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Who Receives Confrontation in Recovery Houses and when is it Experienced as Supportive?

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Abstract

The Alcohol and Drug Confrontation Scale (ADCS) is a 72-item instrument that measures a construct of confrontation defined as warnings about potential harm associated with alcohol and drug use. This analysis describes the characteristics of individuals entering residential recovery homes (N=323) who received confrontation and when it was experienced as supportive. A large proportion reported receiving at least one confrontational statement (80%), most commonly from family/friends (71%). Individuals who did and did not receive confrontation did not differ by demographics, but those receiving confrontation had more recent substance use, higher perceived costs of sobriety and more severe family and psychiatric problems. Differences were noted in confrontation from the criminal justice system versus family/friends. Overall, residents experienced confrontation as supportive regardless of who confronted them. Residents who experienced confrontation the most helpful were those with higher levels of substance use and those who believed maintaining sobriety would be difficult.

Keywords

confrontation; pressure; coercion; mandated treatment; social support

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INTRODUCTION

Individuals with addiction problems frequently receive pressure to make changes in their substance use, enter treatment, or attend self help groups such as Alcoholics Anonymous (George & Tucker, 1996; Hasin, 1994; Marlowe, Merikle, Kirby, Festinger & McLellan 2001; Room, Bondy & Ferris, 1996). Studies have shown that large proportions of those who enter treatment receive some type of interpersonal or institutional pressure to seek help (Polcin & Beattie, 2007; Polcin & Weisner, 1999). However, research on the effects of pressure on those with addiction problems is mixed. Some studies have found social pressure has a positive correlation with entry into treatment (e.g. George & Tucker, 1996; Hasin 1994), while others have found a negative association (e.g. Matzger, Kaskutas & Weisner, 2005).

There have been similar discrepancies about the effects of confronting clients in treatment or recovery programs about their substance use and its destructive impact (Polcin, 2003). Some residential programs, such as residential therapeutic communities, use confrontation as an integral part of treatment and a variety of studies support the effectiveness of these programs. However, research conducted by Miller, Benefield and Tonigan (1993) found confrontational counseling styles to be counterproductive. In a more recent study examining factors influencing

the therapeutic alliance between practitioners and clients, Moyers, Miller, and Hendrickson (2005) found confrontation facilitated the alliance when it was delivered by a skilled therapist with strong interpersonal skills.

Although the effects of confrontation in alcohol and drug programs continues to be frequently debated there have been few attempts to provide a clear and comprehensive definition of what is meant by the term confrontation (Polcin & Greenfield, 2006). Confrontation for some practitioners and researchers means “breaking down denial” with the use of argumentation or even personal attacks. These types of interventions are often delivered in a loud or accusing tone. For others in the field, confrontation involves strategic ways of helping individuals with substance use disorders recognize the destructive effects that substances have had on their lives (Polcin, 2006). These practitioners are more likely to provide explicit but nonjudgmental feedback about the potential consequences of substance use. Disentangling these very different definitions of confrontation and studying the specific types of interactions that are associated with benefit to clients is crucial to helping clinicians develop optimal techniques.

A new definition of confrontation was recently proposed that emphasizes statements about potential harm that individuals with substance use disorders receive (Polcin, Galloway & Greenfield, 2006). In this definition, the depiction of confrontation is expanded beyond practitioner-client interactions and includes confrontational statements that are received from family, friends, peers in recovery, and a variety of treatment and criminal justice professionals. These conceptual views form the basis of the Alcohol and Drug Confrontation Scale (ADCS) (Polcin, et al, 2006; Polcin & Greenfield, 2006).

This new definition of confrontation is related to but distinct from similar terms, such as coercion, mandated treatment, and pressure. Summarized below are key definitions that illustrate how confrontation is similar to and distinct from related terms.

1) *Confrontation* as used in this report refers to the extent to which individuals are told that they face potential consequences (i.e., “bad things”) if they do not make changes to address alcohol or drug problems or make changes to maintain sobriety.” Bad things include losing an important relationship, losing a job, eviction, jail, health problems, or emotional problems.

