

# A Multifaceted Insight into Addiction Treatment Programs in the Midwest—Identifying Factors Influencing Substance Use Disorder Treatment Participation and Retention

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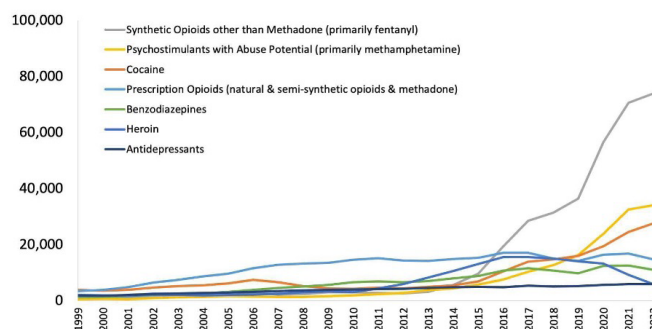
In the past decade, the US government and other key interest groups have taken significant steps to address the addiction epidemic. Despite these efforts, 16.7% of Americans age 12+ suffer from a substance use disorder. Unfortunately, only 23% of those seek treatment with even less than 8.4% of clients completing it successfully and staying sober for more than five years (SAMHSA 2019). Consequently, this study aims to investigate the specific factors that influence treatment participation and retention. Four key domains of influence were identified and studied: confidence, hopelessness, neglect, and misalignment between clients and counselors on treatment needs. The study surveyed 60 clients and 23 counselors from established, licensed substance addiction treatment programs across the Midwest. The hopelessness of clients was determined using the Beck Hopelessness Scale. The survey identified a lack of confidence in the treatment program(s), a lack of confidence in their ability to complete the treatment program, and a lack of finances as prevailing influences in the hesitancy to seek treatment. However, after joining treatment, the effect of client hopelessness seems to have exacerbated these factors, playing a major role in treatment retention, as around 90% of non-hopeless clients see their needs being met compared to only 37% of hopeless clients ( $p < 0.05$ ). This effect perpetuates the perception of neglect in clients, further isolating them from seeking or participating in treatment. Further, considerable discord has been identified between clients and counselors on the perception of those needs and challenges of clients, illuminating critical information that can improve client participation and adherence to treatment programs, significantly improving our approach to the epidemic of substance addiction.

## 1. Introduction

Substance use disorder is a growing epidemic across the nation, especially in the Midwest. With 54.2 million Americans aged 12 and older suffering from a substance use disorder in 2023 alone (Substance Abuse and Mental Health Services Administration (SAMHSA) 2024, **Figure 1**), treatment for substance addiction is critical for the progress of our nation. Existing treatment options, however, are insufficient in addressing this adversity. Out of 54.2 million Americans who require treatment for their substance use disorder, only 23% receive treatment. Unfortunately, this trend extends beyond just participation, as out of the 23% who receive care, 70-80% discontinue treatment prematurely within 3-6 months (SAMHSA 2024). Similarly, maintaining sobriety is often unsuccessful, as the average individual who achieves long-term sobriety—defined as five years sober—typically undergoes treatment five times before achieving lasting success (Kelly, Bergman, Hoepfner, Vilsaint, & White 2017).

Therefore, it is crucial to identify and address the reasons behind the poor rates of success of addiction treatment programs. In this regard, the study has two major aims: a) to identify the comprehensive reasons why clients do not join treatment, and b) to identify the comprehensive reasons behind why clients prematurely discontinue treatment. This study investigates hopelessness, and lack of confidence, both in treatment programs and in self,

and client-counselor discord as major factors influencing these aims. In psychological recovery, particularly from depressive disorders—a common co-occurring condition with substance addiction—hopelessness plays a significant role (Papakostas et. al. 2005, Wilson 2010, Shaygan et. al. 2021). In addition, self-confidence, confidence in the treatment program(s), and confidence in a future outlook are critical for psychological recovery (Shi et. al. 2022, Kadden 2011). Unfortunately, with present research on addiction, especially regarding the treatment of addiction,



\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999–2022 on CDC WONDER Online Database, released 4/2024.

**Figure 1.** U.S. Overdose Deaths, Select Drugs or Drug Categories, 1999–2022. NIDA 2023.

there is a distinct lack of scholarship on the effects of hopelessness and confidence on substance use disorder treatment participation and retention. The outcomes will provide valuable insight in determining the future course of action for maximizing rates of participation, retention, and success in treatment programs.

