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Criminal Justice Involvement and Service Need among Men on Methadone who Have Perpetrated Intimate Partner Violence

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Abstract

Perpetrators of male-to-female intimate partner violence (IPV) may be likely to have multiple service needs, the extent of which may vary with respect to criminal justice involvement. The salience of the criminal justice system and the potential impact on service needs due to arrest and incarceration is underscored given the association between substance use and IPV. This study utilized a sample of men in methadone treatment who perpetrated male-to-female IPV in order to examine associations between criminal justice involvement and perceived additional service need(s). Results indicate that the likelihood of having a service need(s) significantly increased as time since most recent arrest or incarceration decreased. These findings highlight the need and potential benefit that can be derived from greater coordination amongst the criminal justice, IPV prevention, and drug treatment systems and service providers.

Keywords

domestic violence; service needs; criminal justice; substance abuse; methadone

Introduction

Intimate partner violence (IPV) is a prominent public concern in the U.S., with nearly 700,000 non-fatal intimate partner victimization occurring in 2001 (Rennison & Welchans, 2003). Although IPV is often bi-directional, being perpetrated by both male and female partners (Jose & O'Leary, 2009), several considerations prompt attention on IPV against women. Fatalities among women have consistently outnumbered men in the U.S.: the ratio of female to male intimate homicides has steadily increased from 1.2 to 3.6 over the past three decades (Catalano, 2007). The majority of IPV cases filed in the courts from sixteen large U.S. urban counties involved victimization of females by male perpetrators (Smith & Farole Jr., 2009). The cost of IPV against women in the U.S. has been estimated to exceed \$5.8 billion (National Center for Injury Prevention and Control, 2003). These data underscore the importance of prevention, interdiction, and treatment efforts for men who perpetrate IPV against their female partner(s).

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Service needs among perpetrators of male-to-female IPV

Research suggests that levels of service needs beyond halting violence may be high among perpetrators of male-to-female IPV. Research indicates that the likelihood of perpetrating IPV against a female partner is increased during periods of substance use (Fals-Stewart, Golden, & Schumacher, 2003). Many additional studies point to the overlap and intersection among substance abuse and perpetration of IPV (Brookoff, O'Brien, Cook, Thompson, & Williams, 1997; Coker, Smith, McKeown, & King, 2000; El-Bassel, Gilbert, Wu, Chang, & Fontdevila, 2007; Fals-Stewart et al., 2003; Fals-Stewart & Kennedy, 2005; Stith, Smith, Penn, Ward, & Tritt, 2004; Stuart et al., 2008; Stuart, Moore, Kahler, & Ramsey, 2003), suggesting that the need for drug treatment services may be elevated among batterers. Besides the need for effective drug treatment, a large body of research with substance abusers indicates that there may be a host of additional needs covering a spectrum of issues, including physical and mental health, employment and finances, housing, and familial difficulties (Chan, Dennis, & Funk, 2008; Davis, Uezato, Newell, & Frazier, 2008; Etheridge, Craddock, Duntzman, & Hubbard, 1995; Niv, Lopez, Glynn, & Mueser, 2007; Ray, Mertens, & Weisner, 2007; Widman, Platt, Lidz, Mathis, & Metzger, 1997).

Perpetration of IPV may also be linked to the presence of mental disorders in batterers. Borderline and Antisocial Personality Disorders (Mauricio, Tein, & Lopez, 2007), Depression (Pan, Neidig, & O'Leary, 1994), and Post Traumatic Stress Disorder (Jordan et al., 1992) are mental disorders that may be more common among perpetrators. These findings suggest that there may be elevated levels of need for psychological and counseling services among men who perpetrate IPV against female partners.

Focal point: Criminal justice

Given the aforementioned overlap between IPV and substance abuse, taken together with the IPV and substance abuse often involving law-breaking behaviors (e.g., assault, possession of a controlled substance), perpetrators of IPV are likely to interact with or encounter the criminal justice system. Criminal justice involvement may impart several service needs that manifest during release back into the community due to the negative impact of incarceration on families (Travis, McBridge, & Solomon, 2006), housing (Graffam, Shinkfield, Lavelle, & McPherson, 2005), drug treatment (Deren et al., 2001) employment (Harrison & Schehr, 2004) and health care (Freudenberg, Daniels, Crum, Perkins, & Richie, 2005). Studies investigating perceived needs of recently released offenders have found that establishing stable housing, obtaining employment and addressing educational needs were key necessities for successful reintegration (Graffam et al., 2005). Stigma associated with having a criminal record can become a barrier to employment (Harrison & Schehr, 2004). Difficulties establishing stable employment can often exacerbate familial strain, which may already be compromised by extended absences of men due to long incarceration stays. For persons with mental illnesses, prison can be especially harmful due to the separation of inmates from valuable social networks and harsh penalties for misconduct including social isolation (Birmingham, 2003). Given the conditions of prison and the mental illnesses linked to perpetrators of IPV, the perceived needs of psychological and counseling services deserve attention.