2) *Coercion* is similar to confrontation. It is the extent to which individuals are told they face potential consequences (i.e., “bad things”) if they do not make changes to address drug or alcohol problems or make changes to maintain sobriety. However, in each case the person making the confrontational statement has the power to implement the threatened consequence (e.g., spouse threatening divorce, probation officer threatening incarceration).

3) *Criminal Justice Mandated Treatment* is a legal requirement that an individual complete treatment for alcohol or drug problems or face legal consequences.

4) *Pressure* is a broader term than those above. It entails an expressed desire for someone to change substance using behavior that might or might not include identification of potential consequences. In addition, pressure might or might not involve the power to implement threatened sanctions. Because there is not necessarily a focus on the potential harm the person being confronted might suffer, many of these interactions may be experienced as nagging or complaining (Polcin, 2003).

Note that the definition of coercion proposed here is narrower than the term confrontation. It differs from confrontation in that the person applying coercion must have the power to administer the threatened consequence. For example, a probation officer pointing out potential legal consequences associated with drug problems has the power to implement those sanctions. A spouse confronting their partner about his or her drug use has the power to terminate the

relationship. Sanctioning power is not necessarily present when confrontational statements are made. Thus, confrontation encompasses a broader array of statements than coercion.

Court-mandated treatment always involves coercion. At some point, the individual is confronted with the choice that she/he must complete treatment or face threatened legal consequences. Most previous studies of legally mandated treatment have examined legally coerced treatment as a dichotomous variable (legally coerced versus voluntary). The study reported here examines it more thoroughly using a variety of continuous variables, such as how many personnel in the legal system made confrontational statements, how often confrontational statements were made, the individual's perceptions of their relationships with criminal justice professionals who confronted them, and their perceptions about the confrontations themselves.

Interpersonal pressure alone (i.e., an expressed desire for someone to change substance using behavior) might not be as effective as presenting the individual with potential consequences that might harm them (i.e., confrontation). Note that the literal definition of “confront” means to “bring face to face.” Pressure, as defined here, attempts to influence substance using behavior without helping the person face potential harm resulting from substance use. Thus, the person receiving pressure may not believe that changing behavior is in their best interest.

This paper focuses on confrontation as defined above and begins with a description of the structure of the ADCS along with a review of the initial psychometric findings. Results from an exploratory factor analysis are then presented along with evidence of construct validity. Finally, the characteristics and correlates of two factor based scales (i.e. External Intensity and Internal Support) are described with emphasis on three issues: 1) who receives confrontation, 2) how confrontation from different sources varies, and 3) when confrontation is experienced as supportive and helpful.

ALCOHOL AND DRUG CONFRONTATION SCALE (ADCS)

The ADCS (Polcin, et al., 2006) includes 72 items assessing confrontation that individuals received from 9 different sources during the past month: spouse/significant other, family, friends, peers in recovery, healthcare professionals, the workplace, mental health professionals, substance abuse professionals, and criminal justice professionals. Operationally, confrontation is defined as a statement to an individual where she/he is told they face potential consequences (i.e., “bad things”) if they do not make changes to address alcohol or drug problems or make changes to maintain sobriety. Bad things include things like losing an important relationship, losing a job, eviction, jail, health problems, or emotional problems. If the individual being interviewed indicates they did receive a confrontational statement from at least one person during the past month, additional questions are asked about how often they received confrontations, their perceptions of their relationships with confronters, and their perceptions of the confrontational statements. Thus, within each source, 5 domains assess different dimensions of confrontation:

- 1) **The number of different sources** that include at least one person confronting the respondent during the past month. This variable is coded as a count.
- 2) **The total number of people** confronting the respondent across all 9 sources of confrontation during the past month. This variable is coded as a count.
- 3) **The frequency of confrontation.** This variable is measured along a 5-point Likert scale assessing how often participants report receiving confrontation during the past month from each source, ranging from “once” to “very often.”
- 4) **Perception of Relationships.** For each source of confrontation, participants are asked to assess overall characteristics of their relationships with the people who confront them. Relationship characteristics include 3 items: general level of social

support, level of support for sobriety, and perceived motivation for the confrontation statement (i.e. how much the confronter is trying to help). These items are rated along a 5-point Likert scale ranging from “not at all” to “completely.”

