

A PARAPROFESSIONAL PERSPECTIVE ON THE CONCEPT
OF POST-TREATMENT FUNCTIONING IN A
DRUG ABUSE PROGRAM

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ABSTRACT

In an attempt to improve program accountability to the service consuming community, researchers in a drug abuse program employed the perspective of three paraprofessional street workers to define functioning after treatment in an out-patient drug abuse program. The paraprofessional workers were residents of the catchment area in which the study took place. They were hired in conformity with affirmative action personnel policies implemented by a personnel committee staffed by community representatives. They were nominated for their jobs as street workers because of their familiarity with the local illegal drug market.

The street workers administered a 46 item follow-up questionnaire to 65 former clients of an outpatient, brief therapy, drug abuse treatment program. The items were organized into 10 sub-scales. Each item represented a factual bit of information about the clients.

Additionally, a 7 point Likert scale was attached to each item. The interviewers were asked to rate the implication of each bit of factual information for the client's total functioning.

In the data analysis, the sum of Likert ratings ascribed to a client are considered a measure of general functioning. Mean sub-scale scores were derived from the factual information for each of the 10 sub-scales. Correlations between each sub-scale and the summed Likert ratings were examined as the result of principal interest.

Four of the 10 correlations between sub-scale scores and the summed Likert score measures were statistically significant ($p < .001$). The measure of future plans correlated with summed Likert rating .78. Income source had the second highest correlation with summed Likert rating at .58. Health and pattern of drug use correlated with summed Likert rating .48 and .47, respectively.

The study was presented as the opening round in a series of surveys designed to help the service consuming community articulate its preferences for diagnostic systems, therapeutic approaches and evaluation criteria. Particular emphasis is laid on the value of representative paraprofessional staff as involved spokespersons in the decision process involved in selecting the concepts which define mental health services.

Riessman, Cohen and Pearl (1964) pointed out some of the special skills and perspectives that underclass, indigenous paraprofessionals might contribute to a community mental health program. Since then an extensive set of programs has developed which provide jobs and career development opportunities in the mental health field for people indigenous to the community an agency serves. In a few cases whole catchment areas are administered by community advised private corporations as in the Western Addition area of San Francisco where this study took place.

The use of paraprofessionals is particularly prevalent in drug abuse treatment programs where ex-addicts are often employed as low level counselors. Rosenthal (1955), Ontmeyer et al. (1966) and Brown and Thompson (1973), to name a few, have each documented the advantages and disadvantages of employing ex-addict counselors. Examples of the use of ex-addicts as program administrators are prevalent in both outpatient and therapeutic community programs. Ex-addicts were also employed as researchers in Hughes, Crawford and Barker's (1971) extensive epidemiological study of heroin use in Chicago.

However, with the exception of some therapeutic communities which exist independent of substantial federal funding, the selection of concepts which define clinical practice and client progress is maintained as the special and mysterious realm of credentialed professionals. Even in cases where community people serve on a personnel committee that reviews hiring decisions, the concepts that a professional employs in working decisions are seldom critically examined. There is at least

one case¹ a carefully maintained dependence on other professionals to evaluate the appropriateness of the concepts a prospective new professional employs in understanding his job. There seems to be an assumption that basic concepts which a professional employs must be bought like a pig in the poke and the community people must limit their concern to the maintenance of affirmative action hiring policies and assurances that a new professional "feels responsible" to the community.

1 Based on a discussion with Tomatra Scott, former Chairman, Personnel Committee, Westside Community Mental Center, Inc., San Francisco, California.

What is lacking is a way to articulate the community's perspective on basic issues in the provision of mental health services. Such a perspective surely exists. If it were well known, it could be used as the baseline for establishing the nature of clinical services and the evaluation of individual client progress as well as program effectiveness.

We tend to see this program as a technical one which lends itself to survey research techniques. There are many people in most underclass communities who have a combination of real life experiences and demonstrated participation, vocational and voluntary, in agency programs. We contend that these individuals, through their efforts and by virtue of their role as consumers of the community environment, have a right to define what treatments should be administered and what behaviors constitute successful treatment.

In this study we employed three paraprofessional street workers as data gatherers in a follow-up study of clients in an outpatient drug abuse treatment program. Then we examined the relationship between a general, subjective measure of psychosocial functioning and a set of factbased, specific measures of the circumstances of the former clients' lives. In this way we defined what our paraprofessionals mean when they say how adequately a client is functioning. We contend that the perspective thusly expressed represents a position articulated by representatives of the community who were hired because of their particular expertise in the local street life.

