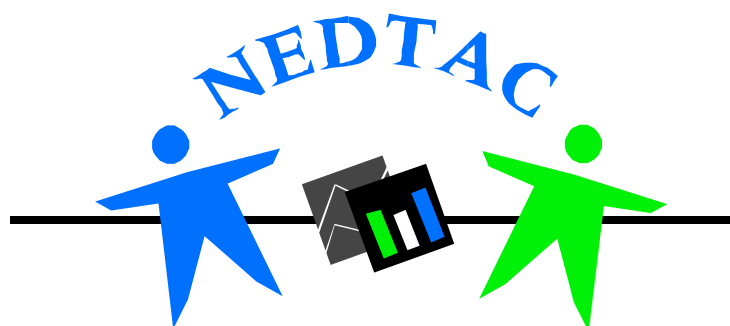


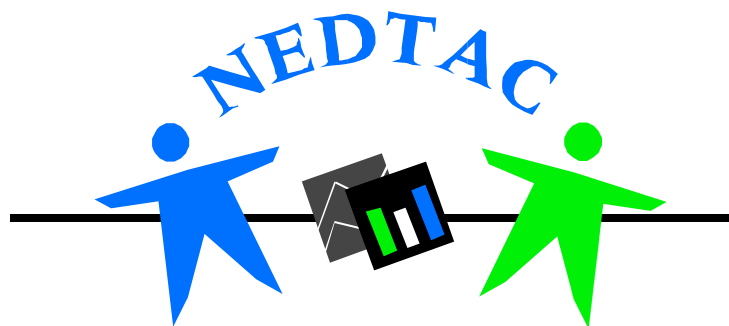
**NATIONAL EVALUATION DATA AND  
TECHNICAL ASSISTANCE CENTER**



**ASSESSING CLIENT SATISFACTION WITH SUBSTANCE  
ABUSE TREATMENT PROGRAMS:  
SELECTED BIBLIOGRAPHIES, 1990-1998**

**April 1999**

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**CSAT**  
Center for Substance  
Abuse Treatment  
SAMHSA

## FOREWORD

One of the missions of the Center for Substance Abuse Treatment is to enhance the nation's substance abuse treatment system by identifying, developing, and supporting appropriate policies, approaches, and programs. In short, for the field of substance abuse treatment, CSAT seeks to determine what works, for whom, how well, and at what cost.

Building knowledge through evaluation is the key to answering these questions. From CSAT's perspective, evaluation—including cost analysis and performance measurement—is an integral component of program management and part of an ongoing process of knowledge development, assessment, and improvement. Toward this end, CSAT's Program Evaluation Branch established the National Evaluation Data and Technical Assistance Center (NEDTAC) to advance the state of the art of evaluation in the field of substance abuse treatment.

A primary NEDTAC activity was to provide evaluation technical assistance and support to substance abuse treatment providers and evaluators. To this end, NEDTAC produced a series of bibliographies in key topic areas. This document belongs to that series. This annotated bibliography lists books, articles, and research studies that focus on assessing client satisfaction within substance abuse treatment programs. We hope this document will assist professionals within the substance abuse treatment community to think about effective and appropriate ways to serve diverse client populations and to increase their knowledge of the relationship between program services provided and client satisfaction with program services received.

This bibliography, along with others in the series, was developed under the guidance and direction of the NEDTAC Government Project Officer, Ron Smith, Ph.D., Program Evaluation Branch, Office of Evaluation, Scientific Analysis, and Synthesis. We also wish to thank Tracy Fenwick for her work in compiling and Beth Archibald Tang for reviewing this document.

Sharon Bishop  
Director  
National Evaluation Data and  
Technical Assistance Center (NEDTAC)

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## **ASSESSING CLIENT SATISFACTION WITH SUBSTANCE ABUSE TREATMENT PROGRAMS: ANNOTATED BIBLIOGRAPHY, 1990-1998**

Addiction Research Foundation. (1994). The evaluation casebook: Using evaluation techniques to enhance program quality in addictions. Toronto, Ontario, Canada: Author.