## 2. Methods

### 2.1: Problem Identification and Outreach

The epidemic of substance addiction in the United States is highly pervasive and dynamic, with the landscape of threats changing daily. In recent years, the rise of synthetic opioids like fentanyl has exacerbated the opioid epidemic, hitting rural areas, particularly in the Midwest, the hardest (Dombrowski et al. 2016, American Chemical Society 2023, DeWeerdts 2019). The rapid expansion of synthetic opioids, particularly fentanyl, has dramatically changed the nature of substance abuse, leading to higher overdose rates and presenting new challenges for treatment centers. The combination of economic hardships and limited access to healthcare in these regions has made them particularly vulnerable to the devastating effects of the opioid crisis. Therefore, the focus of outreach in this study was on substance addiction treatment centers in the Midwest region, as defined by the U.S. Census Bureau in 2024 (U.S. Census Bureau 2024). Outreach efforts included emails, phone calls, and other website-integrated contact. Additionally, extensive shadowing and volunteering at local addiction treatment facilities were conducted to gain a well-rounded understanding of the field. These experiences, combined with insights from previous research and literature, informed the development of a comprehensive survey with participants from seven treatment organizations.

### 2.2: Overview of Addiction Treatment Programs

Addiction treatment programs are designed to help individuals overcome substance use disorders, lead healthier lives, and ensure long-term sobriety. The physiological, behavioral, and sociological consequences of substance addiction are incredibly complex, however. Therefore, programs often vary drastically in approach, length of treatment, and, consequently, outcomes. Typically, programs start with detoxification (detox), focusing on safely managing withdrawal symptoms under medical supervision and guidance. The detox process is especially crucial for stabilizing individuals physically and emotionally before further treatment. Following detox, clients may enter inpatient rehabilitation, a structured, full-time program where clients live at the treatment facility. This approach, though intensive, includes valuable medical care, therapy, and life skills training, making it suitable for those with severe addiction issues or those who have struggled with outpatient programs in the past. For those who require less intensive support, outpatient rehabilitation programs offer greater flexibility and independence, allowing clients to attend therapy sessions—often held in small peer groups—while continuing to live at home. Intensive outpatient programs and partial hospitalization programs provide intermediate options based on client needs.

Despite program variability, established approaches tend to have key similarities that make them effective. This study has surveyed four different types of treatment approaches/stages: Intensive Outpatient (IOP) care, Aftercare, Neuro-linguistic Programming (NLP), and Drug Court. Often highly structured and

curriculum-based, each common approach provides a universal guide to the treatment process, lending itself well to thorough study. Established curricula such as the Cognitive Behavioral Interventions for Substance Abuse (CBISA), the 12-step program approach, and the Universal Treatment Curriculum (UTC) often prevail as effective, evidence-based treatment approaches (NIDA 2020). Although alternative treatment programs, most commonly faith-based programs, have shown great success in the past, they often vary greatly and lack consistency across programs and regions (Yeung 2022). Therefore, for this study, the programs surveyed are solely those that are licensed under common, curriculum-based treatment approaches (CBISA, 12-step, UTC).

### 2.3: Survey Design

Throughout the project, two separate surveys were distributed, a client survey and a service provider survey. Survey recipients include clients and active counselors of all age ranges above 18 years. The client surveys were physically distributed during a group treatment session, requiring 25-35 minutes of participation for 64 total questions. The counselor survey was distributed on paper and online, requiring 10-20 minutes of participation. Individuals undergoing substance addiction treatment are referred to as “clients” in order to identify them as individuals rather than by their disease.

#### 2.3.1: Ethics

Both client and service provider surveys were administered on a completely voluntary basis. Participants were required to sign informed consent forms detailing all information necessary for participation in the survey. Participants could exit the survey and omit questions at any time. Age, gender, treatment type/time in treatment, and group identification (client v.s. counselor) are the only identifying factors of each of the surveyed, thus the data on individual identifications were not collected. Consent forms were handed separately in a shuffled manner to ensure complete confidentiality, even to the researcher, and collected anonymously. All data was stored on a secured, password-protected home computer with only the researcher and the treatment facility in charge having access to the data. After the study, comprehensive data and results were shared with requesting treatment facilities to provide feedback for further improvement. The study, including all surveys, data collection, data storage, and analysis was conducted following IRB documentation and approval.

#### 2.3.2: Risk Assessment

Participation in the study had minimal associated risks. Possible risks included potential discomforts for individuals including time commitment and minimal emotional stress from recollecting past events. Additionally, time commitment could have been a hindrance to participants; however, the impact was greatly minimized, as for service providers, the survey may be taken at any time. For clients, the survey was administered during a treatment session, requiring a minimal time commitment. Finally, emotional discomfort was a potential risk for participation; however, this discomfort was minimized through the option for participants to skip any of the questions, and the inclusion of minimal questions requiring the recollection of any potential traumatic events in participants’ lives. Although there was no direct benefit to the clients or counselors, the results of this study allow treatment facilities

to identify and address areas of discord, if any. This benefits both clients and providers over time by offering a comprehensive view of their interactions and contributing to the betterment of the program.