5) Perception of Confrontational Statements. This variable consists of three items: 1) Perceived Accuracy of Confrontation. Responses are measured on a 5-point Likert scale ranging from “not at all” to “completely.” 2) Emotional Intensity of Confrontation. Responses are measured on a 5-point Likert scale ranging from “not at all” emotional to “extremely” emotional. 3) Perceived Effect of Confrontational Exchanges. For each source of confrontation, participants are asked to assess the extent to which they believe the confrontations from each source are helpful to their recovery. Responses are measured on a 5-point Likert scale ranging from “very unhelpful” to “very helpful.”

To study the psychometric properties of the ADCS we conducted a series of analyses using individuals enrolled in our study of sober living recovery houses (Polcin, Galloway, Taylor & Benowitz-Fredericks, 2004). Our initial assessment of the ADCS consisted of a sample of 108 individuals entering the recovery houses (Polcin et al., 2006). Large proportions of the residents endorsed confrontation items and they indicated their perceptions of relationships with confronters and perceptions of confrontational statements were positive (Polcin, et al., 2006). Respondents indicated they had received confrontation from a median of 5.50 individuals across all sources during the past month. On average, they reported confrontation from 2.40 sources. Some sources of confrontation were quite common, with 60% reporting at least one confrontation from family members and 56% of those married reporting confrontation from their spouse.

Most of the means for items on the Perception of Relationships and Perceptions of Confrontational Statements scales were between 4 and 5 on a 5-point Likert scale, regardless of the source of confrontation. Measures of internal consistency were acceptable: 0.79 for Perceptions of Confrontational Statements and 0.63 for Perception of Relationships. Thus, confrontation was experienced as supportive, accurate, and helpful. In addition, there were significant correlations between all five of the conceptual domains of the ADCS, which supported its convergent validity within the instrument. Because all of the domains were conceptually designed to measure various aspects of confrontation, we expected, and found, significant associations between them. Thus, the domains appeared to converge or focus on a single overarching construct that we term confrontation (Polcin, et al., 2006).

Factor Analysis of the ADCS—To further the empirical basis of the ADCS we conducted a factor analysis on 179 individuals in the same sober living recovery houses (Polcin, Galloway, Bostrom & Greenfield, 2007). Principal components methods were used to develop 2 subscales within the ADCS, which we labeled “Internal Support” (IS) and “External Intensity” (EI). The four items assessing IS all dealt with the internal perception of supportiveness/helpfulness of the confrontation (items 3, 4, 5, and 8 in Table 1). The four items that assess EI covered the quantity, frequency, accuracy and emotional tone of confrontation items 1, 2, 6 and 7 in Table 1). We labeled this factor, “External Intensity,” because the items addressed amount or quality of the confrontation presented to the participant. Each of the factor based scales possessed acceptable measures of internal consistency: 0.80 for IS and 0.63 for EI using Cronbach's alpha. The two scales were highly correlated ($r=0.65$, $p<.001$), indicating the more the amount of confrontation increased the more it was experienced as supportive (Polcin et al., 2007).

To develop initial construct validity we hypothesized that more severe problems would elicit more confrontational statements about harmful consequences. Analyses of how confrontation subscales correlated with problem severity revealed significant associations between both

scales and several problem areas (i.e., drug, alcohol, and psychiatric severity) (Polcin & Greenfield, 2004).

Purpose—The purpose of this analysis was to use the full dataset of 323 individuals entering sober living and residential social model recovery houses to 1) describe the characteristics of residents who did and did not receive confrontation and assess whether there were significant differences, 2) examine whether there were significant differences in resident characteristics among different sources of confrontation, and 3) use a multivariate model to predict when confrontation was experienced as most supportive.