This casebook provides fictional examples to demonstrate how addictions programs can use evaluation techniques to address quality enhancement questions. To provide a framework for asking quality enhancement questions, the following framework of evaluation levels was adopted: needs assessment; logic model; client/consumer characteristics; program delivery; outcome evaluation; client/consumer satisfaction; and economic evaluation. Each case example consists of a program description and identification of the levels of evaluation on which the quality enhancement questions were based. Information is provided on why the particular questions were chosen, the resources needed, how the information was collected and analyzed, what was found, how the findings were used, and the methodological measurement and ethical issues relevant to the example.

Bartu, A. (1996). Client satisfaction: Why bother? Journal of Substance Misuse, 1(1), 20-26.

The literature on client satisfaction with health care services is considerable, but much is related to the period before the introduction of health care reforms of recent years. Interest in these areas has been sporadic, possibly because of the biases associated with this type of research. In the current climate of reduced health care resources and health care reforms, the findings from client satisfaction studies are increasingly being viewed as an integral component of strategic management and program monitoring. In this paper the main problems are discussed, with particular reference to alcohol and drug services, and strategies to enhance satisfaction are suggested. The need for routine studies conducted with standardized instruments with good psychometric properties is discussed.

Beaudin, C.L., Laparan, L.G., & Primus, K. (1997). Consumer perspectives on behavioral health care needs and access in a state Medicaid program. Abstract Book/Association of Health Services Research, 14, 146-147.

This study evaluated the consumers' experience with behavioral health care and assessed perceptions about service needs in order to inform a statewide initiative for managed behavioral health care. A cross-sectional survey of mental health and substance abuse consumers currently enrolled in New Mexico's Medicaid program and using community-based behavioral health care was conducted. Data were collected through a 13-item questionnaire administered in ambulatory care provider offices in December 1996. Respondents from nine out of ten provider groups completed the survey (N = 445). Descriptive and inferential statistical procedures were used for data analysis. Key findings from the analysis are related to access, service use, education and

training, and other support services needed. Types of education and training programs needed by consumers were stress management, coping skills, anger management, anxiety management, and medication management. Twenty-three percent of the respondents indicated that they had experienced problems with access to mental health or substance abuse services. Transportation was the most frequently cited problem. Utilization in the past 2 years was highest for mental health counseling, recreation programs, substance abuse counseling, prevention and education, and crisis intervention. Case management (medical or otherwise) was identified as the most used or needed support service. Building on the existing care systems in New Mexico with a special concentration on issues related to the persistently and severely mentally ill is integral to meeting the needs of consumers. Case management is a critical feature of the care system and is a likely predictor of access and use. Augmenting the mental health and substance abuse programs with preventive services would significantly enhance the current delivery system. (Author abstract modified)

Brady, T., Flaherty, J.A., & Miller, N.S. (1998). Managing patient satisfaction data in mental health: Threats to validity and other methodological issues. Abstract Book/Association of Health Services Research, 15, 256-257.

This paper discusses one drug and alcohol treatment program's experiences in the development, collection and analysis of patient satisfaction data. An anonymous cross-section of patients in an outpatient substance abuse treatment program under a university psychiatry department were contacted; 350 Medicaid patients completed patient satisfaction questionnaires from between March 1996 and December 1997. Two satisfaction measures were utilized, a provider specific scale and an overall global measure of program satisfaction. The outcome measure used was overall satisfaction with the addiction program, and other measures included: ratings of group therapy, individual counseling therapy, as well as comfort of meeting areas, art therapy, and HIV/AIDS education. The internal reliability was .96 for the global items of overall satisfaction. More than 90 percent of respondents reported "great" or "good" ratings of overall satisfaction, the two highest responses available on the scale. Satisfaction with the addiction therapist was very highly correlated with overall satisfaction with the addiction program. In addition, psychiatric severity, or presence of a dual disorder, was a significant confounder of interpreting data. Because satisfaction survey results are overwhelmingly positive, other methods need to be explored in order to increase discriminative validity of satisfaction measures. Recognizing threats to validity is important in interpreting patient satisfaction data, and the authors highlight some obstacles identified from the literature of patient satisfaction, as well as their own experiences, and suggest ways to approach and address these validity threats. (Author abstract modified)

Brown, L.S., Chu, M., Pitt, L., Rawls, J.E., & Sage, R. (1998). Patient satisfaction survey conducted by continuous quality improvement committee at methadone maintenance treatment program in New York City. In Problems of drug dependence 1997: Proceedings of the 59th Annual Scientific Meeting (NIDA Research Monograph No. 178, p. 319). Washington DC: Government Printing Office.