2.3.3: Assessing Hopelessness

The prevalence and degree of hopelessness in clients were assessed using the Beck Hopelessness Scale, a scientifically verified method for identifying hopelessness (Beck, Weissman, Lester, & Trexler 1974; Steed 2001; Pretorius & Padmanabhanunni 2024). The Beck Hopelessness Scale consists of 20 questions pertaining to the self-perception of individuals and how they see themselves in the future. Scores ranging from 0 to 3 are considered within the normal range, 4 to 8 identify mild hopelessness, scores from 9 to 14 identify moderate hopelessness, and scores greater than 14 identify severe hopelessness (Beck & Steer 1988; Pretorius & Padmanabhanunni 2024).

2.4: Demographics

Demographics were collected solely for client participants to minimize unnecessary identifiers such as race, socioeconomic status, and geographic area. These were excluded to ensure privacy and protection for these participants. Client survey demographics were collected at the beginning of the survey. Client demographics for gender and age represent the overall population in addiction treatment programs as depicted in **Table 1**. **Table 1** additionally shows a survey focused on drug addiction outpatient treatment programs. 60 clients and 23 counselors were surveyed across 5 states from the Midwest region.

2.5: Data Analysis and Statistical Methods

Data analysis and statistics were conducted using Microsoft Excel, Wolfram Mathematica, and MATLAB. Data was analyzed through Microsoft Excel using statistical analysis methods such as unpaired, 2-tailed student’s T-test ( $p < 0.05$ ), Z-test, and regression analysis ( $R^2 > 0.70$ ). Figures were generated using Wolfram Mathematica and MATLAB.

3. Results

Interactions with client treatment groups, as well as numerous counselors, physicians, and law enforcement, joined with extensive literature review and previous study, informed the development of a comprehensive survey identifying and assessing major factors that likely contributed to treatment participation hesitancy as well as discontinuation among clients. These initial survey results revealed the key domains of the study discussed below, especially emphasizing the role of hopelessness on the influence of these factors. Therefore, this study reveals the specific factors influencing treatment participation hesitancy; the effect of hopelessness on client needs, the perception of neglect, the influence of a lack of information, and the influence of a lack of self-confidence.

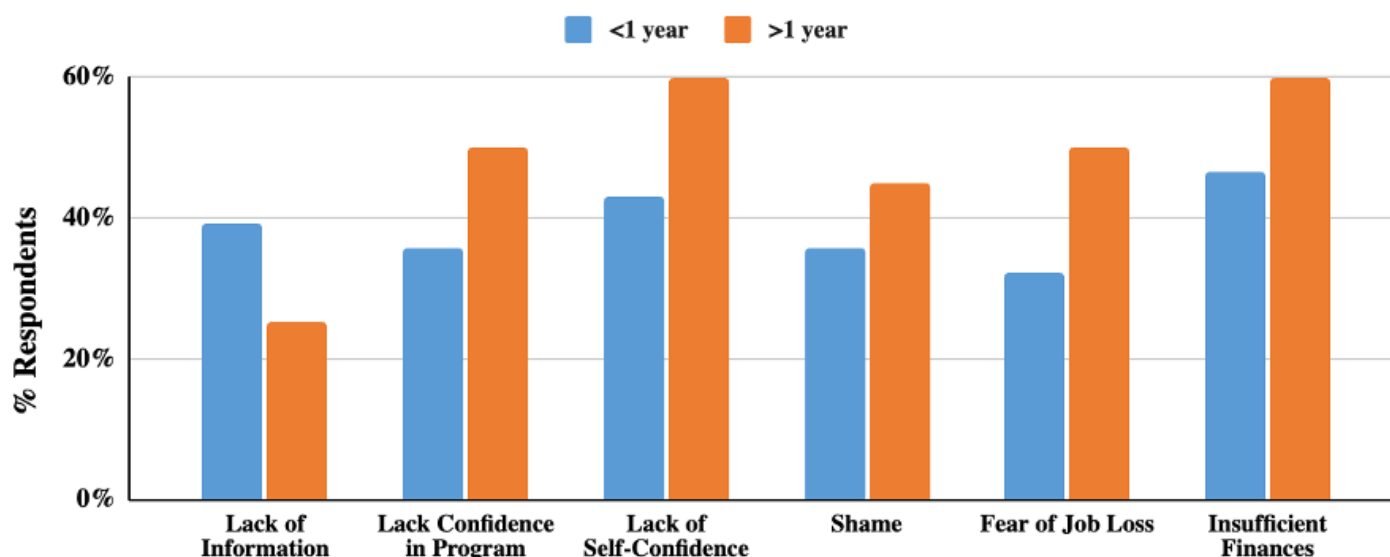
3.1: Factors Influencing Treatment Participation Hesitancy