For several reasons we expected to find that those individuals who received confrontation would have higher severity of problems (e.g. alcohol, drug, psychiatric, medical, legal, family and work) than those who did not receive confrontation. First, more serious problems in some areas (i.e. medical, legal, and mental health) increase the probability of receiving a confrontational statement from professionals who work in institutions that address those problems. Second, family and friends of those with higher severity are more likely to notice the destructive effects of problems on the individual's life and comment on them. Family and friends are also more likely themselves to suffer negative consequences related to the individual's substance use and therefore comment on its destructive effects. Because the individuals in our sample had recently made the decision to enter a residential program, we surmised they would acknowledge some validity to confrontational statements they received and in general experience them as supportive attempts to help them succeed at recovery.

METHODS

Sample—The ADCS was administered to 323 individuals entering alcohol and drug free residential recovery houses operated by 3 agencies in Northern California. Sample characteristics included Male 80%, White 67%, African American 19%, and average age 36.5 (9.7). All recovery homes used a social model philosophy of recovery that emphasized peer support and the 12-step principles of Alcoholics and Narcotics Anonymous.

Measures

Six month measures of alcohol and drug use: These measures were taken from Gerstein et al. (1994) and included: 1) Number of months used any substance during the past 6 months (coded 0-6) and 2) Peak Density - number of days used any substance during the month of highest use over the past 6 months (coded 0-30).

Severity of problems: The Addiction Severity Index (ASI) (McLellan et al., 1992) was used to assess a variety of problem areas including drug, alcohol, medical, legal, employment, and family/social relationships. The ASI measures a 30 day time period and provides composite scores between 0 and 1 for each problem area. Although the instrument includes a measure of psychiatric severity as well, we opted to use a more comprehensive measure for psychiatric symptoms which is described below.

Psychiatric symptoms: To assess current psychiatric severity we used the Brief Symptom Inventory (Derogatis & Melisaratos, 1983). This 53-item measure assesses severity of psychiatric symptoms on nine clinical scales as well as three global indices. Items are rated on a 5-point scale and ask about symptoms over the past 7 days. We used the Global Severity Index as an overall measure of psychiatric severity.

Costs of Maintaining Sobriety: The Alcohol and Drug Consequences Questionnaire (ADCQ) (Cunningham, Sobell, Gavin, Sobell & Breslin, 1997) was used to assess costs or challenges associated with sobriety. The ADCQ contains two subscales, one measuring the perceived costs

of changing one's substance use and one measuring the perceived benefits. For the analyses reported here, we used a modification of the "Costs of Change" subscale. We asked study participants about the costs of stopping or cutting down on their substance use *or* the costs of maintaining their current sobriety. Our rationale was the vast majority of study participants were not currently using substances and many had been abstinent from substances for substantial periods of time. For example, over the past 30 days a majority (67%) indicated no use of alcohol and 60% indicated no days of problematic drug use. When we informally asked respondents which characterization fit them better, costs of cutting down/stopping substance use or costs of maintaining sobriety, nearly all choose the latter. We assessed internal consistency of the modified scale using Cronbach's alpha and found reliability to be similar to that used in the unmodified scale. Cunningham et al. (1997) found an alpha of .92 in their use of the unmodified version of the Costs of Change scale and we found an alpha of .90 with our modifications.

Confrontation: The Alcohol and Drug Confrontation Scale was used to measure confrontation received by recovery home residents. For this analysis, sources of confrontation were collapsed into 4 sources: friends/family, criminal justice, professionals (medical, mental health, and substance abuse), and peers in their recovery houses. See Table 1 for a list of the specific questions asked for each potential source of confrontation. The work source was excluded in this analysis because of the very low rate that respondents endorsed work as a source of confrontation ($n=9$). We expect residents will endorse work as a source of confrontation more frequently during follow up assessments because larger proportions will be employed.

Procedures—Study participants were interviewed within one week of entering the houses. Participation was voluntary and all residents entering the study signed an informed consent document that was approved by our Institutional Review Board. Study participants were informed that all information divulged was confidential and a federal "Certificate of Confidentiality" was obtained to further protect confidentiality. The full battery of instruments took approximately ninety minutes to complete and participants were paid \$30 for the interview.

