The Clients’ Perceptions of the Helpfulness of Harbour Light Treatment Center

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Dedication

This thesis is dedicated to my friends and family- without you, I wouldn’t be able to do it.
Abstract

Clients’ perceptions on the helpfulness of programs can be a valuable tool to assist in altering certain aspects of a program and creating a more effective program. The following study explores the value of surveying client perceptions of a treatment program. To gain this insight, a Helpfulness Questionnaire was created for the clients to complete regarding the helpfulness of a treatment centre for drugs and alcohol. The information obtained from the questionnaire may be used to alter their services accordingly if they see fit or adjust service delivery. As well, giving the clients a voice helps demonstrate that their opinion is important to the agency and therefore strengthens the relationship between the agency and the clients while giving the clients more control of their treatment. The thesis addressed the strengths, limitations, recommendations for future research, as well as multilevel challenges when creating the questionnaire and working with the specific population. It is also recommended that future studies focus on more detailed and specific questionnaires; having specific questionnaires allows the researcher to distinguish what certain aspects of the program the clients do not find as helpful.
Acknowledgements

I would like to acknowledge each and every staff member at The Salvation Army’s Harbour Light for providing me with the most incredible experience in the addiction field. The knowledge I have gained from this experience has been like no other. Thank you for allowing me to learn from each and every one of you.

To my agency supervisor, Larry Montgomery: I have learned a great deal about addiction from you and I appreciate every conversation I had the pleasure of having with you. Although you have a busy schedule, you were always available to answer any questions I had.

To my college supervisor, Michelle Neljak: Thank you for your feedback, guidance, and support throughout my thesis. I appreciate all the time you have dedicated to helping me improve my writing.
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Dedication

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Chapter 1: Introduction

Drug and alcohol abuse issues are prevalent in today’s society (National Institute on Drug Abuse, 2012). Those seeking help may look for help in detox centres, private counseling sessions, self-help books, and treatment centres. The individuals who reside in treatment centres for drug and alcohol dependence for extended periods of time have a better chance of staying abstinent, improving their social and psychological functioning, and reducing their criminal activity than those who do not receive treatment (National Institute on Drug Abuse, 2012). Yet, even with all of these treatment options available, many people with substance abuse issues end up relapsing. Individual treatment outcomes depend on the individual themselves, the services provided at these centres, and the interactions between the client and his or her treatment providers (National Institute on Drug Abuse, 2012). Since these factors play a role in the continual abstinence of the client using the program, examining client perceptions and helpfulness may lead to greater outcomes. Furthermore, examining the length of time at a centre and its role in altering client outcomes offers useful information. Greater insight of these factors can help treatment providers improve services where needed.

Many individuals who need help do not seek it due to perceived stigma and embarrassment as well as a preference for self-reliance (Yifeng, McGrath, Hayden, & Kutcher, 2015). But, when individuals do seek help, it may be an expression of the clients’ confidence in the program and hope for recovery (Yifeng et al., 2015). As the client progresses through the treatment, his or her perceptions of the service provided may change as a result of how valuable they find the information, the experiences they have with other individuals, and the overall atmosphere of the centre. Research has shown that treatment outcome is considerably correlated with clients’ perceived helpfulness (Smith, Norton, & McLean, 2013). Ideally, client perceptions remain positive and the clients perceive the treatment as helpful in order for the best possible outcome.

Rationale

Client satisfaction and program completion have been shown to be correlated (Gros et al., & Mah et al., as cited by Altena, Beijersbergen, & Wolf, 2014). This correlation demonstrates the importance of gaining information about the perceptions of the clients and whether or not they feel satisfied with the program. The importance of the perceptions of these individuals is that if they do not believe the program is helpful, then they will most likely relapse once discharged. Often, their participation in the program affects their progress and improvements following the treatment (Powell, Holloway, Lee, & Sitzia, 2004). If they believe the program is helpful, it is more likely they are learning the material and utilizing the services and tools provided (Powell et al., 2004). Having a positive view on the classes, counsellors, and group sessions may reflect a positive experience in recovery and an increased length of time abstinent.

Overview

The present study will examine how the clients at a treatment centre for substance use perceive the program they are participating in and the helpfulness of it. The study examines the importance of the perceptions of program users and their role in service delivery. The study will
investigate the importance of client perceptions as well as the effectiveness of questionnaires through research and a literature review. It will also examine how length of time in treatment affects these perceptions. To gain first-hand insight of the clients, the student researcher will provide the participants with a survey questionnaire that asks questions about the helpfulness of the centre. The study will provide a discussion of the validity and the reliability of the questionnaire. As well, the results gained from the questionnaire will be described. To conclude, the strengths and limitations of the study will be analyzed along with future recommendations for further study.
Chapter II: Literature Review

Mental health and substance use treatment focus on helping individuals manage their problems using counselling sessions, live-in treatment centres, and education. Certain individuals will succeed in their recovery with specific programs and treatments where others will not. Research suggests that a client’s perception of the treatment they are receiving impacts their success (Gros et al., & Mah et al., as cited by Altena, Beijersbergen, & Wolf, 2014). It is essential for mental health interventions to be perceived as helpful to those participating in the treatment (Gros et al., & Mah et al., as cited by Altena et al., 2014). A positive correlation has been identified between the satisfaction of program users with programs and their final results (Gros et al., & Mah et al., as cited by Altena et al., 2014). The relationship between how satisfied clients are and program outcomes supports the idea that client satisfaction offers valuable information about what is effective for the clients. When clients perceive a program as being unhelpful, this can directly affect their recovery (Gros et al., & Mah et al., as cited by Altena et al., 2014). Treatment credibility and client satisfaction do not receive extensive research attention despite varying ideas of what is considered helpful in treatment (Smith, Norton, & McLean, 2013). Greater agreement between both the clients and therapists may lead to greater treatment adherence (Smith et al., 2013).