Individuals with substance use disorder in need of addiction treatment often do not seek help, despite its availability. Such a trend has been observed across the nation; however, there exists a lack of substantial literature for identifying the precise reasons behind this resistance. Therefore, this study sought to determine the factors behind client resistance to seeking help (**Figure 2**).

Demographics	N	%
Overall	60	
Gender		
Male	28	53%
Female	24	45%
Non-Binary	0	0%
Age, year		
18 - 24	10	19%
25 - 34	20	38%
35 - 44	13	24%
45 - 54	9	17%
55 - 64	0	0%
65 - 74	0	0%
75+	0	0%
Addiction Types		
(Multiple)	12	14%
Opioids	43	49%
Other I.D.	25	29%
Alcohol	3	3%
Gambling	3	3%
Other		
Treatment Type		
IOP	22	39%
After Care	16	29%
NLT	16	29%
Drug Court	2	4%

**Table 1.** Client Demographics with respect to gender, age, types of addiction, and treatment program strategy.

Clients were differentiated and compared on the time it took for them to seek treatment after they realized they needed it ( $< 1$  year, quick responders v.s.  $> 1$  year, hesitants). **Figure 2** shows some of the major reasons for resistance in clients, with a lack of confidence in the treatment program(s), a lack of confidence in their being able to complete the treatment program, and a lack of finances being the most prevalent. From the data, it is clear that the deficiency in information dissemination didn’t have a significant influence. Indeed, only ~22 % of hesitants believed that lack of information influenced their decision not to join the treatment programs. Lack of confidence, both in the treatment program and in themselves, has a major impact on clients’ resistance or hesitancy to seek treatment(s) for the first time. Correlation analysis further develops this finding, as a lack of confidence in the treatment program(s) is strongly positively correlated with a lack of self-confidence ( $R^2 = 0.717$ ). A lack of self-esteem is known to play a significant role in the tendency towards addiction and use of addictive substances (Alavi 2011; Chebli et. al. 2023), further affirmed by survey results indicating that clients with poor self-confidence also believed their lack of self-confidence played a



**Figure 2.** Major Factors Influencing Treatment Participation Hesitancy. Clients were asked, “After you had realized that you needed help for the first time, how influential were the following reasons for your resistance to seeking help? (1 – Not at all Critical; 5 – Very Influential).” Answers 4 and 5 were categorized as seeing each factor as influential to their hesitancy with seeking treatment and plotted. Results were compared between those who took less than one year to join a treatment program and those who took greater than one year.

significant role in their decision not to seek treatment, correlating strongly ( $R^2 = 0.712$ ). In addition, their lack of self-confidence continued despite participation in treatment, serving as a significant barrier to continued participation ( $R^2 = 0.719$ ). Financial concerns seem to be a critical factor that influences the decision to seek help. However, financial insecurity remains a highly complex, multifaceted issue that encompasses socioeconomic status, job market, education status, treatment expenses, and more. Without further investigation into the details of financial insecurity and its role in treatment participation, the collected data is insufficient to conclude results at this time; however, it warrants a separate comprehensive study.

Taken together, confidence seems to be a critical factor in joining the addiction treatment process, both confidence in the program(s) and self-confidence. With both being closely related, it is more important than ever to not overlook the significance of confidence-building programs in mainstream treatment processes.

### 3.2: Hopelessness

The study identified 17% of clients surveyed to have moderate to severe hopelessness as determined using the Beck Hopelessness Scale (Beck & Steer 1988; Pretorius & Padmanabhanunni 2024). Hopeless clients and non-hopeless clients were then differentiated and compared against each other across various domains. Although the survey has determined 17% of clients to have moderate to severe hopelessness, it is likely this is a significant underestimate, as participants include only those currently in treatment programs. This excludes those for whom hopelessness has deterred their participation.

#### 3.2.1: Treatment Programs Addressing Client Needs: The Effect of Hopelessness

The study determined that 86% of clients felt that their needs were being met by their current addiction treatment program.