Due to the strain associated with involvement and/or release from correctional institutions, perpetrators of male-to-female IPV may have a variety of perceived needs associated with their criminal histories, which requires further examination. Thus, research designed to shed light on the impact of criminal justice involvement among drug-involved male perpetrators of IPV with respect to service system needs and involvement may enhance efforts to better engage and retain them in treatment services.

The purpose of the current study is to examine the perceived needs of patients in drug treatment who have a history of partner violence and criminal justice involvement. More specifically, this study utilizes a sample of men in methadone treatment who reported perpetrating IPV against their female partners in order to examine the association between criminal justice involvement and the perceived need for additional services. Based on the extant findings summarized above, it is hypothesized that among this sample of perpetrators of partner violence, more recent involvement with the criminal justice system will be associated with greater perceived service needs (e.g., medical, employment, psychological, and/or family services).

Methods

Design, sample, and procedures

Data were collected from a subsample of a longitudinal, panel study (conducted between 1999–2004) originally designed to examine the relationships among substance abuse, IPV, and HIV risks among a random sample of male patients in methadone maintenance treatment programs (MMTPs) (see El-Bassel et al., 2007 and Wu, El-Bassel, Gilbert, Piff, & Sanders, 2004 for more information). Participants who had completed the original study, had a history of perpetrating IPV, had a history of involvement with the criminal justice system, and were actively receiving methadone treatment, were invited to complete an additional interview for this study that focused on perceived service needs. Eligibility criteria for the original study were: (1) being male aged eighteen or older; (2) being enrolled in a MMTP for at least three months; and (3) having had a sexual relationship with a woman whom the man described as his girlfriend, spouse, regular sexual partner, or the mother of his children, within the past year. From the total of 356 men who participated and completed the original study, additional eligibility criteria were employed for this study: (4) affirmed, during the original study, at least one of the physical, injurious, or sexual perpetration IPV items on the Revised Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996); and (5) still received services from a MMTP. Of the 129 men who met all of the aforementioned eligibility criteria, 126 men participated in the study and completed an additional interview conducted in a similar manner as the original study (i.e. a ninety-minute, face-to-face structured interview). Finally, to focus on criminal justice involvement, this study utilized a subsample of men who reported being arrested and/or incarcerated in their lifetime, yielding a final sample size of 119 participants.

Interviews were conducted by trained, male research assistants in a private office located in the MMTP. Each structured interview elicited self-reported data on the measures to be described below. Participants received \$35 for completing the interview.

The Institutional Review Boards of the participating MMTPs and Columbia University (the research institution) approved the protocol for this study, and all participants provided informed consent prior to the interviews.

Measures

Background variables and covariates—Sociodemographic data collected included age; race/ethnicity; whether the participant had a high school diploma or graduate equivalency degree; current employment status (0 = unemployed; 1 = employed “either on or off the books”); monthly income; whether the participant had health insurance (0=none; 1 = Medicaid/Medicare/private health insurance); marital status (0 = Single, never married; 1 = divorced, separated, or widowed; 2 = legally or common-law married); and duration of current methadone treatment. Use of illicit drugs was assessed using the Drug Use and Risk Behavior Questionnaire (El-Bassel, Gilbert, Schilling, & Wada, 2000), which highlights the

frequency of crack, cocaine, heroin, and marijuana use during the six months prior to assessment, based on the participant's self-report.

Since service need may be affected by the receipt of services (in addition to methadone treatment), data were collected on participants use of formal services using the 30-day Treatment Services Review (TSR) (McLellan, Alterman, Cacciola, Metzger, & O'Brien, 1992). The MMTP program itself provides or hosts a range of ancillary services, including basic medical care/check-ups and support groups for other prominent health issues (e.g., HIV); MMTP counselors also meet regularly with patients to provide additional substance abuse counseling as well as assessment, support, and referral for other psychosocial needs. Thus, the TSR was modified to prompt participants to indicate whether the additional, non-methadone services were received within the MMTP or from a service provider "outside of the methadone clinic."