The literature review will analyze and discuss the significance of clients’ perceptions and the use of questionnaires to obtain information from participants. The review will also discuss Likert-scales and development of Likert-scales; criticisms and benefits of questionnaires; the relevance to participants; validity and reliability; and program evaluations.

Importance of Client Perceptions

In order to receive information regarding the perceptions of the clients, the clients can be asked what they think about the program or the treatment they are receiving using questionnaires. The social sciences rely on surveys and questionnaires to obtain data on a variety of psychological phenomena and are used to interpret diverse populations (Hitczenko, 2013). Powell, Holloway, Lee, and Sitzia (2004) reported that questionnaires can be a valuable outcome measure which can predict users’ agreement with treatment schedules and developments in health status. If clients experience or perceive a program to be unhelpful in their recovery, predictions in level of engagement and improvements in health status may be made. Also, the users of mental health services are viewed as the “experts by experience” as they can provide valuable information about their experiences in specific treatment (Powell et al., 2004). Questionnaires are a structured way of collecting data and can be an effective method of gathering client opinions and perceptions around the efficacy of treatment (Shadish, Cook, & Leviton, 1991).

Smith et al. (2013) conducted a study to examine the relationship between the perception of treatment helpfulness, treatment credibility, and treatment response. Forty participants completed 12 weeks of a treatment program for anxiety disorders which analyzed treatment reliability and treatment effectiveness. The results showed that the treatment outcome was significantly and positively correlated with the clients’ perceived helpfulness of cognitive restructuring and exposure techniques, but not correlated to treatment credibility. With these
findings, Smith et al. (2013) helped highlight the significance of client perceptions of cognitive and behavioural treatment approaches and proposed the need to assess client perceptions throughout the treatment process for best treatment outcomes.

A study by Kalra, Negi, and Chauhan (2015) examined two formats for student evaluation of teacher effectiveness. The authors evaluated teacher effectiveness using semi-structured questionnaire and a Likert-scale questionnaire completed by the students. The evaluations worked as a tool to gather feedback about the staff from the users of their services, which subsequently could be delivered to the staff in order to improve teaching methods or to change the content of the class (Kalra, Negi, & Chauhan, 2015). The evaluations highlighted issues that the staff members were not aware of previously including which teachers were not communicating clearly (Kalra, Negi, & Chauhan, 2015). In addition, evaluations also served administrative purposes, such as making informed decisions regarding faculty performance. The study highlighted the influence of self-report bias due to the students’ views on the staff members. Some forms of bias identified were strictness, seniority, gender, classes taken, little interest in the specific subject, and low student grades (Kalra et al., 2015). Evidence from the study showed that the more effective the teachers’ teacher methods, the more of an increase in positive student outcomes (Kalra et al., 2015). Although student perceptions and ratings of the teachers should work as feedback for the staff regarding self-improvement, many teachers see evaluations as a problem. They believe the evaluations may be based on the popularity of certain staff and how much the students favour them over their actual teaching ability. When perceptions are involved, eliminating bias is not always possible (Kalra et al., 2015). Nevertheless, the relationship between the positive view on teachers and student outcomes was evident.

In an effort to determine which specific features of treatment were most likely to account for patient approval and satisfaction, Frager and Coyne (1999) developed the Components of Treatment Questionnaire. As well, the Client Satisfaction Questionnaire was used to assist in assessing the helpfulness of the treatment provided (Larsen, Attkisson, Hargreaves, & Nguyen, 1979, as cited by Frager & Coyne 1999). The authors surveyed 46 patients on treatments they believed were helpful and would wish to receive. The Client Satisfaction Questionnaire found that over half of the clients indicated that they were very satisfied with the treatment they were receiving. Thirty-two percent indicated that they were satisfied and only 10% said they had some degree of concerns about the treatment (Frager & Coyne, 1999). The Components of Treatment Questionnaire helped distinguish which treatments were more helpful than others. It identified individual relationships and problem-focused therapies as the most helpful part of treatment. This allowed for changes in the treatment approach in order to enhance service delivery (Frager & Coyne, 1999). The authors agreed that it is significant to include patient satisfaction results with treatment outcome studies along with clinical change so that the results are beneficial for programmatic decision making.

Gaining the clients’ insight into what aspects of the program are helpful and assists in program improvement and development while also predicting the client’s outcome from the program. Many studies rely on questionnaires as an effective method in gaining this information, frequently using tools such as Likert-scales.
Likert-Scales

Likert-scales are often utilized when a researcher wants information on individual beliefs and opinions rather than concrete facts. Likert-scale questions ask participants to record their opinions on a separate set of multiple, and usually ordinal, answers (Hitczenko, 2013). The questions are usually related to a specific topic of interest. For example, one question could ask how useful a client views a specific class; this question could help determine how helpful the specific classes are to the clients. All of the characteristics of a Likert-scale question can impact the responses given; specifically, the way the questions are worded, the options for responses, and the ranking offered to the participants have all been shown to be significant factors (Hitczenko, 2013).

Likert-scale development.