The study started when a voluntary, drop-in, outpatient drug treatment program conducted a follow-up study on sixty-five of its former clients. The clients had been seen in brief therapy from one to five sessions. Tranquilizers were usually dispensed. The last encounter was from three to nine months before the data of the follow-up interview.

The follow-up study was instituted in order to gain some perspective on the subsequent progress of individuals, evaluate the effect of brief therapy, and demonstrate accountability to the program's funding source.

Measures

Since little systematically recorded information was available in the program's files about clients' disposition before and during treatment, there was no baseline for evaluation. It was

assumed that people who voluntarily sought treatment at an outpatient drug abuse treatment program would be having some considerable difficulty in their general functioning and functioning in some specific areas including drug abuse and associated problems. Our main interest was in the ratings our paraprofessional interviewers would ascribe in the objective and subjective items which were employed. Ten general areas of interest were identified in discussions with the outpatient staff that constituted drug related areas of dysfunction in the staff's view. Interest was expressed in the associations among these areas and a measure of the overall functioning of the clients.

The ten areas of interest were as follows:

1. Plans for the future.
2. Relationship with others not spouse.
3. Relationship with spouse and sexual functioning.
4. Housing arrangements.
5. Source of income.
6. Legal status.
7. Educational status.
8. Drug use patterns.
9. Health
10. Psychological functioning.

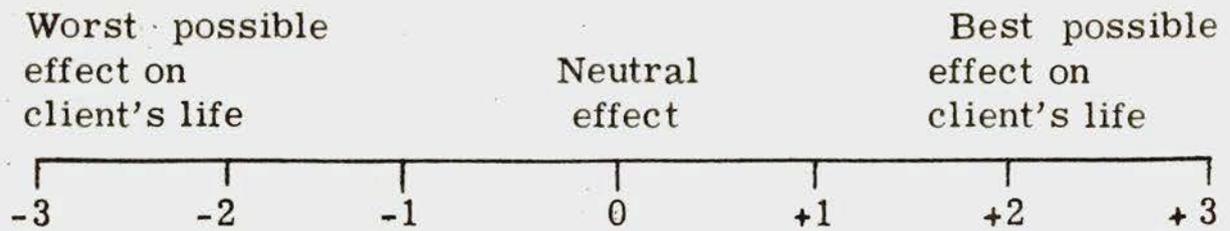
Forty-six items were prepared to reflect the client's functioning at follow-up in each area of interest. Items were associated with areas of interest and each area of interest was said to constitute a sub-scale.

Each item was prepared, as much as was reasonably possible, in a multiple choice, check-a-box format with the responses arranged in a hierarchy from best outcome to worst outcome. These were called factual items.

In order to account for the possibility that a specific bit of factual information would have a different effect on the quality of one client's life than on another client's life, a Likert scale was added to each item. The interviewers were instructed to rate on a seven point scale the effect of a specific bit of information on the overall functioning of the client. The scale employed appears in Figure 1.

Figure 1

Likert Scale for Rating Factual Measures



The total of all Likert points ascribed to a specific client by an interviewer was taken as a general measure of the functioning of that client.

Interviews

The interviews of the 65 former outpatient clients were conducted by specially trained street workers from an intake and referral agency associated with the outpatient program. The interviewers were paraprofessional minority group (2 Blacks and 1 Latin; 2 men and 1 woman) people who made their home in the community and had considerable experience on both sides of the drug business. They were employed as Addiction Specialists. The interviews were conducted in various locations including the client's home, street corners, bar rooms, interviewer's car, etc. As much as possible, the interviews were designed to appear to be casual street corner conversations. Due to discrepancies in the outpatient program's records, only 65 of some 500 former clients could actually be interviewed. The remainder were unavailable, usually because they had given spurious addresses and names or had been transient at the time of treatment.

Population

The demographic profile of the population interviewed generally reflects the character of the community in which the study took place. The community is a nationally famous center of counterculture activity in San Francisco. Many residents are formerly middle-class people who live in meager circumstances at the edge of a large Black ghetto.

The mean age of the population was 25.12 years, SD was 5.23 years. Clients ranged in age from 16 to 43. Percentages of ethnic groups were 26.2% Black, 15.4% Latins, 1.5% Native American, and 56.9% others, principally whites. The population was 70.8% male.