Independent variable: Criminal justice involvement

To investigate the impact of criminal justice involvement, participants were asked if they were ever arrested; if a participant answered yes ($N=119$), he was asked to report the month and year of the most recent arrest. Similarly, participants were also asked if they were ever incarcerated or "locked up;" if a participant answered yes ($n=108$), he was asked to report the month and year he was released from the most recent incarceration period. Based on the date of the interview, "time since arrest" and "time since incarcerated" in years were calculated and used in the analyses.

Dependent variable: Perceived need for services

For each of the major "types" of services covered by the TSR—substance abuse, medical, legal, psychological, employment and family—participants were asked to indicate their extent of agreement to the statement "It is important that I get additional *[type of service]* services." For the analyses presented herein, responses were dichotomized into a binary agree/disagree variable for each type of service. To quantify a more global level of service need, the total number of service types for which a participant agreed he had a need for another was calculated for each participant.

Analyses

Binary logistic regression analyses for the binary service need outcome variable and multiple linear regression analyses for the total number of types of service needs outcome variable were performed to test hypotheses regarding the relationship between service need and time since criminal justice involvement. Separate statistical models were used for time since arrest and time since last incarceration. Findings are presented as odds ratios (*ORs*) and their corresponding 95 percent confidence intervals (95% *CI*s) for logistic regression models, and *bs* (OLS estimates of β) and their associated standard errors (*SEs*) for multivariate linear regression models. In both types of models, nominal *p*-values are also indicated to aid in interpretation of results and inference from hypothesis testing.

Results

Characteristics of the study sample

Table 1 presents summary descriptive statistics for the sample. With respect to age, race/ethnicity, and current treatment duration, the study sample was very comparable to the overall patient population at the MMTP study sites; for other variables, data were unavailable (e.g., health insurance) or not collected (e.g., time since most recent arrest or incarceration) as part of clinic census data made available to the investigative team. Among the sample, the time since most recent arrest ranged from one week to thirty-two years. Out

of the 108 participants (91 percent) who reported some history of being in jail or prison, the mean time since release from the most recent incarceration ranged from one month to 35 years.

In this sample of men on methadone who reported a history of perpetrating IPV, 83 (70 percent) of the participants reported using at least one illicit drug at least once in the past six months; among the participants who reported illicit drug use in the past six months, the median frequency of use was once per week. The median frequency for a specific drug was once per month among the 55 participants who reported using heroin during the prior six months, once per week for the 34 participants who reported crack/cocaine use, and once per week for the 35 participants who reported marijuana use.

In general, participants in the study appeared to receive a variety of service both at the MMTP (excluding methadone administration) as well as outside of the MMTP. Of the 119 participants, 35 men (29.4 percent) reported receiving ancillary services at the MMTP; the median number of visits in the prior 30 days was 2.0 visits. The mean number of different types of ancillary services received at the MMTP was 0.4 types ($SD = 0.8$ types) among the entire sample and 1.4 types ($SD = 1.0$ types) among those who received services. The most frequent ancillary service received at the MMTP among the participants was medical ($n = 24$ men, 20.2 percent) followed by employment ($n = 14$ men, 11.8 percent), family ($n = 6$ men, 5 percent), psychological ($n = 5$ men, 4.2 percent), and legal ($n = 2$ men, 1.7 percent). With respect to receiving services outside of the MMTP, 86 men (72 percent) reported receiving such services; the median number of visits in the prior 30 days was 6.5 visits among the men who reported receiving non-MMTP services. The mean number of different types of non-MMTP services received was 1.5 types ($SD = 1.4$ types) among the entire sample and 2.0 types ($SD = 1.2$ types) among those who received services. The most frequent non-MMTP service received by the participants was medical, reported by 70 men (49 percent), followed by [additional] services for substance use ($n = 35$ men, 29 percent), psychological issues/mental health ($n = 25$ men, 18 percent), employment ($n = 24$ men, 20 percent), family ($n = 12$ men, 10 percent), and legal ($n = 8$ men, 7 percent).