Considerable clinical and health psychology research involves measuring peoples’ opinions and attitudes using Likert-scales (Hartley, 2014). When developing a questionnaire for a group of people, it is recommended to have a large sample size to increase the validity of the results (Hartley, 2014). For the design of Likert-scales, a four-point scale is recommended over a five-point scale because a four-point scale eliminates neutral midpoints and forces respondents to make a choice for each item (Hartley, 2014). It is also useful to have negatively worded items in order to reverse respondents thinking when answering and reduce the number of questions they may automatically answer without reading carefully and critically (Hartley, 2014). When developing a question or statement, it can be confusing and misleading for a respondent if some items are asking for or stating more than one perception. Problems may arise when the participant may agree with one part of the item, but not the other. To eliminate confusion, items should be separated so that it is clear what is being asked for or stated (Hartley, 2014).

Relevance and Length

Questionnaires should be relevant to both the topic of interest as well as the participants (Galanis, 2012). Terakado and Watanabe (2012) designed a questionnaire for nurses regarding stress and consulted with nurse participants on what they considered to be stressful in the delivery of palliative care. Multiple drafts of the questionnaire were made and new considerations were taken each time by gaining the insight from the nurse participants and gathering more specific information for that population. A four-point Likert-scale was used in order to avoid the burden of a lengthy, time-consuming questionnaire (Terakado & Watanabe, 2012). Short and simple questionnaires that utilize Likert- scales have been shown to increase the response rate of the participants (Galanis, 2012). One theory is that individuals are more willing to participate in a study that does not require an excessive amount of work. Overall, the questionnaire was tailored according to the nurse participants’ feedback and was relative to nurses in palliative care.

Validity and Reliability

In the development of questionnaires, validation is required to guarantee the trustworthiness of a questionnaire to the effects of an intervention and, therefore, achieve a
reliable and effective assessment (Santos-Beneit et al., 2015). To assess validity, the number of items, the numbers of answer choices for each item, the vocabulary used, or the delivery of the questions, are all essential factors to consider when developing questionnaires for specific populations (Santos-Beneit et al., 2015). Experts in the field are required to work together to assist in the development and to choose material in order to have content validity. The process of validation can be confirmed after the research team reaches an agreement on the interpretability of each of the features (Santos-Beneit et al., 2015).

Some of the ways reliability is demonstrated is through the test-retest method. Reliability can be conducted and examined to see how stable and consistent the scores from the questionnaire are over time (Jianmin, 2015). Test-retest can be measured by having the participants complete the same questionnaire within a certain time frame of one another and then comparing the scores to see if there are any substantial differences. As well, alternate forms of the same questionnaire, with items varying slightly, can also be used. If there is a correlation between the two tests, reliability is improved (Costa et al., 2012).

Criticisms

Uncritical feedback.

Although satisfaction surveys may be effective in gaining insight into the perceptions of the clients, there are criticisms around this method of data collection when used in mental health or other support services. A concern regarding surveys is that the users of the services are often uncritical of the program and services provided as a result of being disempowered for years consequently, or view any help as positive regardless of how it impacts their recovery (Powell et al., 2004). With such a positive view on any help received, it is possible for most clients to automatically perceive the treatment as helpful; therefore, the researchers may not receive any valuable or critical information (Powell et al., 2004).

Bias.

There is always potential for bias and other issues affecting answers with self-report measures. Self-report measures are subjective and can be dependent on how the client is feeling that specific day which has the potential to alter or influence the outcome (Redelmeier & Dickinson, 2011). These individual factors can create personal bias which can be the consequence of how the client is feeling, their past experiences, and whether or not they have had a negative or positive experience with another client or staff member (Redelmeier & Dickinson, 2011). These factors can affect how the individual may answer questions which can either be more positive or negative. Their mood may also be affected by outside factors that are unrelated to the treatment, but influences their ability to answer the questions about the treatment honestly. Redelmeier and Dickinson (2011) stated that it is important to recognize that personal bias may be present when clients are completing the questionnaire and to inform participants to recognize their bias, as well.
Sequential anchoring.

Another form of bias is the context in which the scale is presented. A study conducted by Hitczenko (2013) examined the issue of one type of context effect that the author refers to as an “anchoring effect”. The anchoring effect occurs when initial information is then used by a participant to inform judgments. The participants are usually unaware and it appears to occur subconsciously (Hitczenko, 2013). Sequential anchoring occurs when the answer to one question works as an anchor for the response to the following question. Sequential anchoring suggests that the order or sequence of questions can affect the answers of the respondents and the final results of a questionnaire. A different sequence of anchors may cause systematic bias by skewing the direction of the results (Hitczenko, 2013). Hitczenko’s (2013) research examined techniques to avoid the bias and found that to avoid systematic bias in sample results, an effective design of questions in order to best eliminate, or minimize, the bias is required. One method to avoid sequential anchoring is to position each item on a different page in order to avoid the participant relying on the last question to answer the current question (Hitczenko, 2013). Another method is to have the clients realize their potential bias by explaining to them what sequential bias is and to have them treat each statement as its own rather than relying on the last statement to answer it. If the clients are aware of the bias, they are more motivated to prevent it (Bennett, 2014). The possibility of sequential anchoring bias is a problem many researchers must be aware of during the creation of the questionnaire and when conducting analysis.

Social desirability bias.