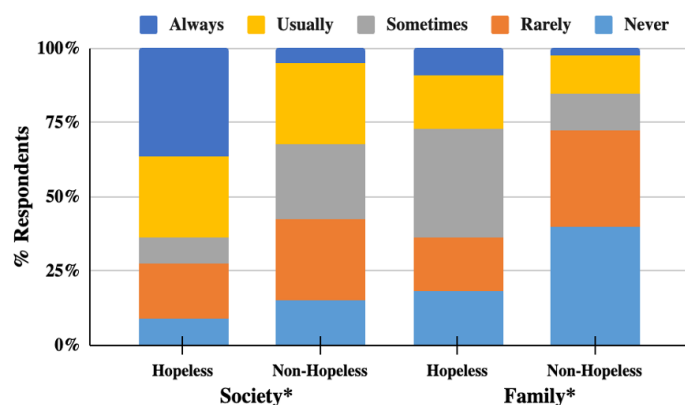
However, when hopeless clients are differentiated from non-hopeless clients, a different trend emerges. Around 90% of non-hopeless clients see their needs being met while only 37% of hopeless clients feel the same ( $p < 0.05$ , data not shown in the figure). This clearly showed a significant disparity in the perception of the clients that are positively diagnosed using the Beck Hopelessness Scale. Broadly, addiction treatment programs are found to be highly effective in addressing specific individual needs; however, unfortunately, clients with moderate to severe hopelessness are being left behind in their recovery regimen.

#### 3.2.2: Hopelessness: Investigating the Role of the Perception of Neglect

Substance use disorders are the most frequent behavioral consequences of childhood abuse and neglect (Schäfer et. al. 2017). In adulthood, the perception of societal neglect simply perpetuates the effects of onset in childhood. Critically, the perception of neglect, whether it may be from society or the family, often serves to isolate individuals, deterring them from joining treatment programs or getting the help they need. Therefore, it is crucial to better understand the factors contributing to the perception of neglect in treatment programs. When surveyed, 32% of clients from the non-hopeless group felt that they were neglected by society. However, this number significantly increased to 64% ( $p < 0.05$ ) for clients with moderate to severe hopelessness. In contrast, fewer clients from both groups felt that they were neglected by their family as compared to society, though the trend of greater perceptions of neglect in hopeless individuals continued (27% of hopeless clients vs 15% of non-hopeless clients,  $p < 0.05$ ) as seen in Figure 3.

The relationship between hopelessness and neglect is incredibly complex; however, it continues to have major implications in the world of psychology and behavioral science. This relationship is especially amplified in developmental stages, as childhood familial



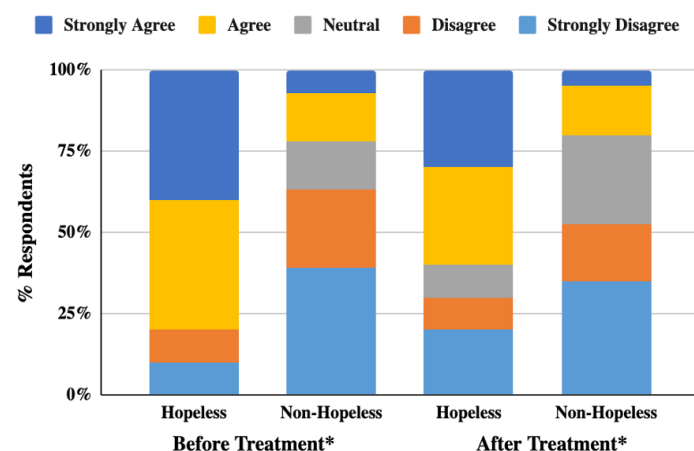


**Figure 3.** Neglect by Society vs Neglect by Family comparing hopeless with non-hopeless individuals. Clients were asked, "How often do you feel neglected or ignored by society/family because of your situation?" respectively.

neglect has been found to cause depression and associated hopelessness and lack of self-confidence among teens (Glickman, E., Choi, K., Lussier, A., et. al. 2021; Paterniti, S., Sterner, I., Caldwell, C. et. al. 2017). A similar trend seems likely regarding the relationship between hopelessness and neglect in addiction treatment programs. Those who feel neglected by their families or society likely feel hopeless for their future and lack self-esteem as they often stagnate in the addiction recovery process.

