Colorado Probation Research in Brief

When Interventions Have Unintended Negative Consequences

Moos, R. H. (2005). Iatrogenic Effects of Psychosocial Interventions for Substance Use Disorders: Prevalence, Predictors, Prevention. *Addiction*, 100, 595-604.

Key Words: Confrontation, modeling, substance abuse treatment, iatrogenic

Summary/Conclusions

The term iatrogenic refers to "harm that is induced by the treatment itself." The author reviewed literature on treatment interventions in the social science and medical fields. Finding a lack of studies that addressed the iatrogenic effects of substance abuse interventions, the author concluded that it is difficult to determine if the client's poor performance is due to iatrogenic effects or personal characteristics. The article provides a summary of interventions which can improve a client's success, regardless if the poor outcomes are due to treatment-or personrelated issues.

Limitations of Information

The results of this article are based on a number of previous studies conducted independently. The quality of these previous studies was not addressed in the current article. Additionally, because of the dearth of information specific to this topic, the author relied on studies that focused on clients that may not have been criminal in nature, nor treated specifically for substance abuse. The author had to make assumptions that outcomes would be similar with somewhat differing populations.

Caveat: The information presented here is intended to summarize and inform readers of research and information relevant to probation work. It can provide a framework for carrying out the business of probation as well as suggestions for practical application of the material. While it may, in some instances, lead to further exploration and result in *future* decisions, it is <u>not</u> intended to prescribe policy and is not necessarily conclusive in its findings. Some of its limitations are described above.

When Clients Don't Benefit from Treatment

The author attempts to examine the potential iatrogenic effects of substance abuse treatment and provide recommendations for minimizing the impact. The term iatrogenic refers to "harm that is induced by the treatment itself."

A significant number of studies and meta-analyses were reviewed. Although there is little known about the predictors of iatrogenic effects in substance use interventions, the studies indicate that "between 7% and 15% of patients in substance abuse treatment may be worse off subsequent to treatment than before."

Poor treatment outcomes can be the result of the clients' personal characteristics, circumstances and/or the iatrogenic effects of the treatment. The author identifies five variables that impact poor outcomes with treatment: 1) Lack of bonding-the client fails to develop or has a poor working alliance with the therapist, 2) Confrontation, criticism, or high emotional arousal-the therapist's use of aggressive techniques without empathy, 3) Lack of monitoring-poor tracking of progress, 4) Deviancy modeling-groups provide opportunities to learn new deviant behavior, and 5) Stigma-labeling can reduce self-esteem and motivation. According to the author, poor treatment results can be reduced by developing "Strong bonds with a counselor or treatment setting and consistent monitoring of behavior motivate individuals to act responsibly and refrain from substance misuse. When such bonds are weak or absent, when monitoring is lax or when peers in an intervention program model substance use, the likelihood of iatrogenic effects rise."

Practical Applications

- √ Ensure that all assessments are completed with fidelity, as the results will drive the process of treatment matching based on the individual's needs.
- Establish an effective working alliance with your clients and encourage their therapeutic relationship with their treatment counselors.
- Clarify probation expectations for the client who is in treatment and verify the client understands the expectations of their treatment provider.
- Engage motivational interviewing techniques to build client motivation for treatment, working toward strong change talk.
- Assist the client in finding pro-social peers and developing positive support networks in his natural community.
- √ Collaborate with treatment providers to develop reinforcing treatment and supervision plans that set realistic goals and monitor client progress. Case plans in probation should take in to account the requirements of the clients' treatment.
- √ Refer to treatment providers that are approved by the Division of Behavioral Health. For correctional clients it is effective to use programs that offer manualized, CBTbased curriculums such as SSIC.

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