When it comes to questionnaires and gaining information on the perceptions of clients, the information gathered is dependent on the clients’ honesty. Social desirability bias is directly related to the level of honesty with which participants respond (Redelmeier & Dickinson, 2011). Social desirability occurs when a participant has the natural tendency to answer questions in a socially acceptable manner rather than being completely truthful (Redelmeier & Dickinson, 2011). Rather than answering with honesty and choosing the answer they feel best expresses their opinion, the participant may feel the need to choose the most socially desirable answer. A client may answer dishonestly and by only giving responses they feel are acceptable when asked for feedback on a specific staff member or treatment tool. They may feel the need to please staff members and avoid giving any negative criticism, regardless of how they honestly feel (Redelmeier & Dickinson, 2011). The lack of honesty can be due to fear of retaliation by the administrators of the questionnaire or the staff. As well, the honest answer may not be chosen because of possible embarrassment. If the client is concerned about their reputation in that program, they may not want to jeopardize their treatment with negative answers (Redelmeier & Dickinson, 2011). Although they may be displeased with a certain aspect of the program, they will not admit that in fear of it affecting future treatment. Redelmeier and Dickinson (2011) suggest communicating effectively about honestly responding to the items, as well emphasizing confidentiality and privacy, can be helpful in reducing social desirability.
Benefits

Although there are limitations to using surveys, they continue to be an effective method for collecting information (Powell et al., 2004). Powell et al. (2004) identified three important aspects of utilizing surveys. The authors found that questionnaires can be a valuable outcome measure that can predict users’ engagement with treatment schedules and improvements in recovery. Surveys can be used for predicting individual outcomes and benefits. A client who perceives a program negatively and unhelpful for their recovery may not be as engaged in the program as needed in order to learn the material and utilize skills taught (Powell et al., 2004). Also, any concern regarding the communication between staff and clients can be provided through these surveys. The surveys can be anonymous as well and are a safe way for participants to give honest feedback; clients can communicate their concerns using the questionnaire without directly voicing it to the staff members (Powell et al., 2004). Finally, surveys can assist in recognizing areas of the program that may be in need of altering. Powell et al. (2004) state that the perspective of the user allows for the services to be discussed and if needed, explore the idea of developing the services to best suit the needs of the clients.

Gaining staff insight.

Questionnaires can also be helpful to gain the insight of staff members or the individuals providing the service. These questionnaires can gain important information regarding the helpfulness of the programs and the intervention they are providing. Beidoğlu, Dincyürek, and Akıntuğ (2015) conducted a study examining school counsellors and their opinions on specific school counselling practices. Beidoğlu et al. (2015) collected the opinions of the counselors using an Internet Usage Questionnaire and found the questionnaire to be effective in gaining important insight in how the counsellors perceived the practices. With this knowledge, the researchers were able to identify aspects of the program that the counsellors perceived as helpful.

Program Evaluations

A study conducted by Schtz et al. (2013) assessed the treatment outcomes at the Burnaby Treatment Centre for Mental Health and Addiction. The program evaluation involved multiple questionnaires and assessment procedures to help monitor the effectiveness of the treatments that were provided. The results of the study presented the centre with opportunities to seek new approaches to effective recovery for individuals with mental health and substance abuse issues. Schtz et al. (2013) also found that, through the evaluation, it is possible to offer effective care for patients who have not achieved full abstinence and who may need longer-term care before achieving full abstinence.

Another study conducted by Arseneault et al. (2015) evaluated the effects of an addiction intervention program in a Quebec prison. The study looked at the changes in substance abuse; the social, psychological, emotional, and judicial domains; as well as the services used post-treatment. The study involved 80 participants and used multiple questionnaires to evaluate the level of satisfaction, the services used, the perceived improvements, and the clients’ motivation to change. As well, interviews were used to evaluate the program. With the knowledge gained from the study, the authors found that the program was following the essential principles of
effective addiction intervention in prisons. The program showed to have a positive impact on the clients and their recovery (Arseneault et al., 2015).

Conclusion

Gaining the insight or the clients, using questionnaires, can be an effective method to obtain first-hand information regarding the programs and to help improve services. Client satisfaction with treatment has extensively been studied in clinical settings, with outcomes indicating that satisfaction is positively correlated with treatment outcome (Smith et al., 2013). A well planned and relevant questionnaire can highlight important aspects about treatments that may not be known if it were not for the clients’ input. Having this knowledge allows the clients to receive the best treatment possible and have positive outcomes following the treatment. Although with their limitations, questionnaires are effective at providing valuable information; the information gained allows both the client and overall program to benefit.
Chapter III: Method

Participants

The participants for the study included 12 men between the ages of 20-60 years-old currently in treatment for substance use at a treatment centre in Kingston, Ontario. Out of those 12 men, four of them were involuntarily in treatment due to court order. Since every client joined the program at different stages and dates, to meet criteria for inclusion of this study, participants were required currently to be in the program and have completed at least one week of treatment. Clients less than one week into the program were excluded given the lack of time spent in classes and less access to treatment interventions. Individuals who were in all other phases of treatment were asked to participate. Individuals who graduated from the program in the past were not asked to participate in the study to assure that the helpfulness was based on the perceptions of the clients while they are still engaging in the program. The exclusion criteria also ensured that participants did not have the chance to use the information and skills after their discharge since they had already proved that it had been helpful for them by completing the program. The participants were verbally recruited by the student researcher following a regularly scheduled class.

Consent

To take part in the study, the participants completed a structured questionnaire regarding their perceptions on the helpfulness of the treatment program at the treatment centre. They were asked to complete the same questionnaire twice with three days between. Consent was obtained prior to receiving the questionnaire. Each participant was given a consent form that asked them if they would like to participate (See Appendix A). The consent form included the benefits to the participants and to others, the reason for the study, and information about confidentiality. The consent form assured the participants that their identities and answers would be kept confidential and only the student researcher would have access to any identifying information. It also informed them that the survey was voluntary and they could ask to leave the study without question. As well, the research study had been approved by the St. Lawrence Research Ethics Board to ensure that it followed the guidelines of an ethical research study.