Data Analysis

Initially, the data was examined in the form of frequencies, absolute and relative, of responses to each possible response to each of our 46 items plus mean Likert ratings for each item. The distribution of the sum for individuals of Likert ratings was obtained and examined. The mean of all factual item responses in each sub-scale was calculated. The sub-scale means for each person were used to calculate correlation coefficients among the various sub-scales. Included in this set of measures was the sum of Likert ratings for individuals.

Results

The distribution of summed Likert ratings by the interviewers was found to be distinctly bimodal. The mean of summed Likert ratings was 182.27, SD = 20.22. The range of mean summed ratings over three interviewers was less than six points. A plot of the summed Likert rating by each interviewer and a plot of the total summed Likert ratings appears in Figure 2.

A test of reliability of the individual Likert ratings over items, considered as a measure, yielded an alpha coefficient of .923.

The intercorrelations among the sub-scale scores and the sum of Likert ratings, general functioning measure are of principal interest here and appear in Figure 3.

Figure 2

Plots of Summed Likert Ratings by Interviewers with a
Plot of Summed Likert Ratings for all Interviewers

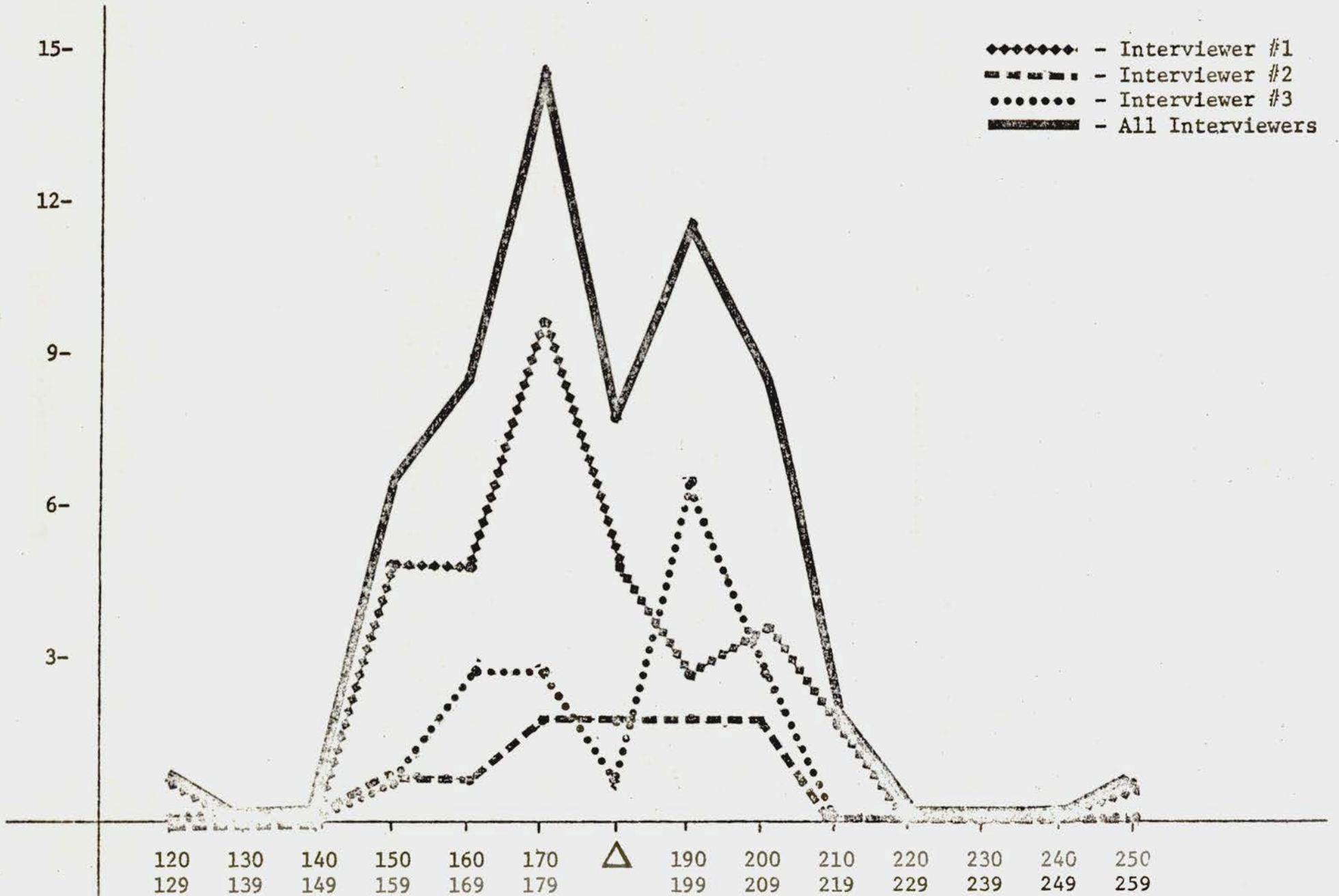


Figure 3

Matrix of Correlations Among Sub-Scales and the General Measure

	Family Not Spouse	Drug Use	Spouse & Sex	Income	Resi- dence	Legal	Future Plans	Educa- tion	Health	Psychc- logical	Sum Likert
Family Not Spouse	1.00										
Drug Use	.24	1.00									
Spouse & Sexual	.19	.06	1.00								
Income	.22	.23	.13	1.00							
Residence	.12	-.10	.14	.52*	1.00						
Legal	.17	.09	.40*	.37*	.25	1.00					
Plans for Future	.06	.34	.28	.49*	.47*	.46*	1.00				
Education	.03	-.01	.07	.24	.16	.09	.22	1.00			
Health	-.13	.11	-.02	.38*	.43*	.30	.57*	.29	1.00		
Psycho- logical	-.14	-.07	.23	.12	.29	.33	.44*	.12	.15	1.00	
Sum Likert	.14	.47*	.30	.58*	.41*	.26	.79*	.34	.48*	.23	1.00

* Indicates $p \leq .001$

Comments

It is interesting to note that the sub-scale measure which is most substantially correlated with the measure of general functioning is the sub-scale based on the interviewer's evaluation of the client's long-term and short-term plans for the future. This same sub-scale is significantly correlated ($p < .001$) with six other sub-scale measures including each of the other sub-scale measures save drug use significantly correlated with the general functioning measure, sum of Likert ratings. These results indicate that a factor analytic approach in the context of a more substantial data base might prove interesting indeed.

