Simpson & Knight, 1998) includes measures of depression, self-esteem, anxiety, decision-making, self-efficacy, hostility, risk-taking, and social conformity. Subjects completed the instrument at intake and just before release to parole.

Analysis. Regression models were used to determine whether admission status (voluntary or involuntary) predicted change scores on the TCU self-rating measures, controlling for motivation at baseline and background variables.

Analysis Variables

Independent and Control Variables

Admission status: voluntary or involuntary

**Motivation scales: Alcohol and Other Drug Problem
Recognition, Desire for Help, Readiness for Treatment**

**Background characteristics; demographics, drug use history,
criminal history**

Dependent Variables

**Self-rating scales: depression, self-esteem, anxiety, decision-
making, self-efficacy, hostility, risk-taking, and social
conformity**

**Discharge status: whether the inmate paroled from the
program or was discharged from the program before parole**

**Aftercare referral: whether the inmate agreed to enter a
community-based program following release to parole**

Findings

As seen in Table 1, the only demographic and background characteristics on which the voluntary and involuntary groups differed significantly were education and readiness for treatment.

Both groups were about equally likely to indicate that they had a serious drug or alcohol problem. They also tended to agree to the same extent about needing treatment (desire for help).

Findings

As seen in Table 2, both groups exhibited change (in the expected direction) from baseline assessment to pre-release on most of the scales. Significant change (paired *t*-tests), however, was more likely to occur for the psychological functioning measures than for the social functioning measures.

The magnitude of the change score for all but one of the measures was greater for the involuntary than for the voluntary group. A two-way ANOVA of time by group did not show any significant group effects, however.

With respect to the two other outcome variables, 48% of the voluntary group and 57% of the involuntary group were successfully paroled, and 76% of the voluntary group and 71% of the involuntary group were referred to aftercare. Neither of these outcomes differed significantly by group.

Findings

As seen in Table 3, admission status did not predict any of the self-rating scales change scores, even after controlling for background variables and pre-treatment motivation scores.

Only one of the other independent variables (readiness for treatment) was predictive of change in one of the scales (anxiety).

In addition, admission status did not predict discharge status or aftercare referral.

Conclusion

The fact that inmates in the involuntary group were mandated to treatment did not mean that they were markedly different in their acknowledgment of drug problems or their general motivation for treatment, relative to those inmates who had volunteered for treatment.

Inmates who involuntarily entered treatment exhibited as much change in the measured psychological and social functioning variables as did those who entered voluntarily, even after controlling for other possible predictor variables. They were also as likely to successfully parole from the program and to receive a referral to aftercare.

Conclusion

Although this study found that inmates admitted voluntarily and involuntarily to a prison-based treatment program exhibited equivalent outcomes (at least when measured near the end of prison treatment), coercion *per se* does not lead to successful treatment. Coercion gets drug-using offenders into treatment and keeps them there for a relatively long period of time. Involuntary clients change not because they are coerced into treatment, but because, as a result of coercion, they remain in treatment long enough to become engaged in various treatment activities that help facilitate change.