Reported need for services

Among the 119 participants, only 8 (7 percent) reported not needing any additional non-MMTP services. Results for specific types of services (presented in Table 2) indicate that the most frequently reported need was for medical, followed in decreasing order by employment, [non-MMTP] substance abuse, legal, psychological, and family services. Only family services was reported as an additional need by less than half of the sample, though that need was reported by 47 percent of the participants in this study. Of the six types of services, about which investigators asked, participants indicated it would be important to receive 3.6 ($SD = 1.9$) of the types of services on average.

Criminal justice involvement and service need

Bivariate analyses revealed a significant negative association between time since most recent arrest and need for the following types of non-MMTP services: medical ($OR = .90$, 95% $CI = .85 - .95$, $p < .01$); employment ($OR = .93$, 95% $CI = .88 - .98$, $p < .01$); substance abuse ($OR = .95$, 95% $CI = .90 - .99$, $p = .03$); and family ($OR = .94$, 95% $CI = .89 - .99$, $p = .03$). Results suggest a negative association between time since most recent arrest and need for psychological services ($OR = .96$, 95% $CI = .91 - 1.0$, $p = .08$). A negative association was observed between time since last arrest and need for legal services, but did not meet the criterion for rejecting the null hypothesis ($OR = .97$, 95% $CI = .93 - 1.0$, $p = .23$). When the outcome variable was need for services in any domain, a significant negative association was observed ($OR = .88$, 95% $CI = .82 - .95$, $p < .01$). Analyses

revealed a negative association between time since most recent arrest and the number of the types of additional services for which participants reported having a need ($b = -.08$, 95% $CI = -.13 - -.04$, $p < .01$).

Table 3 (first row) presents estimates of the association between time since most recent arrest and need for services after controlling for sociodemographics, illicit drug use, and receipt of additional services within and outside the MMTP clinic. The significant, negative associations observed at the bivariate level remained after covariance adjustment for medical and family services as well as need for any services. The significant, negative association between time since last arrest and the number of types of service needs also remained after covariance adjustment. In addition, a significant, negative association was observed with regards to the need for legal and psychological services, after controlling for background and potentially confounding variables. Neither need for employment nor non-MMTP substance abuse services was significantly associated with time since most recent arrest, though point estimates were consistent with the negative direction observed for the other outcome variables.

Using time since release from most recent incarceration as the variable indicating criminal justice involvement, results from bivariate analyses revealed a significant negative association with need for services in the following areas: medical ($OR = .91$, 95% $CI = .86 - .95$, $p < .01$); and employment ($OR = .95$, 95% $CI = .91 - .99$, $p = .04$). Results were suggestive for family ($OR = .96$, 95% $CI = .92 - 1.0$, $p = .10$) and psychological services ($OR = .96$, 95% $CI = .92 - 1.0$, $p = .08$). Although not meeting criterion for significance, a negative association was observed between time since release from most recent incarceration and need for non-MMTP substance abuse ($OR = .97$, 95% $CI = .93 - 1.0$, $p = .17$) and legal services ($OR = .99$, 95% $CI = .95 - 1.0$, $p = .55$). When the outcome variable was need for services in any domain, a significant negative association was observed ($OR = .93$, 95% $CI = .88 - .99$, $p = .04$). Bivariate analyses also revealed a negative association between time since most recent incarceration and the number of types of additional services for which participants reported having a need ($b = -.06$, 95% $CI = -.10 - -.02$, $p < .01$).

Table 3 (second row) presents estimates of the association between time since release from most recent incarceration and need for services while controlling for background variables and potential confounders. The significant, negative associations observed at the bivariate level remained in the multivariate models for medical as well as need for any services. The significant, negative association between time since last arrest and the number of types of service needs also remained after covariance adjustment. Findings are suggestive for a decreased need for psychological services as time increased since last incarceration after controlling for background and potentially confounding variables. The null hypotheses for other outcome variables could not be rejected with 95% confidence, though all point estimates of associations were consistently in the negative direction.

Sensitivity analyses were conducted to assess robustness of findings, including removing covariates not significantly associated with outcomes from multivariate models, categorizing continuous variables (e.g., into quintiles), and replacing indicated variables with other measures that were dropped due to co-linearity (e.g., current methadone dosage instead of duration of methadone treatment). Among these alternative models, point estimates between criminal justice measures and outcomes were always in the negative direction. For the most part, patterns of significance remained unchanged though some moved from significant with 95% confidence to suggestive (i.e., 90% confidence) and vice versa in a very few instances. The robustness of findings across alternatively specified models suggests that the essential relationships—and thus the conclusions—remain unchanged.