### 3.2.3: Lack of Information

Lack of information on addiction recovery can play a major role in individuals who need treatment not seeking it (Generes, W.M. 2022). This knowledge gap can lead to delayed or missed opportunities for intervention, particularly among those who are already struggling with feelings of hopelessness. Therefore predictably, when clients were differentiated on hopelessness, a significant disparity was noted between hopeless and non-hopeless clients on the impact of the lack of information on the availability of resources for help before joining the treatment program (80% vs. 21.5% respectively,  $p < 0.05$ ). After joining the treatment program,



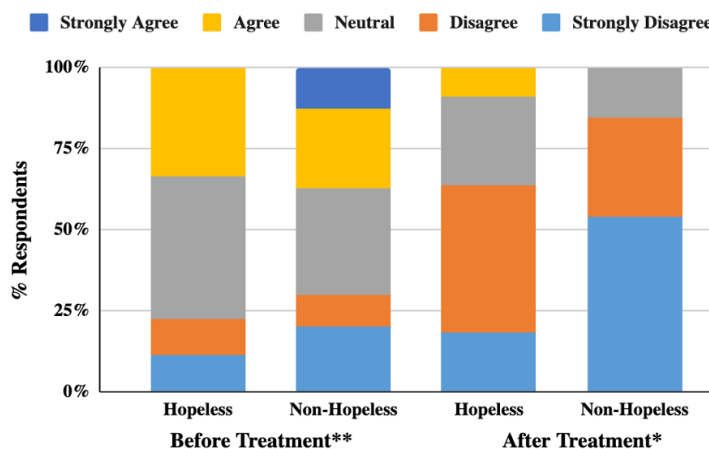
**Figure 4.** Effect of Hopelessness on the Impact of Lack of Information in Treatment Participation and Retention. Clients were asked to assess whether the lack of information was a significant barrier to them joining treatment as well as whether it remains a barrier to retention. These results were then compared between hopeless and non-hopeless individuals.

however, the influence of the lack of information on resources on treatment participation is reduced in both groups (Figure 4). Despite slight reductions in this influence, Figure 4 shows the disparity between hopeless and non-hopeless groups continued (60% v.s. 20%;  $p < 0.05$ ), underscoring the need for targeted treatment for these individuals.

### 3.2.4: Lack of Self-Confidence

Lack of self-confidence is a major dissuader in both joining a treatment program and maintaining attendance and progression through treatment. For many individuals, this lack of confidence stems from the often repeated failed attempts to quit or negative self-perceptions and stigmas tied to their substance addiction.

Consequently, they often feel incapable of achieving long-term recovery, attributing failure to their self-worth and self-efficacy. Unfortunately, this lack of self-confidence for many individuals with substance abuse disorder is common. While many mainstream addiction treatment programs focus on rebuilding self-confidence as part of the recovery process, the study has found that such efforts are often ineffective for individuals who suffer from moderate to severe hopelessness (Figure 5). This finding underscores the need for alternative, specialized approaches when addressing the unique challenges faced by clients experiencing profound hopelessness. Both hopeless and non-hopeless groups are statistically similar in terms of the role of lacking self-confidence as a barrier for them joining the treatment (33% vs 37%,  $p = 1.00$ ). However, after joining the treatment program, none of the clients from the non-hopeless group felt that a lack of self-confidence influenced them to leave the program without completion. This number improved significantly for the hopeless group compared to before joining the program (33% to 9%,  $p < 0.05$ ). Although the overall perception is improved in the hopeless group after joining the treatment program, the difference in perception still exists compared to the non-hopeless group (10 % vs. 0%,  $p < 0.05$ ). This disproportionate benefit from treatment programs has unfortunately left hopeless individuals behind, trapping them in a cycle of worsening hopelessness and diminished self-confidence, further hindering their recovery progress.



**Figure 5.** Effect of Hopelessness on the Lack of Self-Confidence on Treatment Participation and Retention. Clients were asked to assess whether the lack of self-confidence was a significant barrier to them joining treatment as well as whether it remains a barrier to retention. These results were then compared between hopeless and non-hopeless individuals. \* $p < 0.05$ , \*\*  $p = 1.00$ .