A major component of any continuous quality improvement program is patient satisfaction. During the first year of a patient satisfaction survey at a large methadone maintenance program in New York City, a 30 percent random sample of patients was surveyed using a standardized instrument. At the time of the survey, the mean length of stay of the respondents was 45 months with a median of 36 months. Over 75 percent of the patients responded that the care was satisfactory to excellent. Patients enrolled for less than 36 months responded more favorably than those in treatment for more than 36 months regarding their satisfaction with the staff and the availability of medical services. It is concluded that patients with longer lengths of drug abuse treatment might have different expectations of substance abuse care than those patients who enrolled more recently.

Carr, S., Murray, R., Harrington, Z., & Oge, J. (1998). Discharged residents' satisfaction with transitional housing for the homeless. Journal of Psychosocial Nursing and Mental Health Services, 36(7), 27-33.

One year following discharge from a transitional residential program, homeless women, some of whom were chemically dependent or mentally ill, indicated that they were satisfied with the transitional housing program and that the program had met their needs. Suggestions for improvement related primarily to greater flexibility of rules in the transitional residence. Most of the women had improved their housing situation since discharge; all of the women continued to maintain a home for their children. (Author abstract modified)

Cernovsky, Z.Z., O'Reilly, R.L., & Pennington, M. (1997). Antisocial personality traits and patients' satisfaction with treatment for addiction. Psychological Reports, 80, 275-282.

This report describes a study of patient satisfaction and ability to remain abstinent after drug abuse treatment. The overall satisfaction with treatment for addiction (sum of scores on 11 items of a questionnaire) by 50 addicts and their self-reported confidence in remaining abstinent were unrelated to scores on MMPI-2 scales (all classical clinical and validity scales, 15 content scales and seven research scales) except to reports of "shyness" on the Social Discomfort Scale. Patients characterizing themselves as shy gave higher ratings of satisfaction with treatment ( $r = .33$ ). The authors note that their previous finding using the MMPI-2, that less socially responsible and more rebellious patients provided lower satisfaction ratings, was not replicated for this sample of addicts. (Author abstract modified)

Chan, M., Sorensen, J.L., Guydish, J., Tajima, B., & Acampora, A. (1997). Client satisfaction with drug abuse day treatment versus residential care. Journal of Drug Issues, *27*, 367-377.

The authors compared overall treatment satisfaction and helpfulness of treatment components for 216 clients randomly assigned to day versus residential treatment. Baseline interviews were conducted near admission using the Addiction Severity Index, Beck Depression Inventory, Symptom Checklist-90-R, and a social support measure. Follow-up interviews occurred 6 months later using the same instruments plus a client satisfaction measure. Clients in both day and residential treatment were highly satisfied with overall services and most treatment components. Satisfaction scores were high and did not differ between modalities; however, day treatment clients reported mental health services to be less helpful, and more day treatment clients indicated not receiving certain treatment components. Client satisfaction correlated with treatment retention and several baseline and 6-month severity outcomes. These findings indicate day treatment may be as satisfying to clients as residential treatment and give credence to the idea that client satisfaction assessment should be routine in outcome evaluations of drug abuse treatment. (Author abstract modified)

Clark, C.A., & Wilkes, G. (1997). Listening to clients: The role of consumer opinion in designing drugs services. Journal of Substance Misuse for Nursing, Health and Social Care, *2*(3), 158-162.