RESULTS

Table 1 shows the distribution of confrontational statements received from different sources along with the means and standard deviation of individual items. At baseline 80% of the sample reported receiving at least one confrontational statement. Large proportions of the sample received confrontation from family/friends (71%), followed by professionals (43%), recovery peers (28%) and the criminal justice system (19%). Examination of the overall means of questions 3 through 8, as well as means of those questions within individual sources of confrontation, show that confrontation was generally experienced as supportive and helpful. In the overall analysis, all 6 items had means that were above 3.0 on a 5-point scale and 5 items had means that were above 4.0.

Who receives confrontation—Notable differences were found between the characteristics of residents who received confrontation and those who did not. As Table 2 indicates, compared to those not receiving confrontation, those who received at least one confrontational statement had recent histories of more substance use (i.e., a trend toward more months of substance use over the past 6 months and significantly higher peak density) and more severe alcohol and family problems on dichotomous ASI measures. Findings on the ADCQ Cost Scale indicated that residents who received confrontation anticipated higher costs associated with continued sobriety than those not receiving confrontation. In addition, comparison of means on the Global Severity Index of the Brief Symptom Inventory revealed significantly higher levels of psychiatric symptoms among residents who received confrontation ($F=9.13$, $p=.003$) (not

shown in the table). Receiving confrontation did not differ by demographic characteristics (e.g., gender, race, age, and economic status) or by other problem areas (medical, legal and employment).

Differences between sources—Overall, there was a fair amount of consistency in how confrontation operated across different sources. However, the characteristics of individuals receiving confrontation from the criminal justice system differed from the characteristics of those receiving confrontation from family/friends. Differences included substance use over the past 6 months, severity of problems (alcohol, family, employment, and psychiatric), perceived cost of maintaining sobriety (ADCQ), and race. Table 3 shows how dichotomous study variables differed within family/friend and criminal justice sources. Chi Square tests were used to compare whether dichotomous variables differed for individuals receiving confrontation from each source from individuals not receiving confrontation from each source. Only statistically significant differences ($<.05$) and statistical trends ($<.10$) are reported.

Table 3 shows that compared to individuals who reported no confrontation from family and friends, those who did report such confrontation had significantly larger proportions who were white. In contrast, there were no differences by race between those who did and did not receive confrontation from the criminal justice system. Compared to participants who did not receive confrontation from family and friends, those who did indicated higher perceived costs of maintaining sobriety (ADCQ), more substance use (peak density and number of months used substances the past 6 months) and higher ASI alcohol, family and employment severity. Only one of these variables, number of months of any substance use over the past 6 months, differed between individuals who did and did not receive confrontation from the criminal justice system. However, the relationship was significant in the opposite direction. Among individuals receiving confrontation from the criminal justice system, larger proportions reported *fewer* months of substance use relative to those who did not receiving criminal justice confrontation. Another difference was a trend for those receiving confrontation from the criminal justice system having higher employment severity relative to those not reporting such confrontation. There were no employment severity differences between those who did and did not report family/friend confrontation.

Not shown in Table 3 was a comparison of means for psychiatric severity (GSI on the BSI) between those who did and did not receive confrontation for each source. While confrontation from family/friends was associated with higher psychiatric severity ($F=12.46$, $p=.0005$), there were no differences for confrontation from the criminal justice system.

When is confrontation experienced as supportive—In addition to depicting who receives confrontation and the characteristics and correlates of different confrontation sources, we aimed to depict when confrontation was experienced as supportive. For this analysis we used the ADCS factor based scale, “Internal Support” (Polcin, et al., 2007). Items on this scale directed respondents to address how supported they felt from their confronters and how helpful confrontational statements were to their recovery. See questions 3, 4, 5, and 8 in Table 2 for the content of items loading on “Internal Support.”

Figure 1 shows how dichotomous variables were associated with supportiveness of confrontation. Only variables with significant differences are shown. Confrontation was experienced as most supportive among residents who perceived higher costs associated with sobriety (ADCQ), had higher maximum monthly use of substances (Peak Density), higher ASI problem severity (family, alcohol and drug) and higher psychiatric severity (Global Severity Index on the Brief Symptom Inventory).