Dependent and Independent Variables

The independent variable of the study was the program implemented at the treatment centre. The dependent variable was the group of scores obtained from the structured questionnaire developed by the student and completed by the clients. If the clients perceived the program to be helpful, their scores would be higher. The clients’ scores from the questionnaires were dependent on their perception of the program implemented at the centre. As well, the scores of the questionnaires were dependent on the length of time each individual had spent in treatment. The length of time spent in treatment either decreased or increased the scores depending on the individual.
Setting and Apparatus

The setting for the study was at a treatment centre for substance use in Kingston, Ontario. The questionnaire was completed by each individual participant in a large group classroom at the centre. The materials included the one-page questionnaire and a writing utensil was provided to each client if needed. The same questionnaire was completed by the participants a second time three days later following the same protocol.

Data Collection

Ordinal quantitative data was analyzed through a structured questionnaire developed by the student that was given to the participants (See Appendix B). The structured questionnaire was rated on a one-to-five disagree-agree Likert scale: one represents strongly disagree, two represents disagree, three represents undecided, four represents agree, and five represents strongly agree. The scale included six positive and four negative statements about the program and the methods used. Both positive and negative statements were used to avoid automatic answering by the clients. The questions were related to the helpfulness of the program followed at the centre. The clients were given the option to choose the answer they felt best fit for each statement. Each client had a score calculated at the end to determine the perceived helpfulness of the treatment centre. The scores were added up with reverse scoring for the negative questions. The scores varied between 10 (the client did not perceive the program as helpful) to 50 (the client perceived the program as very helpful). The participants were also asked to include the length of time they have been at the centre in order to group them into three distinct categories based on time spent. They also completed the same questionnaire for a second time three days later in order to examine the reliability of the test and to compare scores.

All information gained from the questionnaire was confidential in order to ensure participants answered in an honest and direct manner. Confidentiality was respected and all attempts to keep it were made. To ensure anonymity, a number was assigned by the student researcher to link each questionnaire to the participant without names. These questionnaires and the consent form have been protected in a folder in a locked office at the centre. No names or other identifiers were used in the thesis.

Questionnaire Development

The items chosen for the questionnaire were developed by the student researcher with the help of the treatment centre staff. The items focused on making statements about the helpfulness of the staff members, the classes, the group therapy sessions, the one-on-one therapy sessions, and the structured environment. The statements were made simple and straightforward to avoid any confusion with both negatively and positively worded questions. As well, the statements were generalized and did not include any specific classes or staff members.

Modification to Questionnaire

After further research, the questionnaire underwent some modifications. For example, instead of having all positive statements, four statements were made negative in order to reverse
the thinking of the participants. With negative statements as well as positive, it ensured the participants would read the questions more cautiously; the participants had been made aware of this when the questionnaires were distributed.

Also, the original methodology consisted of the participants only completing the questionnaire once. But, with further research, the test-retest method was chosen in order to gain reliability. Instead of the participants completing the questionnaire once, they were given the same questionnaire to complete three days later.

**Research Design**

It has been hypothesized that the participants will perceive the treatment centre as helpful and the participants with longer treatment time would score higher. To test the hypothesis, a questionnaire was used for the research design using a sample of the clients at treatment centre. As well, the study followed a test-retest design to enhance reliability with the questionnaire. The participants completed the same questionnaire for a second time three days later in order to compare each participant’s answers. Reliability was stated if a positive correlation was seen between both questionnaires and if there was a coefficient stability between .07 and 1 indicating acceptable reliability to excellent reliability.

The participants vary in the time spent at the centre and were divided into three groups depending on the length of time. Whether or not there was a difference between the scores across time was analyzed. This was done using the MANOVA method on the SPSS program. The questionnaire used works as a satisfaction survey because it helps understand how content the clients have been with the helpfulness of the program.

The average scores were examined for each of the three groups in order to compare the length of time spent to the perceived helpfulness of the program. An average of the total scores were also analyzed. All scores from both questionnaire completions were displayed on a bar graph, as well as on a separate graph to represent scores from each individual stage.
Chapter IV: Results

The analysis focuses on examining how helpful the participants felt the program has been for their recovery and whether or not the length of time at the centre affects their perception. The potential scores from the questionnaire range from 10 (the client did not perceive the program as helpful) to 50 (the client perceived the program as very helpful). There was sample size of 12 (n=12) with scores ranging from 32 to 50. Three participants produced the same score during the first completion as they did for the second completion, and suggests that there was no change to their opinion of the program (see Figure 1).

![Graph of participants scores during the first and second completion of the Helpfulness Questionnaire.](image)

*Figure 1. Graph of participants scores during the first and second completion of the Helpfulness Questionnaire.*

Two of the participants’ scores increased while seven scores decreased. These results show that after three days had passed, 58% of the participants had lowered their score. The average score for the first completion of the questionnaire was 43.75 while the average score for the second completion was 43.41, a difference of .34%. The overall average for all participants’ scores was 43.58% (see Table 1).
Table 1

Raw Data: Participants Scores from the Helpfulness Questionnaire for both Completions.