This article describes the process and results of a survey of the opinions of drug- and alcohol-abusing consumers. The survey asked questions of clients (N=54) about reasons for seeking help, type of help they were seeking (e.g., drug therapy for withdrawal, talking through problems), level of satisfaction with the existing services, and barriers to access to existing services. Responses indicated that clients often felt they had to wait too long to get a referral and receive treatment. The level of satisfaction with service received suggests a high degree of patient-treatment matching. There were concerns expressed about the uneven delivery of or accessibility to services. The findings are considered as they relate to local service delivery and issues surrounding delivery of services specific to drug and alcohol abusing clients. (Author abstract modified)

Etheridge, R.M., Craddock, S.G., Dunteman, G.H., & Hubbard, R.L. (1995). Treatment services in two national studies of community-based drug abuse treatment programs. Journal of Substance Abuse, *7*, 9-26.

Findings from a number of sources over the past decade have documented a decline in the resources available for drug abuse treatment and the services being provided to clients in community-based drug abuse treatment programs. The authors compared client reports of services received and unmet service needs in a national cross-modality sample of clients in two studies of drug abuse treatment: The Treatment Outcome Prospective Study (1979-1981) and the

Drug Abuse Treatment Outcome Study (1991-1993). Findings showed a marked decrease over the past decade in the number and variety of services clients reported receiving. Most striking was the large increase in self-reported unmet service needs in the latter investigation. Although most clients reported having received at least some drug abuse counseling sessions during treatment, and the level of satisfaction with treatment and services was generally high across modalities, clients reported that drug abuse counseling alone did not address their wider ranging service needs. Programs in the methadone modality generally reflected the lowest level of drug abuse counseling and services. (Author abstract modified)

Farkas, A.J., & Hirshberg, L. (1990). Using evaluation to improve services. *EAP Digest*, 10(3), 30-38, 68.

This article describes the results of a program evaluation of an internal Employee Assistance Plan (EAP) in a division of a *Fortune* 500 company that served 12,000 employees. Ninety participants were secured for the survey and were given questionnaires that evaluated employee awareness of the EAP; initial contact with the EAP; concerns about confidentiality; intervention and treatment; and client satisfaction. One-half of the EAP clients sought help for a psychological problem, one-third for a substance abuse problem, and one-sixth for a work-related difficulty. The findings indicated that the EAP was well accepted by both company management and employees; however, the program suffered from a low rate of self-referrals. Employees found it difficult to reach the EAP to make an appointment and staff did not provide as much follow-up as desired by clients. This study suggests several areas for further research: role of confidentiality; identification of the determinants of employee satisfaction and overall program effectiveness; and effectiveness of external versus internal EAP models overall. An objective external evaluation may be a powerful tool an internal EAP staff can use to convince company management to provide it with the resources it needs to reduce the problems associated with employee impairment in an efficient and cost-effective manner. (NCADI abstract modified)

Gastfriend, D., Gitlow, S., Hackney, J., Gerber, E., & Baer, L. (1996). Voice-based computer interview for drug dependence. *Substance Abuse*, 17, 229-237.

The Recovery Attitudes and Treatment Evaluator (RAATE) is used to assess clients' barriers to chemical dependence treatment. The authors computerized the RAATE to offer questions via digitized human voice and to recognize patient responses spoken into the computer's microphone. Sixty-eight adults seeking addictions treatment were randomly assigned to one of four formats. The voice-input/voice-output version yielded the shortest mean duration of administration. Patients reported high satisfaction ratings and confidence that their answers were accurate. They perceived their responses to be useful in treatment planning. Group mean ratings did not significantly differ by version. There was a statistical trend in which the voice-based versions reduced the intragroup variability on test duration and patient confidence. Computerized voice-interactive interviewing may shorten test durations, increase the uniformity of administration, increase access for the vision-impaired, and increase the data entry efficiency and

accuracy. The method provides a consistent, controlled, and nonjudgmental interview interaction. (Author abstract modified)

Hyams, G., Cartwright, A., & Spratley, T. (1996). Engagement in alcohol treatment: Clients' experience of, and satisfaction with, the assessment interview. Addiction Research, 4, 105-123.

Clients' experiences of routine alcohol assessment interviews at a therapeutic day unit were studied in order to enhance understanding of the factors associated with subsequent engagement in treatment. The paper describes the development and use of the Client's Experiences and Satisfaction Questionnaire. The main finding from its use with 131 clients was a positive association between the client's perceptions of the quality of the therapeutic relationship established during the interview, and subsequent engagement in treatment. Clients referred for the first time and those with a questionnaire score below 30 were less likely to engage.