To assess the relative influence of these variables we created a multiple regression model predicting “Internal Support.” When all of the variables with significant bivariate relationships were entered into the model only 2 were shown to be significant predictors: Peak Density and Costs of Maintaining Sobriety (see Table 4). Higher scores on both measures predicted higher supportiveness.

DISCUSSION

Overall, our findings indicate that individuals entering recovery houses frequently receive confrontational statements about their substance use. Although there were differences in terms of which residents received confrontation and the factors associated with different sources of confrontation, confrontational statements were generally perceived as supportive and helpful. Confrontation was viewed most helpful by individuals with higher levels of substance use and more severe drug, alcohol, family, and psychiatric problems.

When all of these variables were entered into a regression model the strongest predictor of when confrontation was experienced as supportive was when individuals perceived high costs associated with continued sobriety. It seems likely that these residents were experiencing intense ambivalence about their sobriety. On one hand, they were entering a social model recovery program with a goal of abstinence. Yet they had many doubts about how they would manage many situations without using substances. The types of items these residents endorsed were statements such as “I will have difficulty relaxing,” “I will feel frustrated and anxious,” and “I will have too much time on my hands.” Thus, confrontational statements may have been experienced as a balancing of the costs of maintaining their sobriety with reminders about the costs associated with substance use. Essentially, residents may have experienced confrontation as supportive of one side of their ambivalence: the part of them that wanted to continue to pursue sobriety.

The discussion below considers these findings in light of previous research on pressure, coercion, and confrontation in addiction treatment. Implications for recovery programs are presented along with issues needing further research.

Prevalence of confrontation and differences among sources—The findings here support previous research showing individuals entering treatment or other recovery programs often receive pressure to decrease substance use or enter treatment (e.g., George & Tucker, 1996; Marlowe, et al., Polcin & Beattie, 2007; Polcin & Weisner, 1999). We found a large majority of our sample received at least one confrontational statement, and like some previous studies (e.g., Polcin & Weisner, 1999) we found family and friends were the individuals to most frequently comment on substance use.

Results add new information to the literature by describing the characteristics of individuals who received confrontation. Like our previous work on coercion to enter alcohol treatment (i.e., Polcin & Weisner, 1999), we found individuals with higher levels of recent (i.e., one month) family and psychiatric problems were more likely to receive confrontation. However, our study adds to the literature by showing that 6-month measures of substance use and ASI alcohol severity were also related to receiving confrontation.

Other problem areas were not related to confrontation, including medical, legal and employment severity. The lack of relation between legal severity and confrontation is noteworthy because external pressure to enter treatment is often viewed in terms of legal mandates individuals receive to enter treatment to clear up legal problems. Our results are similar to Marlow et al (2001) who suggested that other types of pressure, such as confrontational statements from friends and family members may be more common forms of pressure and thus should be better studied.

When we examined how study variables were associated with receiving confrontation from the criminal justice system and how the same variables were associated with receiving confrontation from family/friends we found striking differences. With the exception of employment, higher problem severity was associated with more confrontation from family and friends (e.g. more substance use, higher alcohol severity, higher family severity and more perceived costs associated with sobriety). However, none of these associations were found when we compared individuals who received confrontation from the criminal justice system with those who did not. In fact, number of months was significant in the opposite direction, with participants *not* receiving criminal justice confrontation reporting *more* months of substance use. Thus, criminal justice systems may need to do more to ensure that offenders with the most serious addiction are those who are mandated to receive treatment.

These findings were somewhat consistent with a study on pressure to enter treatment conducted by Polcin and Beattie (2007). They compared “Relationship Pressure” (RP) with “Institutional Pressure (IP)” (both criminal justice and social welfare) and found results similar to ours: individuals receiving RP had higher problem severity in a number of areas and were more likely to be white. Individuals receiving IP were more likely to be unemployed.

Experiences of confrontational statements—A major shortcoming in many studies on confrontation and other forms of pressure to enter treatment is the lack of emphasis on the individual's experience of confrontational statements. The ADCS has addressed this shortcoming by assessing the effects of confrontational statements on those receiving them. In general, confrontation was experienced as supportive across a variety of sources. It might be most helpful to those with heavy substance use during the past 6 months and those who perceive high costs associated with sobriety.