Discussion

The vast majority of this sample of male on methadone who perpetrate IPV against female partners did report service need of at least one type. This indicates that these men are able and willing to express a need for services and is suggestive of a high prevalence of service need among this population. With respect to the primary research question regarding whether need for services varies as a function of criminal justice involvement, this study found a significant negative relationship between time since most recent arrest or incarceration and several indicators of service need. That is, the findings overall indicate that the more recent a participant's involvement with the criminal justice system, the greater his likelihood and/or level of service need.

Several key limitations should be considered in order to appropriately temper the implications and conclusions drawn from this study. The sample was drawn from men already attending MMTP—i.e., receiving services for opiate addiction—which may result in a selection bias of men already willing to express and/or act on a service need. All data collected were based on self-report, which could introduce error based on accuracy of recall of historical events (e.g., time since most recent criminal justice involvement) and/or bias (e.g., via social desirability). The relatively small sample size limited statistical power, thus prohibiting more nuanced use of measures (e.g., intensity of service need instead of a dichotomous “need was present or absent”) as well as more sophisticated statistical models necessary to gain a more detailed understanding of the relationship among criminal justice involvement, service use, and service needs. The small sample size combined with non-normal or limited distributions undermined the utility of analyses with more fine-grained measures or aspects of criminal justice involvement (e.g., duration of time being held, nature/severity of the charge/crime, etc.); nevertheless, it is noteworthy that even the “crude” operationalization of criminal justice involvement used in this study did have predictive power with respect to key outcome measures.

The seriousness of these limitations notwithstanding, one aspect of this study's methodology merits attention: using a sample of IPV perpetrators obtained outside of batterers intervention programs (BIPs). Not only has the preponderance of studies with perpetrators of IPV utilized samples taken primarily from BIPs (Babcock, Canady, Senior, & Eckhardt, 2005; Levesque, Velicer, Castle, & Greene, 2008; Marsh & Martinovich, 2006; Mauricio et al., 2007; Silvergleid & Mankowski, 2006; Smith, 2007; Stalans & Seng, 2007), relying solely on BIP samples can likely to overrepresent court-mandated participants and overlook the perpetrators that have gone unreported by nearly half of IPV victims (Langan & Innes, 1986). Thus, the current study may broaden the base from which knowledge about perpetrators of male-to-female IPV is derived. Furthermore, although the relationship between service needs and criminal justice involvement has been demonstrated in many studies (Epperson, El-Bassel, Gilbert, Orellana, & Chang, 2008; Graffam et al., 2005; Harrison & Schehr, 2004), research focusing on the needs among released perpetrators of IPV has been scarce.

Substantively, this study contributes to the knowledge base in several ways. Findings from this study are important in light of the commonly held notion that men who perpetrate IPV may be reluctant or resistant to engage with the formal service system. While that may still be true, these data indicate that they may be likely to express a need for services. Thus, instead of efforts to motivate (or mandate/coerce) male drug-involved batterers, these findings suggest that the task ahead is for service providers and the service system to better engage these men. While additional research is needed to gain a more refined and specific understanding of the factors that influence service use patterns in men who batter, at the very least, these findings demonstrate that MMTP programs may be optimally positioned to

engage a population of men who not only lie at the nexus of multiple public health and social problems, but willing and able to report a need for services.

More pointedly, this study underscores the need and potential value of greater integration of three service systems that are salient to perpetrators of male-to-female IPV: substance abuse treatment, IPV treatment/batterers intervention, and the criminal justice system. The aforementioned potential for MMTP service providers to engage significant numbers of men who perpetrate IPV against their female partners can only be realized with regular assessment and screening for such behaviors by substance abuse counselors and treatment providers; furthermore, they must have the knowledge and capacity to refer men to batterers intervention programs. Findings suggest that the more recent a client's criminal justice involvement is, the greater the potential benefit of such screening and assessment. Similarly, inroads to engaging perpetrators of male-to-female perpetrators of IPV could be made if parole and probation officers as well as discharge planners perform IPV assessment, screening, and referrals among their clients in drug treatment. Batterers intervention programs that enroll clients after a recent jail or prison stay may be more effective at retaining clients by including service routes for medical, legal, psychological, and additional family services; such gains would be valuable given the substantial dropout rates from batterers intervention programs (Hamberger, Lohr, & Gottlieb, 2000; Stalans & Seng, 2007).