Johnston, D., Smith, K., & Stall, R. (1994). A comparison of public health care utilization by gay men and intravenous drug users with AIDS in San Francisco. AIDS Care, 6, 303-316.

A group of gay-identified men and intravenous drug users diagnosed with AIDS in San Francisco were surveyed regarding their use of and satisfaction with their health care services. The interview contained a mix of qualitative and quantitative questions. The two groups of AIDS patients were not statistically different in terms of age or self-reported level of health during the previous 3 months, although the gay men had been diagnosed with AIDS somewhat longer (20 months) than the group of intravenous drug users (15 months). Analysis of the quantitative data revealed that intravenous drug users received more medical care for HIV disease than did gay men and were equally satisfied with the care that they did receive. Analysis of the qualitative data showed that considerable agreement exists between the perceptions of both gay men and intravenous drug users of the health care system.

Keaton, B.C. (1990). Effect of voluntarism on treatment attitude in relationship to previous counseling experience in an employee assistance program. Employee Assistance Quarterly, 6, 57-66.

Differences in client voluntarism and clients' attitude toward the service provider were studied at Weirton (WV) Steel Corporation's Employee Assistance Program (EAP). In addition, experience with the program was examined as it related to voluntarism and client attitude. These relationships were measured with a self-administered survey instrument. The results indicated that there was a significant relationship between voluntarism and attitude toward the counseling program and between voluntarism and experience. These findings were consistent with the

cognitive dissonance theory and support the position that those who freely choose treatment will perceive the treatment as more valuable. (NCADI abstract)

Leonhard, C., Gastfriend, D.R., Tuffy, L.J., Neill, J., & Plough, A. (1997). The effect of anonymous vs. nonanonymous rating conditions on patient satisfaction and motivation ratings in a population of substance abuse patients. *Alcoholism, Clinical Experimental Research*, *21*, 627-630.

Patient self-report in evaluations involving alcohol and other drug abuse has generally been found to be reliable and valid; however, little is known about the variables associated with greater or lesser degrees of reliability and validity. This study determined how motivation and satisfaction ratings obtained under anonymous conditions would compare with ratings obtained under nonanonymous conditions. Over the course of 12 months, 1,397 subjects in the Boston Target Cities Project were assigned to either confidential or fully anonymous data collection procedures in an interrupted time-series design. Anonymity had either no effect on ratings or accounted for less than 1 percent of the variance. Satisfaction and motivation ratings obtained under confidential conditions are probably as reliable and valid as ratings obtained under fully anonymous conditions. (Author abstract modified)

Mavis, B.E., & Stoffelmayr, B.E. (1994). Program factors influencing client satisfaction in alcohol treatment. *Journal of Substance Abuse*, *6*, 345-354.

This article examines the relationship of treatment characteristics indicative of program size, staffing patterns, the influence of Alcoholics Anonymous (AA), and staff recovery status to client satisfaction. Thirty-six public substance abuse treatment programs participated in this study. At outpatient programs, satisfaction was related to program size and the number of paraprofessional and medical staff; satisfaction was unrelated to AA's influence on treatment. For residential clients, AA's influence on treatment and AA beliefs held by staff were consistently related to satisfaction; factors related to program size and staffing patterns were independent of satisfaction. The results emphasize contextual differences in outpatient and residential programs.

Moos, R.H., & Moos, B.S. (1998). The staff workplace and the quality and outcome of substance abuse treatment. *Journal of Studies on Alcohol*, *59*, 43-51.

