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Chemical dependency and treatment intervention acceptability

Turley, Linda Barrow, Ph.D.

The University of Nebraska - Lincoln, 1993

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Ann Arbor, MI 48106

PREVIEW

CHEMICAL DEPENDENCY AND TREATMENT
INTERVENTION ACCEPTABILITY

by

Linda B. Turley

A DISSERTATION

Presented to the Faculty of
The Graduate College of the University of Nebraska
In Partial Fulfillment of Requirements
For the Degree of Doctor of Philosophy

Major: Interdepartmental Area of Psychological
and Cultural Studies

Under the Supervision of Professor Collie W. Conoley

Lincoln, Nebraska

May, 1993

DISSERTATION TITLE

Chemical Dependency And Treatment

Intervention Acceptability

BY

Linda B. Turley

SUPERVISORY COMMITTEE:

APPROVED

DATE

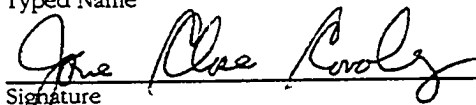


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 GRADUATE COLLEGE
UNIVERSITY OF NEBRASKA

CHEMICAL DEPENDENCY AND TREATMENT
INTERVENTION ACCEPTABILITY

Linda B. Turley, Ph.D.
University of Nebraska, 1993

Adviser: Collie Conoley

This study examined how an individually developed rationale affects the acceptability of a given treatment intervention. Sixty substance abusers currently in treatment at a Midwestern Veterans Administration Medical Center participated in this study. The Intervention Rating Profile (Witt & Martens, 1983) was used to measure each participant's acceptance of the standardized treatment intervention.

Each of the participant's perceptions, beliefs, and attitudes regarding his own alcohol/substance abuse problem was assessed using the author developed Perception Assessment Interview. They were then given a treatment intervention preceeded by either a matching rationale, a generic rationale, or no rationale at all. After reading the suggested intervention, each participant rated the intervention's acceptability.

The standard treatment intervention preceeded by a

matching rationale was rated as significantly more acceptable than when preceded with no rationale at all. However, the difference between acceptability ratings of the intervention when preceded by a generic rationale and no rationale at all was not significant. There was also no significant difference between the acceptability ratings of the intervention preceded by a matching rationale versus a generic rationale. Implications of these findings and suggestions for future research are discussed.

PREVIEW

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In thinking over my academic career, thoughts of my parents come to mind. Thank you June and Shel Turley for convincing me as a child that I could do anything that I wanted. I love both of you more than I can ever show you. You have always been there for me at my best and at my worst. I hope I can do the same for both of you.

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PREVIEW

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PREVIEW

CHAPTER I

Introduction

In 1978, Wolf suggested that it was important for psychological research on therapeutic interventions to strive for social relevance or, what he termed, social validity. Social validity consists of three component parts: social importance of the goals, social acceptability of the procedures, and social worth of the effects. The social acceptability of procedures is the point of concern for this study. Wolf states that, ". . . if participants don't like the treatment then they may avoid it, or run away, or complain loudly" (p. 206). Thus, the effectiveness of a given intervention can be compromised if it is not deemed acceptable by those who must implement it. The question, then, is how can the acceptability of treatment interventions be enhanced so that clients will be more likely to implement them?

There has been a great deal of research involving the acceptability of interventions designed for teachers to use with children in the school setting (e.g. Martens, Witt, Elliott, & Darveaux, 1985; Witt & Elliott, 1985; and Witt, Moe, Gutkin, & Andrews, 1984). Several variables have been found to affect teacher acceptability ratings of psychological interventions. These include: psychologist-related variables, child variables, treatment characteristics, and teacher background

variables (Elliott, 1988). The psychologist-related variables involve the use of psychological jargon and the overall involvement of a psychologist in the implementation of an intervention. Child variables consist of the types of problems that children have as well as the severity of those problems. Treatment characteristics could be any part of a treatment intervention. Variables that have been studied include the amount of time necessary to implement an intervention and its perceived effectiveness. Last, the teacher background variables that have been explored include teaching experience and amount of knowledge about interventions (Elliott, 1988).

To a lesser extent, studies examining the acceptability of treatment interventions for children outside of the school setting have been undertaken (e.g. Frentz & Kelley, 1986; Kazdin, 1984; and Kazdin, French, & Sherick, 1981). Type of treatment, severity of the problem, and treatment effectiveness are just some of the variables that have been found to affect acceptability ratings of children's interventions.

An area that is only just beginning to explore acceptability issues is counseling psychology. Marital counseling, loneliness, and test anxiety have all been studied with regard to the acceptability of proposed interventions (Bishop, 1990 Thesis; Conoley, Ivey, &

Scheel, 1990; and Phillips, 1991 Thesis). These studies explored the effect of individualized rationales on treatment acceptability. Previous research has been done that has looked at rationales and their effect on acceptability (Cavell, Frenz, & Kelley, 1986; and Witt, Moe, Gutkin, & Andrews, 1984). However, these studies examined the effects of rationales given on a group basis. Rationales were developed and given to experimental groups as a whole as opposed to developing the rationales on an individual level. The problem with this procedure is that the effect of the given rationale is confounded with the subject's own personal beliefs and attitudes towards a particular intervention.

The purpose of the present study is to examine the effects of an individualized rationale on the acceptability of a standardized substance abuse intervention. The rationales used will be designed to match each substance abuser's beliefs and attitudes about his or her substance abuse problem. A matching-rationale group, a generic-rationale group, and a no-rationale group will be compared to assess any differential acceptance of a singular intervention.

Theoretical Background

The theoretical background underlying the concept of acceptability can be found in four earlier psychological constructs. These include personal constructs,

utilization, isomorphism, and position.

Personal constructs. In 1955, Kelly designed a new theory of personality called the psychology of personal constructs. He postulated that humans seek to control and predict their lives. They do this through the use of personal constructs. These constructs are the way in which people construe their world. They use their capacity for creativity to represent their environment, not just respond to it. These constructs consist of a client's beliefs, attitudes, and perceptions of themselves and the world around them. Kelly states that people become resistant when these constructs are threatened. He suggests that therapists subsume or integrate these personal constructs into the therapeutic process.

Utilization. The Ericksonian concept of utilization can be defined as the use of a client's inner reality to promote change (Erickson & Rossi, 1979). These inner realities are the beliefs and perceptions held by the client about the world. The therapist uses these perceptions within the therapeutic change process. Within this context, a client's inner reality is accepted by the therapist because both a direct or an implied criticism of a client's perceptions can be construed as a criticism of the client's model of the world and thus, produce resistance. The therapist accepts these

perceptions and gradually helps a client to change his or her thinking by creating situations to facilitate this change (Dolan, 1985).

Isomorphism. DeShazer (1982) explains isomorphism as different systems having identical patterns within them. Within the therapeutic change process, the therapist designs an intervention that is presented to the client in such a way as to match the client's perceptions of the problem. In order to produce change, one portion of the presentation of the intervention is intentionally mismatched. This mismatching creates change. DeShazer sees no need to suggest that the client's perceptions change to conform to the therapist's. The client's goals can be met without this perceptual shift.

Position. A position is defined by Fisch, Weakland, and Segal (1982) as a group of beliefs, values, and priorities strongly held by a client. Positions help to determine how a person will or will not act. The authors state that how an intervention is suggested to a client is just as important as what the intervention entails. In knowing a client's position, a therapist can develop a rationale for an intervention so that the client is more likely to accept it and thus implement the suggested intervention.