<table>
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<th>Completion #1 score</th>
<th>Completion #2 score</th>
<th>Av. score</th>
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<td>11</td>
<td>43</td>
<td>49</td>
<td>46</td>
</tr>
<tr>
<td>12</td>
<td>45</td>
<td>43</td>
<td>44</td>
</tr>
</tbody>
</table>

|                 | Av. = 43.8          | Av. = 43.4          | Av. = 43.58 |

The participants who had completed 2-3 weeks at the centre had an average score of 39.5 for the first completion and 37 for the second. The participants who completed 4-6 weeks had an average score of 38 for the first completion and an average score of 39.33 for the second trial. The participants who completed 7 weeks or more had an average score of 47.43 during the first completion and an average score of 47 for the second completion (see Table 1). To test the correlation between the questionnaire completions and to test reliability, a Pearson Correlation test was done indicting that the questionnaire was significantly reliable with a Pearson Correlation of .8 (see Table 2).
Table 2

Pearson Correlation Test to Test Reliability

<table>
<thead>
<tr>
<th>Questionnaire Score 1 Pearson Correlation</th>
<th>Questionnaire Score 2 Pearson Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sig. (2-tailed)</td>
<td>.805**</td>
</tr>
<tr>
<td>N</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>.002</td>
</tr>
<tr>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

To conduct statistical analysis, the average score for each set of scores was used. Also, the standard deviation, standard error, mean, maximum value, and minimum value were all conducted (see Table 3). The total standard deviation for all of the scores was 5.35, the standard error was 1.54, the mean was 43.58, the maximum value was 50, and the minimum value was 34.

Table 3

Descriptive Statistics

<table>
<thead>
<tr>
<th>Average of Q 1 and Q2</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
<th>95% Confidence Interval for Mean</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower Bound</td>
<td>Upper Bound</td>
<td></td>
</tr>
<tr>
<td>2-3 Weeks</td>
<td>2</td>
<td>38.250</td>
<td>6.0104</td>
<td>4.2500</td>
<td>-15.751</td>
<td>92.251</td>
<td>34.0</td>
</tr>
<tr>
<td>4-6 Weeks</td>
<td>3</td>
<td>38.667</td>
<td>4.0723</td>
<td>2.3511</td>
<td>28.551</td>
<td>48.783</td>
<td>34.0</td>
</tr>
<tr>
<td>7 Weeks or More</td>
<td>7</td>
<td>47.214</td>
<td>1.9970</td>
<td>.7548</td>
<td>45.367</td>
<td>49.061</td>
<td>44.0</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>43.583</td>
<td>5.3506</td>
<td>1.5446</td>
<td>40.184</td>
<td>46.983</td>
<td>34.0</td>
</tr>
</tbody>
</table>

To compare the effect that time in treatment had on the participants’ questionnaire scores, a one-way analysis of variance (ANOVA) was calculated on participants’ scores. A significant effect was noted for time spent in treatment on scores at the p<.05 level for the three conditions [F(2,9) = 10.702, p=.004] (see Table 4).
Table 4

ANOVA

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>221.696</td>
<td>2</td>
<td>110.848</td>
<td>10.70</td>
<td>.004</td>
</tr>
<tr>
<td>Within Groups</td>
<td>93.220</td>
<td>9</td>
<td>10.358</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>314.917</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A post-hoc test using Tamhane’s T2 indicated that there was no statistically significant differences between the multiple comparisons of treatment time (see Table 5). These results suggest that although there was a significant difference between all of the conditions, there was no statistically significant difference when comparing each condition to one another.

Table 5

POST HOC- Multiple Comparisons Test

<table>
<thead>
<tr>
<th>(I) Length of Tx</th>
<th>(J) Length of Tx</th>
<th>Mean Difference (I-J)</th>
<th>Std. Error</th>
<th>Sig.</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3 Weeks</td>
<td>4-6 Weeks</td>
<td>-.4167</td>
<td>4.8570</td>
<td>1.000</td>
<td>-52.018 to 51.185</td>
</tr>
<tr>
<td></td>
<td>7 Weeks or More</td>
<td>-8.9643</td>
<td>4.3165</td>
<td>.617</td>
<td>-140.980 to 123.051</td>
</tr>
<tr>
<td>4-6 Weeks</td>
<td>2-3 Weeks</td>
<td>.4167</td>
<td>4.8570</td>
<td>1.000</td>
<td>-51.185 to 52.018</td>
</tr>
<tr>
<td></td>
<td>7 Weeks or More</td>
<td>-8.5476</td>
<td>2.4693</td>
<td>.159</td>
<td>-23.209 to 6.114</td>
</tr>
<tr>
<td>7 Weeks or More</td>
<td>2-3 Weeks</td>
<td>8.9643</td>
<td>4.3165</td>
<td>.617</td>
<td>-123.051 to 140.980</td>
</tr>
<tr>
<td></td>
<td>4-6 Weeks</td>
<td>8.5476</td>
<td>2.4693</td>
<td>.159</td>
<td>-6.114 to 23.209</td>
</tr>
</tbody>
</table>

The results found that the length of time at the treatment center affects participants’ scores on the helpfulness questionnaire. These finding suggest that the increase in length of time spent at the centre may be a significant contributing factor to how helpful the participants feel the program has been and therefore accepts the null hypothesis; it was hypothesized that the participants would perceive the treatment centre as helpful and the participants with longer treatment time would score higher.
V: Discussion

The Helpfulness Questionnaire allowed the clients of the treatment centre to give feedback regarding perceived helpfulness of the program and provided insight to the staff members about the services offered at the centre. The results suggested that the more time the clients had spent involved in the program at the centre, the more helpful they found it was for their recovery. The scores ranged from 32 to 50, with an average score of 43.58 out of a possible 50, indicating that the centre was perceived as helpful overall. Earlier predictions argued that individuals who remained in treatment at the centre for longer durations of time provided more opportunity to obtain the benefits of the program, which was believed to have influenced the perceived helpfulness of the program. These findings suggest a relationship between length of time at the centre and the perceived helpfulness. The increase in length of time spent at the center may be a significant contributing factor to how helpful the participants feel the program has been for their recovery.