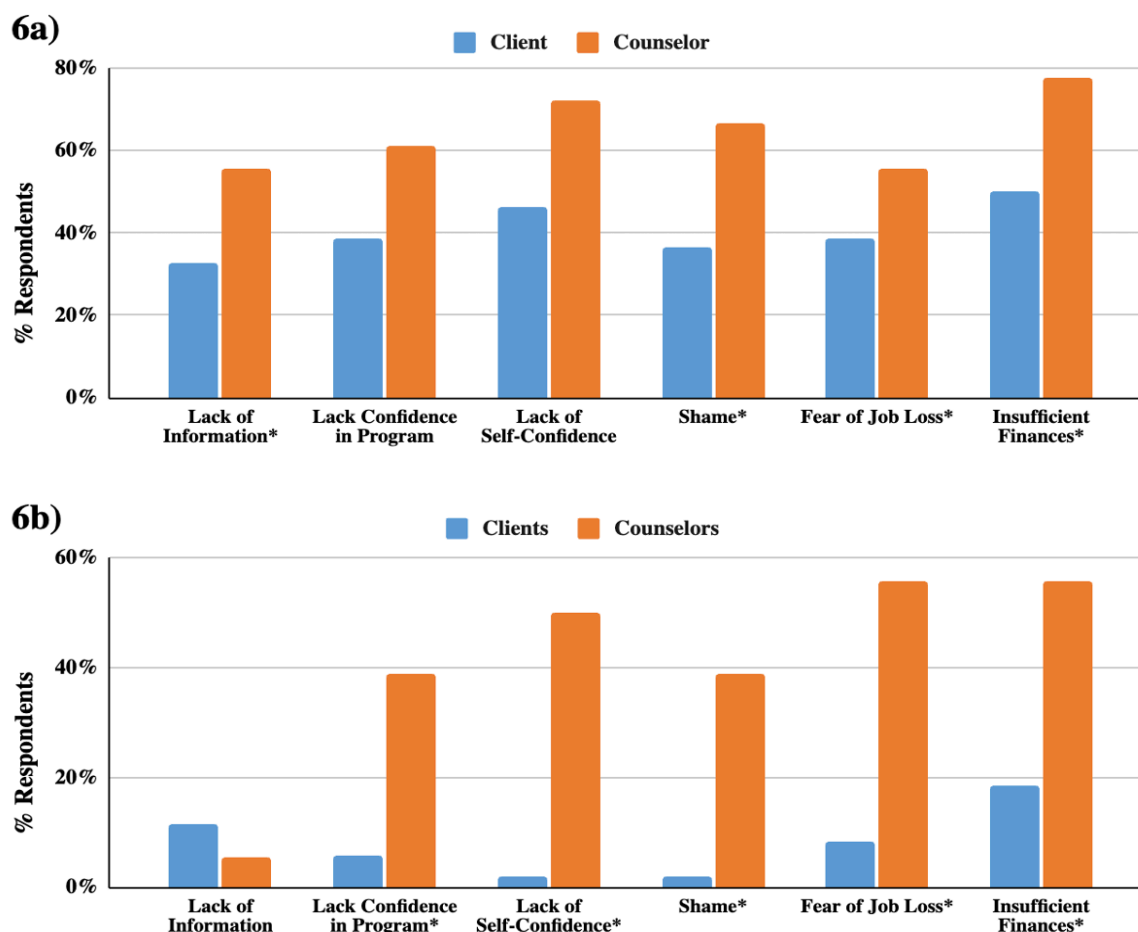
### 3.3: Client-Counselor Discord: Misalignment on Client Needs

Counselors, as well as other relevant service providers, are often incredibly compassionate and dedicated to the betterment of their clients. However, this same dedication and compassion can potentially blind policymakers and curriculum designers from ensuring efforts and resources are allocated in alignment with the real, on-ground needs of client cohorts. Most often, discord on the needs of clients and the perception of those needs often arises from misunderstandings or mischaracterizations around what clients truly need during their addiction recovery process. Clients may have specific, immediate concerns—such as relief from withdrawal symptoms, support with housing or employment, or managing comorbid mental health issues—that they feel are critical to their recovery. On the other hand, counselors may often focus more on long-term goals like complete sobriety, behavioral change, or adherence to a structured treatment plan, which may not align with the client's immediate priorities.

This discord can manifest in several ways. For instance, clients may feel their basic needs are being inadequately addressed, or that their voices are being overlooked in shaping their treatment plan. In efforts for logistic efficacy and simplicity, programs often, quite understandably, create and apply a universal approach to recovery, leading to client frustration and eventual disengagement from the

program. On the other hand, an overcompensation on treatment and prioritization of certain individual needs without addressing the broader structure of addiction recovery can also create discord. Overemphasis on certain needs leads to an underemphasis on others—understanding the hierarchy of prioritization is critical for ensuring overall treatment success. If counselors focus too heavily on catering to certain personal preferences—such as allowing too much flexibility in attendance or overlooking essential steps in the recovery process—it can lead to a lack of accountability and structure, crucial aspects of long-term success. In such cases, clients may feel supported in the short term but lack the necessary tools and discipline to maintain progress, ultimately undermining their recovery journey.

