De invloed van etniciteit, waarden en normen en behandelvisie op de klinische behandeling van verslaafden
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Summary*

The influence of ethnicity, norms and values and treatment philosophy on the clinical treatment of addicts

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Chapter 1
Background
Drop-out frequently occurs in addiction treatment. Drop-out is generally defined as premature termination of the treatment not considering the question who took the initiative. This is valid not only in the Netherlands but also abroad and for out-patients as well as for clinical patients. The figures mentioned vary between 25 and 55% for alcohol addicts and between 25 and 75% for drug addict. Drop-out during treatment works for client as well as for staff member demotivating and is unfavourable in social-economic respect. It is therefore of paramount importance to prevent drop-out during treatment. It is as a consequence necessary to raise the quality of treatment. Quality concerns both the outcome (effectivity) and the process of treatment (work relation and satisfaction). As drop-out is such a vital issue in addiction treatment it is important to know which factors will predict drop-out. Factors predicting drop-out may be classified as client-variables, institution-variables (including therapeutic characteristics and treatment characteristics) and variables connected with the interaction between the two. Sufficient empirical data are known of a large number of these variables. This is, however, not the case for some of the others. It concerns about three areas of attention.

a. Ethnicity
There are indications that clients from ethnic minorities (in which problematic use of hard drugs is more prevalent than can be expected according to population figures) will less apply for care, will more readily terminate the treatment and will have more difficulties to move on to subsequent clinical treatment than native clients. It is hardly known how they are reacting to the latter treatment. Ethnicity therefore seems an important factor in predicting drop-out. However, this presumption does not rest on hardcore research data.

b. Differences in norms and values between clients and therapists
It is on theoretical grounds credible that disconfirmation in the sense of incongruence of cultural norms and values between clients and therapists is relevant in addiction care. However, empirical data supporting the above are not available. After all, cultural norms and values traditionally play an important role in this care (for example within the therapeutical communities and in the 12-step programma of the AA-movement). When treating addicts of ethnic minorities it is also presumed that differences in value orientation from the “white” care may play a negative part. This will make the significance of this form of disconfirmation plausible.

c. Treatment philosophy
Nature, objective and climate of treatment also ascertain the treatment results. These variables are to a large extent dependent on the vision on man and treatment that is applied. In the Netherlands there are a number of institutions with a different philosophy in this respect. They are in addition to the various institutions with a more regular vision on man and treatment with medical and scientific characteristics. Institutions based on cultural sensitivity like some motivation centrums and
institutions of a particular nature like Christian and anthroposophical institutions are examples of the former. Proper empirical data regarding treatment results of this kind of institutions are not available. That would seem an important deficiency because these institutions themselves often report good results. It is therefore worthwhile comparing the results (in terms of drop-out as well as therapy compliance) of institutions of a particular nature with those of regularly working institutions.

**Objective and general question of the research**
The objective of our investigation is collecting material concerning the influence of ethnicity, incongruence of values and treatment philosophy on the clinical treatment of addicts. The general presentation of the question is: what is the influence of these variables on the treatment process (working alliance and satisfaction) and the treatment outcome (drop-out)?

**Design of the research**
The research is designed as a prospective cohort study. The data have been collected in three institutions, each with an entirely different vision on addiction and the treatment thereof: the regional institution Centrum Maliebaan (intake at the Detox Maliebaan and the Motivatiecentrum; continuation of treatment at the Blauwe Huis and the Maliebaankliniek), the nationwide operating anthroposophical institution Arta (part of the Arta-Lievegoedgroep in Bilthoven; intake at the introduction centre Hamingen, continuation of treatment at the Witte Hull and Aanzet) and the Intercultureel Motivatie Centrum of the Jellinek. In total 214 clients (64 of ethnic minorities and 150 natives) and 87 co-workers (21 of ethnic minorities and 66 natives) took part in the research.