Strengths

The study helped the clients reflect on the benefits and limitations of the treatment program and their recovery. The agency may use the questionnaire to move forward in their treatment delivery and help monitor the on-going helpfulness of the program. Its simplistic, 12-question design allowed the participants to give feedback without dedicating a large amount of time. Since the questionnaire was anonymous, it gave the clients a safe way to provide feedback to the treatment centre. As well, the questionnaire gave the treatment centre a general idea about how the clients perceived the program currently. Since the study used a test-retest design, the questionnaire was also shown to be reliable in gathering information. The study may also be added to literature based around program evaluation and the use of questionnaires in gaining clients’ perceptions.

Limitations

The student researcher recognized several limitations while conducting the study. First, the centre only provides housing to 18 men and resulted in a small sample size for the study and therefore the external validity may be low. Unfortunately some clients were not present at the time the questionnaires were administrated or did not meet the criteria in order to participate and limited the size of the sample. The study would have benefitted from a larger sample size for more robust statistical findings. Out of the men that could participate, four of them were in treatment involuntarily and under court order and therefore may have had a negative perception due to treatment not being their choice. This lack of choice could have affected their scores on the questionnaire. As well, the questionnaire had a five-point Likert-scale but may have been more effective with a four-point scale. The mid-point was used often by those who felt indecisive about their answers allowing them to stay neutral. Having only four options would eliminate the possibility to remain neutral as they would be forced to choose answers. The items for the questionnaire were also developed using information gathered from the staff and student researcher and may have benefitted from feedback from the clients as well. The student researcher also acknowledged that the instructions on how to complete the questionnaire may not have been completely clear to the participants considering the amount of questions asked during the time to complete the questionnaire. If the instructions were unclear or the participants were not paying attention, some scores may be unreliable. Furthermore, any self-report questionnaire
has the potential for bias and “people pleasing”. The clients may have altered their answers in order to please the staff, or because they were having bad day or bad experience with something related or unrelated to the program, as well as other reasons. Lastly, another limitation is that the researcher was a student and did not have any other experience conducting a questionnaire. This lack of expertise can affect the reliability and validity of the questionnaire.

**Recommendations for Future Projects**

Future projects may want to consider multiple questionnaires with questions specific to certain aspects of the treatment program may be beneficial to the centre. Having specific questionnaires allows the researcher to distinguish what certain aspects of the program the clients do or do not find as helpful. For example, a specific questionnaire regarding the different classes at the centre such as “I prefer having group discussions rather than lectures”. Instead of using a broader statement of “I find the classes helpful”, the statement can also be more specific to certain classes (e.g., AA vs…) rather than grouping them as one. This recommendation can help clarify and direct future service delivery. Further research may also consider hypothesizing that individuals who “perform” better while in the program may also find the treatment more helpful, not necessarily as function of total time spent in treatment.

**Impacts/Insights**

**Benefits to the agency.**

Providing the agency with the Helpfulness Questionnaire can help the agency have better understanding of what elements of the treatment program may not be seen as helpful by the clients using the services in the future. The information obtained from the questionnaire may be used to alter their services accordingly, as they see fit, or adjust service delivery. As well, giving the clients a voice helps demonstrate that the opinion of clients matter and are important to the agency, which may strengthen the relationship between the agency and the clients.

**Benefits to the placement student.**

The placement student had a positive experience working with the clients and conducting the study at the treatment centre. Although working in a setting with men who have addictions can be intimidating and a quite a challenge, this opportunity allowed the student to broaden her skills with a new population. The student improved professionally by teaching classes, running group therapy, and assisting with one-on-one therapy with the clients while conducting the study.

The student researcher learned about the importance of a client’s perceptions of the treatment they are receiving. Client feedback is important for a variety of reasons including to gain information regarding programs and to see what aspects of a program the clients feel are helpful. It also allows the clients to feel as though their needs and concerns are being heard. The student also gained the experience constructing a questionnaire in order to gather this feedback. With this experience, the student can construct future questionnaires using this new knowledge.

The student researcher also learned the importance of communication between staff members of a treatment centre. All involved in the counselling process need to have effective and constant communication to assure the clients progress in their recovery. A team effort is essential in a treatment centre. As well, the time spent at the treatment centre gave the student an appreciation for a field that can be emotionally and mentally demanding.
Multilevel Challenges to Service Implementation

There are many challenges when working with individuals with addictions. The stigma surrounding these individuals can affect the outcome of their treatment and make remaining abstinent and sober very difficult. These challenges occur at many different levels including: client level, program level, organizational level, and societal level.

Client level.

Clients with addictions often feel and witness the stigma and believe they must live up the expectations society has placed on them. These expectations are quite low and discouraging. Having themselves and others label them as “drug addict” or “alcoholic” brings down their self-esteem and in turn, affects their ability to stay clean and sober. Feeling stigmatized in the world they already have a hard enough time fitting into, can make recovery very difficult.

Program level.

The treatment program often discusses stigmatization of those with addictions throughout the program. Through these discussions, the clients are encouraged to overlook the negative perception society has and to focus on their own perception of themselves. They focus on challenging these beliefs and understand that society has a distorted perception of a population that is quite diverse.