A particularly strong finding that to our knowledge has not yet been assessed is the relationship between confrontation and perceived costs of sobriety. Individuals who perceive high costs associated with sobriety may feel that recovery will be challenging for them and that they are vulnerable to relapse. Thus, they may feel that confronters are concerned about their welfare and that confrontational statements provide a type of external support that enhances their prospects for success in recovery.

A frequent concern about the use of confrontation is that it can harm the therapeutic alliances with therapists (e.g., Miller, Benefield & Tonigan, 1993). However, our findings suggest that relationships with therapists and others might be enhanced when confrontation is implemented as described here. This contention has been born out in research conducted by Moyers, Miller and Hendrickson (2005). In a study of the therapeutic alliance in motivational interviewing, they found the therapeutic alliance was enhanced when confrontation was delivered by a skilled clinician with strong interpersonal skills.

Caveats—Several caveats are noting. First, our study examined individuals entering social model recovery houses. Whether these results would hold for individuals in other treatment settings remains to be seen and it is especially unclear how confrontational comments might be received by a broad array of substance users in the general population. For example, Matzger, Kaskutas and Weisner (2005) studied problem drinkers in a general population and found that warnings to cut down on drinking were negatively associated with treatment entry and positively correlated with increased drinking. However, participants' reactions to the pressures they received were not assessed.

We also do not know how confrontation operates over time. Correlates of confrontation at treatment entry may differ from confrontation at subsequent time points. Our preliminary findings from a previous analysis using a smaller sample compared confrontation at baseline

and 6-month follow up and found that the amount of confrontation received decreased, but the extent to which it was experienced as supportive remained constant (Polcin & Greenfield, 2006). Whether those findings would hold for larger samples over longer time periods is unclear.

Finally, the degree to which our findings on confrontation generalize to other types of attempts to influence substance use (i.e., pressure to cut down or change substance use, coercive threats, and legal mandates from the criminal justice system) is unclear. These other types of pressure have distinct differences from confrontation and their effects may vary.

Implications for recovery and research—Confrontation about potential harm associated with substance use may be a useful strategy to enhance support between those suffering from addictive disorders and those who would like to help them. Our findings indicate that confrontation from a variety of relationships was found to be helpful, including personal relationships such as family and friends, professionals such as treatment and criminal justice staff, and peers in recovery. However, more research is needed to describe when confrontation is helpful and when it might be counterproductive. It will be important to assess confrontation in other recovery contexts and in the general population. Although it would seem that confrontation might help individuals remain in recovery programs and be more successful in them, research is needed to confirm these hypotheses.

Our findings suggest that institutions such as the criminal justice system might do more to ensure that offenders with the most severe addiction problems receive treatment. Results reported here and in previous studies (e.g., Polcin & Beattie, 2007) indicate that criminal justice referred individuals need additional services for problems that frequently correlate with receipt of confrontation from criminal justice professionals, such as unemployment. In addition, criminal justice systems might pay more attention to contextual factors that are associated with criminal justice confrontation to get help for addiction problems, such as race and economic status.

Finally additional studies are needed to assess whether different types of interpersonal influence have similar or different effects. For example, it would be interesting to compare whether the supportiveness of confrontation differs when the confronter has the power to enforce sanctions (i.e. use coercion) and when they do not. How the effects of coercion and confrontation differ from generic types of pressure to “drink less” without an expressed concern about potential harm would be interesting as well.

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Table 1

Means and Standard Deviations of Confrontation Items by Source (N=323)