**Chapter 2**
**Addiction care and drop-out**
In this chapter a treatment retention model in the addiction care is presented. This model is elaborated in two steps. In the first model an overview is presented of available empirical research results. Factors predicting drop-out are presented whereby distinction is made between characteristics of clients, of institutions and therapists and of interaction between these two. In the discussion attention is paid to the fact that the model lacks a couple of essential elements. No difference is made between early and late drop-out. Also there is no place in the model for factors representing the potential that clients have to master their problems. Additional perspectives are presented in a second detailed model obviating the deficiencies mentioned above. Mention is made of the possibilities that may be presented in this respect by the salutogenesis concept of Antonovsky and the concept of self efficacy of Bandura.
Chapter 3
Ethnic minorities and natives in the clinical addiction care.
Acceptance of the offer for treatment and premature termination of treatment

In this chapter about four questions will be investigated. 1.) Is the threshold for clinical addiction care higher for clients of ethnic minorities than for native clients? 2.) Is in the intramural addiction care (like in the ambulant care) the drop-out more frequent for clients of ethnic minorities than for native clients? 3.) In what respect do clients of ethnic minorities and native clients differ from each other and to what extent do these drop-out differences if any predict drop-out? 4.) Are there among clients of ethnic minorities and native clients specific predicting factors for drop-out apparent? In order to be able to answer these questions use was made not only of data from the research population but also from figures regarding planned admission. Results showed that admittance to the clinical care is indeed harder for clients of ethnic minorities than it is for native clients to achieve. Drop-out before admission occurred significantly more often with clients of ethnic minorities than with natives. It was surprising to note, however, that, once they had been admitted, clients of ethnic minorities certainly did not perform less well than natives. Chances that drop-out would occur to native clients were, contrary to the predominantly prevailing picture, somewhat bigger than to clients of ethnic minorities; the difference was, however, not significant. Considerable differences as well as similarities both occurred between clients of ethnic minorities and natives. The typical client of ethnic minorities turning up in our research is a male drugtaker, maintaining to have few problems in the psychic sphere, is creative and of spiritual tendency. He is extravert and he considers courtesy to and respect for his family and relatives important. He does not distinguish himself from his native colleagues regarding age, education and size of residence. He has as many problems with the law, his workplace, his relatives and family and other social relationships. It is striking that he is equally satisfied with the treatment as the native client and that he considers his relationship with his therapists as equally good. It is also noteworthy that the differences found between clients of ethnic minorities and natives did not appear to be responsible for a premature termination of the clinical care. In the response to the fourth question two very basic problem areas turned out to be predictive for clients of ethnic minorities as well as for natives for the treatment to be broken off, to note severe somatic complaints and sever problems in the relationship with family or friends.

Chapter 4
Value orientation and drop-out

In this chapter it is investigated whether value orientations and incongruence of values between clients and therapists of a certain kind predict premature termination of the treatment in a clinical setting for addiction care. The starting-point for this question is the theory of Schwartz regarding the circumplex structure of values. A second question was whether incongruence of values between clients and therapists predict drop-out stronger than the value orientation of the client as such. The analysis was performed with the help of Pearson correlation coefficients, Guttman’s weak monocity coefficients and Smallest Space Analysis.
Barely or no statistically significant connection was found between dropout and values of the client as well as incongruence of values between clients and therapists. Performing the Smallest Space Analysis on the monocity coefficients dropout seemed to be associated with a value pattern characterized by a high level of egocentrism en a low level of conservatism. Furthermore incongruence of value orientation between clients and therapists seemed to predict dropout more strongly than the value orientation of the client as such.

**Chapter 5**

**Differences in cultural norms and values between therapist and client in the clinical addiction care**

The question in this chapter is: is there a connection between initial value incongruence (differences in norms and values at the beginning of treatment) among client and therapist and the treatment results in terms of relationship, satisfaction and drop-out? Furthermore does the value incongruence happen more often with clients of ethnic minorities than with native clients and does the value incongruence go down in the course of the treatment?

To start with the consequences of value incongruence between clients and treatment team were tested at the outset of the treatment on satisfaction, working alliance and drop-out for the entire population. Then it was considered as to what extent there were differences between clients of ethnic minorities and native clients in this respect. The results were surprising. The most important conclusion of this part of the research was that value incongruence had little influence on drop-out at the start of the treatment. There was no difference between native clients and clients of ethnic minorities as far as this concerned. However, value incongruence showed decline in quality of the working alliance and resulted in a reduction of satisfaction in the latter group. It concerns here an incongruence of values such as safety for the family, politeness and respect towards relatives and the elderly and concern for tradition, to which the clients of ethnic minorities client attaches particularly. The incongruence of values at the beginning of the treatment did not change worth mentioning during the course of the treatment.