Organizational level.

The treatment centre works with many other organizations who also work to educate the public on addictions and provide a safe atmosphere for people with addictions. Those who work with the treatment centre help promote a positive view of those with addiction and challenge the stereotype that many believe. Even with more education on addiction being more widely available, society still believes these negative stereotypes.

Societal level.

Society often has a negative view of people with addictions to drugs and alcohol. Many people believe that those with substance dependence are not contributing members of society, may live on the streets, and have nothing good to offer to others or the world. This stereotype is frequently in the media, in movies, and television shows. This faulty perception can be quite damaging to these individuals. If society’s view is so skewed, it often becomes very difficult for those with addictions to feel included. Those with substance dependence may become discouraged and less motivated to seek out help and move forward from their addiction when they are given such a negative reputation.

Conclusion

Treatment programs aim at providing the most effective and helpful treatment possible for their clients. Gaining first-hand knowledge from the clients using the services aids in creating more effective programs as well gives the clients a chance to be heard. Questionnaires are an effective method in gaining these insights and help determine the clients’ perceptions of the helpfulness of the services provided.
References


Appendix A:  
Consent Form  
St. Lawrence College

Clients’ Perceptions on the Helpfulness of Harbour Light Treatment Center

Principal Investigator: Jessica McBrine  
Name of supervisor: Michelle Neljak  
Name of Institution: St. Lawrence College  
Name of institution/agency: Harbour Light Treatment Centre

Invitation
You are being invited to take part in a research study. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. Currently, I am at placement at the Harbour Light Treatment Centre. During this placement, I am to complete a thesis. The information in this form will help you gain information and understand the purposes of the thesis. Please read the information carefully. Before you agree to take part, please ask questions.

Why is this research study being done?
This research study is being done to gain information on the clients’ perceptions on the helpfulness of Harbour Light Treatment Center. Having this information can help improve services provided and give clients a voice.

What will you need to do if you take part?
To take part in the study, you will need to complete a 10-question questionnaire about Harbour Light and its helpfulness which will take an estimated 10 minutes to complete. Extra time will be given if needed.

What are the potential benefits of taking part?
The study may provide potential benefits to clients who may feel they do not have a voice. Taking part in the study allows clients to voice their opinions regarding the centre and the helpfulness of the program in a confidential manner. This can allow for improvements in services for the clients.

What are the potential benefits of this research study to others?
With the results of the questionnaire, the centre can see what areas may not be perceived as well as others and make possible changes. This could benefit future clients in the program.

What are the potential disadvantages or risks of taking part?
A disadvantage of taking part in the study is that the participants may feel discomfort when expressing their opinion on the program.

What happens if something goes wrong?
In the event of something going wrong, the student researcher or the Harbour Light staff
will be available at all times. The student researcher and staff members will answer any questions or concerns the clients may have. Support will be provided if needed.

**Will my information you collect from me in this project be kept private?**

All information retained from the questionnaire will be confidential in order to ensure participants answer the questionnaire in an honest and direct manner. To ensure anonymity, each participant will be assigned a number by the student researcher that may be used to identify each questionnaire. Each participant’s number will be written on their questionnaire so they can only be identified by the student researcher. The Harbour Light staff will not have access to this information but will have access to the data received from the questionnaires. They will not be able to identify individual participants. These questionnaires, the list identifying the individual participants, and the consent form will be protected in a folder in a locked office at Harbour Light. No names or other identifiers will be used in the thesis.

**Do you have to take part?**

It is up to the clients if they would like to participate in the study or not as it is completely voluntary. If they decide to be involved in the study, a consent form will be given to them that they read over and sign. Participants may withdrawal or stop their participation in the study at any time if they decide they do not want to or cannot continue. There is no penalty if they decide to no longer participate. If they decide to no longer take part in the study, they may speak to myself or my supervisor.

**Contact for further information**

This project has been reviewed by the Research Ethics Board at St. Lawrence College. This project will be developed under the supervision of Michelle Neljak, my supervisor from St. Lawrence College. I appreciate your cooperation and if you have any additional questions or concerns, feel free to ask me, jmcbrine25@sl.on.ca. You can also contact my College Supervisor, MNeljak@sl.on.ca, or you may also contact the St. Lawrence College Research Ethics Board at reb@sl.on.ca.
Consent

If you agree to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency.

By signing this form, I agree that:

- The study has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- If I have any questions about the study, I am able to ask them now or in the future.
- I have been informed that all of my personal information will be kept confidential.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.

I hereby consent to take part in the study.

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Signature of Participant</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Printed Name</th>
<th>Signature of Student</th>
<th>Date</th>
</tr>
</thead>
</table>
Appendix B:

Structured Questionnaire

Helpfulness Questionnaire

How many weeks have you completed program at Harbour Light treatment centre?

2-3 ________ 4-6_______ 7 or more ______

1= strongly disagree, 2= disagree, 3= undecided, 4= agree, 5= strongly agree

1) I think the staff at Harbour Light are helpful.

2) I do not think the classes are relevant.

3) I think the classes are helpful.

4) I do not think I am more likely to stay sober after my stay here.

5) I do not like the structure of a time schedule.

6) I think staying in a residential treatment center will help with my sobriety.

7) I feel as though 8 weeks is an appropriate amount of time for the program.

8) Group therapy was not helpful for my recovery.

9) Overall, I think my time spent at Harbour Light was helpful for my recovery.

10) I would recommend Harbour Light to other individuals struggling with addiction.