QUESTIONS	FAMILY & FRIEND N=229	CRIMINAL JUSTICE N=60	PHYSICAL/ PSYCH/ OR ADDICTION PROFESSIONAL N=138	RECOVERY HOME RESIDENT N=91	OVERALL N=257
1) # of persons confronting	5.1 (4.6)	1.8 (1.6)	3.4 (2.6)	7.9 (9.7)	4.3 (3.8)
2) How often did they say bad things would happen if you didn't make changes?	3.3 (1.3)	2.2 (1.4)	3.1 (1.5)	3.1 (1.5)	3.0 (1.2)
3) How supportive of your sobriety are they?	4.5 (.9)	3.9 (1.2)	4.4 (.9)	4.5 (.6)	4.4 (.8)
4) Overall, how supportive are they?	4.4 (.9)	3.8 (1.1)	4.2 (1.0)	4.3 (.7)	4.3 (.8)
5) How much do you think they were trying to help you?	4.4 (.8)	3.6 (1.3)	4.2 (.9)	4.2 (.8)	4.3 (.8)
6) How accurate do you believe their statements to be?	4.3 (.9)	4.4 (1.0)	4.4 (.8)	4.5 (.8)	4.3 (.8)
7) How emotional were they?	3.5 (1.0)	2.6 (1.5)	3.2 (1.3)	3.2 (1.1)	3.3 (1.0)
8) How helpful were they to your recovery?	4.0 (.9)	4.0 (1.2)	4.2 (1.0)	4.2 (.8)	4.1 (.8)
Note: With the exception of item 1, questions were coded on a five point Likert scale with 1 depicting less confrontation/ supportiveness of confrontation and 5 depicting more confrontation/ supportiveness of confrontation. Items 1, 2, 6, and 7 comprise the External Intensity scale and 3, 4, 5, and 8 comprise Internal Support scale.					

Table 2

Differences between Residents Who Did and Did Not Receive Confrontation on Dichotomous Variables (in percent)

<u>Variable</u>	<u>Confrontation</u> <u>(n=257)</u>	<u>No Confrontation</u> <u>(n=66)</u>	<u>χ^2</u>	<u>p Value</u>
Used Any Substance 2+	69	58	3.08	.08
Months over Past 6 Months (versus 0-1)				
Peak Density (16-30 days/month versus <16 days/month)	79	60	7.63	.006
ASI Alcohol (>0 versus 0)	43	26	6.39	.01
ASI Family (above 0.20 versus below)	35	15	10.37	.001
Costs of Maintaining sobriety (ADCQ) (above 0.71 versus below)	53	29	12.39	<.001
Note: Peak Density only included residents with some substance use over the last 6 months, (N=218 for those with confrontation and N=50 for no confrontation).				

Table 3

Dichotomous Variables Associated with Receiving Confrontation from Family/Friends and Criminal Justice Sources (Values Indicate Percent)

Variable	Family/Friends (n=229)		X ²	Criminal Justice (n=60)		X ²
Race	<u>White</u>	<u>Other</u>				
	71	29	5.36 [*]			
Peak Density	<u>Low</u>	<u>High</u>				
(1-15 days versus 6-30 days)	29	71	9.28 ^{**}			
Number of Months	<u>Low</u>	<u>High</u>		<u>Low</u>	<u>High</u>	
Used Any Substance	29	71	7.14 ^{**}	48	52	7.07 ^{**}
Use (0-1 versus 2+)						
ASI Alcohol [*]	<u>Low</u>	<u>High</u>				
(0 versus >0)	57	43	4.72 [*]			
ASI Family	<u>Low</u>	<u>High</u>				
(below 0.20 versus above)	62	36	21.09 ^{***}			
Costs of Maintaining	<u>Low</u>	<u>High</u>	5.11 [*]			
Sobriety (below 0.71 versus above)	66	77				
ASI Employment				<u>Low</u>	<u>High</u>	
(below 0.75 versus above)				35	65	3.61 ⁺
Note: Chi square analysis compared the distributions of variables between individuals who did and did not receive confrontation from each source. Peak Density only included individuals with some substance use during the past 6 months, thus the N is smaller (N=196).						

p<.001

**
p<.01

*
p<.05

+
p<.10

Table 4

Multiple Regression of Significant Variables Predicting ADCS Internal Support Scale

<u>Variable</u>	<u>Standard Error</u>	<u>Beta</u>	<u>t</u>	<u>p value</u>
Peak Density	.008	.112	1.97	.049
Costs Associated With Sobriety	.093	.217	3.84	<.001
Analysis controlled for ASI Family, ASI Alcohol, ASI Drug and Psychiatric Severity on the BSI. With all variables in the model, Adjusted R Square = .074, F=5.16, p<.001.				