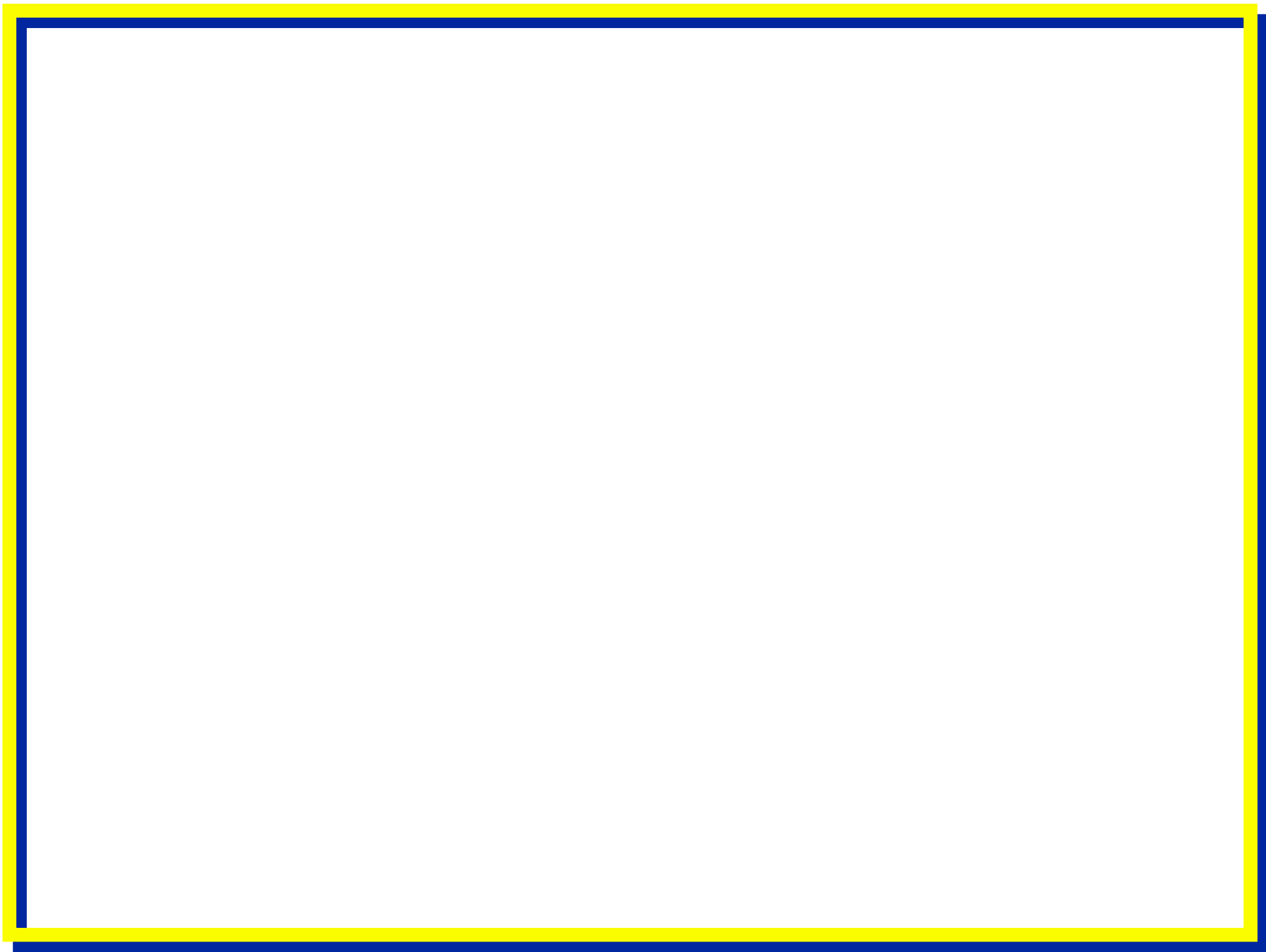


Table 2: Comparison of Scores at Baseline and Pre-Release on Self-Rating Scales for Inmates Who Entered Treatment Voluntarily (n=40) and Involuntarily (n=60)

	Baseline Mean(SD)	Pre-Release Mean(SD)	p	Change from Pre Release to Baseline
Voluntary Participants				
Self-Esteem	44.5 (8.7)	48.6 (8.4)	.02	4.1
Depression	28.1 (10.1)	24.2 (11.7)	.01	-3.9
Anxiety	33.1 (11.7)	28.7 (14.5)	.03	-4.4
Decision Making	52.1 (7.6)	54.4 (10.1)	.11	2.3
Self-Efficacy	51.8 (10.9)	56.0 (10.9)	.05	4.2
Hostility	28.4 (12.3)	26.2 (11.9)	.21	-2.2
Risk Taking	37.5 (11.9)	37.5 (12.4)	.99	0.0
Social Conformity	53.4 (9.4)	53.5 (9.5)	.94	0.1
Involuntary Participants				
Self-Esteem	44.4 (9.1)	52.1 (8.1)	.00^a	7.7
Depression	28.9 (9.6)	24.0 (12.4)	.01	-4.9
Anxiety	35.7 (13.3)	27.9 (14.1)	.00^a	-7.8
Decision Making	48.7 (9.8)	54.1 (10.2)	.00^a	5.4
Self-Efficacy	51.0 (11.5)	54.5 (13.1)	.06	3.5
Hostility	30.5 (13.3)	27.3 (13.4)	.10	-3.2
Risk Taking	38.0 (11.5)	37.0 (11.4)	.53	-1.0
Social Conformity	51.8 (7.7)	55.2 (10.1)	.02	3.4