This study examined the connection between the staff work environment and staff members' beliefs about treatment, the quality of the treatment environment, patients' involvement in treatment and self-help activities, and patients' improvement during treatment. Patients' care staff (N = 329) in 15 substance abuse treatment programs reported on the characteristics of their work environment and on their beliefs and substance abuse treatment orientations. Patients in these programs (N = 3,228) reported on the treatment environment, their participation in treatment and self-help activities, and their treatment goals, confidence in achieving these goals, and coping

skills at intake to and discharge from treatment. Staff in supportive and goal-directed work environments were more likely to espouse disease model beliefs and a 12-step orientation toward substance abuse treatment. These work environments were associated with more supportive and goal-directed treatment environments. Patients in these treatment environments: participated in more substance abuse, educational and social, and family treatment services, were more involved in self-help groups (as indicated by attending more meetings, reading 12-step materials, and having a sponsor and friends in such groups), were more satisfied with the program, improved more during treatment (as indicated by abstinence goals and confidence in maintaining abstinence, less depression, and more substance abuse and general coping skills), and were more likely to participate in outpatient mental health care after discharge. More goal-directed work environments are associated with more goal-directed treatment environments and with patients' engagement in treatment and improvement. (Author abstract modified)

Naditch, M.P. (1995, June). The new frontier. Employee Assistance, 14-17.

Outcome data are most useful when applied to clinical, strategic, or marketing decision-making. This article describes five of these decision support processes: measuring patient satisfaction, measuring program effectiveness, profiling providers, matching patients appropriately, and managing individual cases. When processing outcome data, users should always attempt to reduce the number of patient psychosocial characteristics and outcome measures down to those that are most essential for answering key questions. The objective is to account for the most variance with the least number of variables to answer the most important strategic and clinical questions. A computer-based data collection and dissemination system facilitates using outcome data to conduct patient treatment matching at intake and case management during treatment. It also makes it feasible to collect data from all patients rather than from a sample.

Nicholson, J., & Robinson, G. (1996). A guide for evaluating consumer satisfaction with child and adolescent mental health services. Boston, MA: Policy Resource Center.

This guide provides assistance in designing and conducting evaluations of the satisfaction of children and families with mental health services. It provides some detailed steps for planning and conducting a consumer satisfaction evaluation and presents information about the instruments currently in use for gathering consumer satisfaction data from children and their families.

O'Reilly, R., Smith, D.W., Freeland, A., & Cernovsky, Z.Z. (1993). Antisocial attitudes and consumer satisfaction with substance abuse treatment program. Social Behavior and Personality, 21, 19-162.

The relationship of client satisfaction with substance abuse treatment to patient antisocial or aggressive attitudes was examined through administration of questionnaires and assorted Minnesota Multiphasic Inventory 2 scales to 59 patients at the end of a 4-week inpatient

treatment program. Treatment satisfaction displayed a significant negative relationship with psychopathic deviate scores and a significant positive relationship with social responsibility scores. Satisfaction was not associated with measures of anger, cynicism, hypomania, and ego strength. The results suggest that treatment satisfaction is influenced by client personality, as well as treatment variables. (Author abstract modified)

Pollack, L.E., Stuebben, G., & Sobhan, T. (1997). Dually diagnosed inpatients' satisfaction with addiction groups. Journal of Psychosocial Nursing and Mental Health Services, 35(7), 18-23.

This clinical report presents evaluations from 50 hospitalized dually diagnosed patients of the Addiction Education Group, a component of the Inpatient Dual Diagnosis Treatment Program. Patient satisfaction with the group was evaluated using the Client Satisfaction Questionnaire, an eight-item tool that measures reported satisfaction with services. The patients were able to focus on issues of recovery as a group and provide and receive feedback from each other; they perceived the experience as beneficial. (Author abstract modified)

Pollock, N. (1993). Client-centered assessment. American Journal of Occupational Therapy, 47, 298-301.

This article discusses an occupational performance model that was developed as an assessment and measurement tool for client outcome. The Canadian Occupational Performance Measure (COPM) is a five-step process: problem definition, problem weighing, scoring, reassessment, and follow-up. The COPM is an individualized, client-centered tool that includes the client in the development of a plan of action for individual drug treatment expectation and satisfaction.

Rahav, M., Nuttbrock, L., Rivera, J.J., & Ng-Mak, D. (1994). Correlates of treatment retention for MICAs: A report on a new dropout measurement instrument. In L.S. Harris (Ed.), Problems of drug dependence 1994: Proceedings of the 56th Annual Scientific Meeting: The College on Problems of Drug Dependence (Vol. 2, NIDA Research Monograph No. 153, p. 40). Rockville, MD: National Institute on Drug Abuse.