As it is, we can conclude that in the view of the interviewers in this study a person's plans for the future, current income, general health and drug use pattern were more important to the interviewer's estimate of the client's general functioning than were our other measures. Also, we note that plans for the future is far and away the most salient indicator in the view of our street-wise judges, and income is a distinct second. Patterns of drug use is the least predictive of general functioning of the statistically significant relationships, ranking very close to physical health.

Given the experience gained in this study, when one asks a paraprofessional person to rate the general functioning of a former client in a drug abuse program, and that paraprofessional is substantially familiar with the drug milieu, then one is fairly likely to get a rating of the former client's plans for the future and the extent of that client's economic independence.

Whether or not the former client is still involved with illegal substances is not likely to be a central factor in paraprofessional street people's ratings of general functioning if the rater is allowed some options to exercise. It is also interesting to note that the measure of patterns of drug use is independent statistically ($p < .001$) from all other factual item based sub-scale measures. One might hypothesize that drug use is only marginally predictive of general functioning in street life and pretty much independent of other aspects of the street experience, at least from the perspective of a street-wise paraprofessional researcher.

The principal implication of this article and the data reviewed here is that research into the trained and knowledgeable perspective of indigenous paraprofessionals is possible. We would

argue that such research is also ethically desirable if professional dispensers of public mental health services are to become responsive to the needs of the communities they often serve. We contend that the basic understanding of post-treatment functioning held by persons hired to represent a human service consuming public can be developed and does, in fact, make as much sense to us as any theoretically derived set of notions transmitted to a professional in medical school. We advocate extending the accountability of community mental health programs so that the very definitions and concepts used to shape service and evaluation are based on community preferences.

One obvious lesson of the civil rights movement is that the definitions employed by the vested representatives of the general society reflect all the characteristics of that society --- good and bad. These definitions and the related underlying concepts often bridle, disturb and oppress those who are maintained in the general society as underclass individuals. A major part of the intellectual aspect of the struggle for Black people's rights and later the struggle for the rights of other minorities and women revolves around defining the way the general society views the underclass individual. We have seen group after group fight for and seize the power to define themselves. We hope this article helps to extend that struggle to the heart of the mental health establishment.

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