^a p <.001

Table 3: Regression Analysis for Eight Self-Rating Scale Change Score and Other Outcomes

Admission status did not predict any of the outcomes.

	Self-Esteem	Depression	Anxiety	Decision Making	Self-Efficacy	Hostility	Risk Taking	Social Conformity	Paroled	Aftercare referral
	b	b	b	b	b	b	b	b	b	b
	(SE)	(SE)	(SE)	(SE)	(SE)	(SE)	(SE)	(SE)	(SE)	(SE)
Admission status	-3.48 (2.35)	0.53 (2.96)	0.46 (3.37)	-2.14 (2.23)	1.30 (3.25)	0.07 (3.14)	0.49 (2.75)	-1.59 (2.38)	-0.08 (0.11)	0.05 (0.11)
Age	0.01 (0.14)	0.23 (0.21)	0.06 (0.20)	0.05 (0.13)	-0.03 (0.20)	0.39 (0.19)	0.00 (0.17)	0.05 (0.14)	-0.01 (0.01)	-0.01 (0.01)
Marital status	2.75 (2.47)	-3.06 (3.11)	-6.01 (3.55)	-0.71 (2.35)	-2.67 (3.44)	-0.67 (3.31)	1.96 (2.89)	-1.78 (2.51)	0.11 (0.12)	-0.01 (0.11)
Education	-0.16 (0.58)	-0.92 (0.77)	0.11 (0.82)	0.15 (0.55)	0.44 (0.83)	-0.84 (0.77)	-1.31 (0.67)	0.18 (0.58)	-0.04 (0.03)	0.00 (0.03)
Sex offender	-3.19 (3.56)	-6.61 (4.48)	-2.66 (5.11)	-5.38 (3.38)	0.64 (4.91)	0.72 (4.76)	1.20 (4.16)	-2.51 (3.61)	0.27 (0.17)	-0.03 (0.17)
Lifetime arrests	0.04 (0.06)	-0.14 (0.07)	-0.21 (0.08)*	0.04 (0.05)	-0.01 (0.08)	-0.11 (0.08)	-0.16 (0.07)	0.01 (0.06)	0.00 (0.00)	0.00 (0.00)
AOD problem recognition	1.24 (3.32)	-5.31 (4.18)	-8.70 (4.76)	-2.31 (3.15)	0.97 (4.57)	-2.90 (4.44)	5.70 (3.88)	-0.31 (3.67)	0.13 (0.16)	-0.10 (0.15)
Desire for help	-1.19 (2.76)	2.06 (3.48)	2.97 (3.96)	-3.65 (2.62)	2.31 (3.82)	1.94 (3.69)	1.91 (3.23)	0.04 (2.80)	0.17 (0.13)	0.14 (0.13)
Readiness for treatment	5.62 (5.38)	1.12 (6.76)	8.09 (7.71)	0.63 (5.10)	-0.32 (7.40)	-1.13 (7.19)	0.58 (6.28)	-7.89 (5.45)	0.13 (0.26)	0.13 (0.24)
F	0.74	1.43	2.17	1.01	0.25	0.48	1.72	0.57	1.57	0.76
(Adjusted R ²)	(-0.03)	(0.04)	(0.20)	(0.00)	(-0.09)	(-0.06)	(0.07)	(-0.05)	(0.05)	(-0.03)
p value	0.67	0.19	0.03	0.44	0.99	0.88	0.10	0.82	0.14	0.65

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