**Chapter 6**

**The influence of treatment philosophy on the course of treatment: a research at three addiction care institutions**

This chapter deals with the question what influence there is of the treatment philosophy on the course of the treatment. This question is split up into two parts: 1.) do the institutions with different signatures vary from each other in terms of patient characteristics such as severity of addiction, personality and socio-demographic characteristics and 2.) do these institutions differ from each other qua drop-out and may this be explained by differences in patient characteristics?

The most important conclusion was that drop-out figures in the different institutions in the first phase of treatment did not differ significantly. Moreover it turned out that there were a number of differences as regards demographic and personality characteristics as well as the severity of the addiction problems. But
these differences were hardly of any influence on the chance of drop-out in the first phase of the treatment. It was, however, surprising that the later drop-out (i.e. within a period of 3-8 weeks) in the departments for continued treatment of Arta was significantly lower than in those of the regular institution Centrum Maliebaan. The first and most obvious explanation of the observed difference is that, in the first phase of the treatment, a strong selection takes place in Arta of clients more motivated for continued treatment. Another explanation might be that the treatment climate in Arta contains a number of elements (such as client centeredness, programme cohesion and structure, continuity of care and the strengthening of healthy and positive sides of the client during the treatment) possibly preventing drop-out, particularly in the longer lasting forms of treatment.

Chapter 7
Discussion and recommendations
In this chapter the most important findings from the previous chapters are summarised and contemplated. The strong and weak sides (limitations) are subsequently discussed. The strong sides of the research are first the fact that the data have been collected on the basis of a careful theoretical foundation and the longitudinal set up of the research. The selection of instruments (valid and trustworthy questionnaires) represent another strong side of the study.

The fact that the additional perspectives mentioned in chapter 2 (regarding the value of positive and healthy characteristics of the client in treatment) have not been operationalised in the investigation itself is a weak side of the research. Also, for replying to the important question as to the difference in drop-out between clients of ethnic minorities and natives use could only be made of data of one institution (with an overrepresentation of clients of Molukan descent). The numbers were moreover small. It is also plausible that the results of this part of the research have been slightly distorted as the group investigated contained many well motivated clients of ethnic minorities, given the large-scale drop-out before the actual intake. The high study drop-out (a number of tests having a low power as a result) is another shortcoming. The same goes for the condition that in the study the group of clients of ethnic minorities have been treated as an entity. This has resulted in mutual differences between subgroups of clients of ethnic minorities having gone lost. The part research into the influence of treatment philosophy on the treatment has only been carried out in three institutions resulting in a restricted validity of the results, which is a last weak side of the study.

A number of recommendations are finally formulated for the clinical practice and for further research. A first recommendation for the clinical practice is that exertions aimed at improving the care for clients of ethnic minorities should be primarily targeted at the motivation for treatment and the prevention of drop-out before treatment actually begins. An additional recommendation is to see to it that therapists that treat clients of ethnic minorities will have proper communicative competence as well as sufficient knowledge of the cultural background of their clients. This serves to be able to communicate effectively about the differences in cultural norms and values. Results of the research elucidate the necessity of properly paying attention
during the treatment to severe medical-somatic problems that clients frequently possess. The same thing applies to problems with the family and social relationships. It is necessary for programmes to have a sufficient number of system theoretical elements (preferably of a behavioural therapeutically nature). It is also recommended that treatment programmes are sufficiently cohesive, client centred and structured. Ample attention should be paid to positive and healthy elements of clients. As to recommendations for further investigation research it is stressed that research designs in this area should be of a positive and longitudinal nature. Intervention studies of the effect of targeted attention for culture sensitive communication as well as for motivation of clients of ethnic minorities have been mentioned as possibly interesting for continued research. The same applies to outcome studies of the predictive value of a weak sense for coherence and the effect of targeted interventions to strengthen the sense of coherence.

As a final remark may serve that the answers to the above questions may eventually improve the treatment of both clients of ethnic minorities and native clients, but it is important that meanwhile both groups are offered interventions in a culture sensitive way, which have proved, as much as possible, to be effective.