Future research is needed to gain a greater understanding regarding greater service need among those with more recent criminal justice involvement. Beyond addressing the limitations noted earlier, it would be important to elucidate causal pathways among potentially competing hypotheses: e.g., criminal justice involvement itself imparts greater service needs vs. having a higher level of need post-release vs. being more amenable to admitting a need for services following release. Such research not only further informs and refines the findings from this study, but can also increase the impact and efficacy of service system integration/collaboration among substance abuse treatment, IPV treatment/batterers intervention, and criminal justice systems. While efforts to assist victims/survivors of IPV are invaluable and necessary, those endeavors are unlikely to cause IPV perpetrators to change their behavior. Thus, the research and practice of increasing engagement and involvement of perpetrators in the service system is imperative if the goal is to effect a decrease in the prevalence and incidence of IPV.

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Table 1

Descriptive statistics—mean (and standard deviation, *SD*) for continuous variables and number (and proportion) for categorical variables—for a sample of men in methadone treatment who report perpetrating IPV against a female partner.

Total sample (<i>N</i> = 119)	
Variable	<i>x</i> (<i>SD</i>)
Age, yrs.	47.6 (8.1)
Income, \$/mo.	1226.0 (3464)
Methadone treatment duration, yrs.	8.7 (6.2)
Time since most recent arrest, yrs	7.0 (7.6)
Time since most recent incarceration ^a , yrs	8.4 (8.8)
<i>n</i> (%)	
Race/ethnicity	
Latino/Hispanic	54 (45%)
African American/Black	46 (39%)
White/other	19 (16%)
Has a high school degree/GED	81 (68%)
Employed	58 (49%)
Had health insurance	104 (87%)
Marital status	
Single, never married	62 (52%)
Divorced/separated/widowed	32 (27%)
Married	25 (21%)
Illicit drug use in past 6 mos.	
Heroin	55 (46%)
Cocaine/crack	34 (29%)
Marijuana	35 (29%)

^a
n = 108

Table 2

Prevalence of self-reported service needs among men on methadone with a history of perpetrating IPV.

Service Type	<u>Reported a need</u>
	<i>n</i> (%)
Medical	97 (82)
Employment.	79 (66)
Substance Abuse	74 (62)
Legal	65 (55)
Family	56 (47)
Psychological	65 (55)

Table 3

Estimates of the relationship between time since criminal justice involvement and self-reported service needs; adjusted^a odds ratios (*AORs*) for logistic regression models and estimated beta coefficients (*bs*) for multiple linear regression models, both with associated 95% confidence intervals (95% *CIs*) and *p*-values.

Self-Reported Need for Services								
Criminal Justice Involvement	Medical	Employment	Substance Abuse	Legal	Family	Psychological	Any	# of types
Years since most recent arrest	<i>AOR</i> = .86	<i>AOR</i> = .94	<i>AOR</i> = .97	<i>AOR</i> = .92	<i>AOR</i> = .92	<i>AOR</i> = .94	<i>AOR</i> = .77	<i>b</i> = -.078
95% <i>CI</i>	.78 – .94	.88 – 1.0	.91 – 1.0	.87 – .98	.87 – .99	.87 – .99	.63 – .94	-.12 – -.03
<i>p</i> -value	<.01	.10	.30	.01	.03	.04	.01	<.01
Years since most recent incarceration	<i>AOR</i> = .82	<i>AOR</i> = .97	<i>AOR</i> = .99	<i>AOR</i> = .97	<i>AOR</i> = .96	<i>AOR</i> = .94	<i>AOR</i> = .89	<i>b</i> = -.049
95% <i>CI</i>	.74 – .91	.93 – 1.0	.94 – 1.1	.93 – 1.0	.89 – 1.0	.87 – 1.0	.79 – .99	-.09 – -.01
<i>p</i> -value	<.01	.39	.73	.40	.15	.06	.04	.03

^a Covariates include: age, race, having a high school degree/GED, employment status, ln(income), health insurance, marital status, duration of current methadone treatment, illicit drug use in the past 6 months, receipt of additional [non-methadone] services at the MMTP clinic in the past 30 days, and receipt of services outside the MMTP clinic in the past 30 days.