Treatment dropout is likely the single most important obstacle in treating mentally ill chemical abusers (MICAs). The Dropout Questionnaire (DQ) was developed to allow collection of information from clients in treatment pertaining to their possible dropout from treatment, before it actually occurs. The DQ, consisting of four scales, measures: satisfaction with program environment; craving for drugs/alcohol and old habits; missing family members; and reasons for staying. Items of all four scales are scored on a five-point Likert scale. This questionnaire was administered to 207 homeless, mentally ill, chemical-abusing men in treatment in a number of different community-based, residential treatment programs around New York City. The treatment programs represent two types of treatment approaches for which differential patterns of

dropout might be expected: the therapeutic community approach and the community residence approach. The DQ was administered repeatedly, at various points of time in the course of treatment, attempting to capture attitudes toward and inclinations to drop out. The DQ did not correlate very strongly with dropout and retention. Results suggest that dropout is not an event that is preceded by feelings of dissatisfaction with the various amenities of the treatment program, nor with a natural tendency or long-brewing desire to leave. (NCADI abstract modified)

Rohrer, J.E., Knott, A., & Westermann J. (1997). Evaluation of the impact of managed care for substance abuse treatment. Abstract Book/Association for Health Services Research, 14, 343-344.

This study evaluated the impact of managed care on substance abuse treatment as measured by client satisfaction and completion rates. To assess the impact of managed care on outcomes of treatment, the authors analyzed client satisfaction and completion rates as reported at discharge in a statewide claims database. The rates of satisfaction before and after managed care were computed by age, gender, referral source, and urban or rural location. The percentage of all clients who rate their treatment as beneficial or very beneficial is declining from above 60 percent to around 45 percent. A substantial drop occurred immediately after managed care began, with a partial recovery. The authors could find no differences in satisfaction ratings between males and females, by treatment environment, or by race. (Author abstract modified)

Rohrer, J.E., Thomas, M., & Yassenchak, A.B. (1992). Client perceptions of the ideal addictions counselor. International Journal of the Addictions, 27, 727-733.

Addicted persons in a residential treatment center rated the traits that they felt were the most positive and negative in a counselor. Lists of traits were developed by having one group of clients make a list, in their own words, of positive and negative traits. These traits were compiled into lists from which other groups of clients rated the top 10 positive and the top 10 negative counselor traits. Profiles were developed for eight subgroups (males, females, black clients, white clients, alcohol abusers, cocaine abusers, younger clients: 8-23 years old, and older clients: 43+ years). Significant differences were found in the type of counselor preferred by various groups within the sample. The data suggest that addicted persons have definite preferences and aversions toward certain counselor traits. These findings should be useful to counselors as well as those involved in training programs. (Author abstract)

Ruggeri, M. (1994). Patients' and relatives' satisfaction with psychiatric services: The state of the art of its measurement. Social Psychiatry and Psychiatric Epidemiology, 29, 212-227.

This paper discusses work completed in the field on client satisfaction with mental health services in the last decade, describes the main instruments available to measure patients' and relatives' satisfaction with mental health services, and provides guidelines for the future development of

instruments and their use in mental health settings. Despite reservations concerning its use as a means for evaluating interventions, various findings in the recent literature point to patients' and relatives' satisfaction with psychiatric services as a salient and appropriate measure of treatment outcome and quality. Even though the last decade has seen improvements in research methods, there are methodological limitations regarding study design, construction of instruments, and to psychometric properties. In the last few years, researchers have considered the need to refine measures of client satisfaction and to establish psychometric properties as a priority in service evaluation. In spite of this, very few validated instruments for the measurement of satisfaction are currently available in the mental health field.

Syre, T.R. (1994, March/April). Evaluating a substance abuse treatment facility. Behavioral Health Management, 33-35.

Observation of key quality indicators provides an effective method of substance abuse treatment program evaluation. The following are highlighted as important indicators: patient satisfaction; adequate explanation of the treatment process; efficient billing and claims procedures; training and performance of staff members; quality of care provided; and results of treatment.

**The perspective offered in this document is solely that of the author(s) and does not reflect the policies or views of the Federal government, or any of its Departments or Agencies.**