A survey of counselors on need prioritization, in alignment with questions asked to clients, revealed a trend characterizing the latter manifestation (**Figure 6a**, **Figure 6b**). Counselors have significantly overestimated the prevalence of almost all assessed influencers of poor participation and retention in the program. In other words, clients often feel more positive about themselves than counselors' perceptions of clients, both before joining treatment (**Figure 6a**) and after (**Figure 6b**). This misalignment between counselor perceptions and client self-assessments can result in discordant priorities within outreach and retention programs,



**Figure 6.** Discord Between Clients and Counselors on the Needs of Clients. a) Before Treatment: clients were asked to assess whether each factor was a significant barrier to them joining treatment. b) After Joining Treatment: clients were asked to assess whether each factor was a significant barrier to them staying in the treatment program. Counselors were asked to assess the significance of each factor on client behavior. These results were then compared between clients and counselors. Total respondents that agreed or strongly agreed are plotted. \* $p < 0.05$ .

leading to strategies that overlook the most impactful factors driving client participation while over-prioritizing factors with less influence. By accurately identifying and addressing the most influential factors, programs can better support clients in their recovery, maximizing participation, minimizing dropout rates, and improving overall success. This alignment not only strengthens the therapeutic alliance but also enhances the long-term sustainability of treatment efforts and its ability to adapt to the changing priorities of client cohorts.

#### 4. Discussion

In this study, a systematic review of addiction treatment programs in the Midwest region was conducted to identify the specific reasons behind poor client participation and retention. The study identified, among many other factors, three major influencers behind both participation and retention: hopelessness, lack of confidence, and client-counselor discord. Cultivating hope in psychological treatment is crucial for long-term, effective outcomes. Hope Theory, as proposed and established by (Snyder, C. 2002), has encouraged future research with regards to accurately enhancing hope in medical feedback. Helping people pursue medical goals for which they are best suited can improve medical outcomes (Long, Katelyn N.G., Kim, Eric S., Chen et. al. 2020; Zhang, X., Zou, R., Liao, X., et. al. 2020; Olsman E. 2020). However, addiction treatment programs vary greatly in their approaches, which often leaves certain groups—particularly those struggling with hopelessness and low self-confidence—disproportionately underserved.

The findings from this study can inform the development of targeted treatment programs to prevent the exclusion of certain individuals. For example, a pre-treatment survey, such as the one provided by the study, can be used to assess the specific individual needs of clients within their treatment program cohort. Assessing the level of hopelessness and lack of confidence clients have before treatment can more efficiently and effectively help treat clients more holistically. A treatment regimen that treats hopeless individuals with different approaches and prioritizations than non-hopeless individuals likely can improve rates of participation, retention, and especially success rates of treatment.

Motivation for individuals seeking addiction treatment often stems from deeply rooted personal experiences and critical turning points in their lives. Among surveyed individuals, backgrounds of childhood trauma, abuse, neglect, and isolation were common. After years of addiction, it was the feeling of “hitting rock bottom” that has motivated so many individuals to seek treatment to be a “circuit-breaker in their lives.” Individuals are forced to reassess their lives and make meaningful changes (Chen G. 2010; Prangley, T., Pit, S.W., Rees, T. et. al. 2018). When clients in the study were asked, in an open-ended question, about the factors that motivate them to continue treatment, almost 60% of individuals cited family, especially children, as their motivation. Interestingly, the family of an individual has been found to have a dual influence on addiction treatment and its success. Familial and relationship issues have been found to be among the leading inducers of relapse and stress, a conclusion affirmed by most current treatment programs. Consequently, current treatment processes isolate individuals from their families, seeing only the neglect and abuse the family provides within clients’ lives. However, family, especially children, for many individuals are the largest motivator for completing treatment. This identified dual influence presents great potential for treatment programs to amplify connections with supportive family members, destigmatizing the treatment process and strengthening post-treatment

relationships. A sense of isolation often is the reason for using addictive substances; harnessing the existing relationships in a client’s life, rather than using isolation, can prove to be more effective in the long run and lead to better treatment, and even societal outcomes.

#### 5. Future Study

Unfortunately, due to the COVID-19 pandemic, organizational participation rates were very low. This resulted in less than 10% of organizations responding to requests for participation. This may skew data towards greater representation for more established organizations and treatment facilities. Future studies may be done to increase the representation of various regions of the United States, beyond the Midwest, and even internationally. Additionally, further study may be conducted to increase the number of participants to improve statistical validity and conclusions. Further study may be done on various groups of service providers involved in the addiction treatment process such as law enforcement and physicians to gain a different perspective on the treatment process and further identify discord between clients and various service providers.

#### 6. Conclusions

The study identified the unique reasons behind clients not participating and completing addiction treatment, investigating the effects of hopelessness, lack of confidence, and client-counselor discord as contributing factors. Minimizing the influence of factors that may deter individuals from joining treatment is crucial to improving rates of success with treatment; however, amplifying the factors that motivate and drive individuals to join treatment for the first time is paramount (Brorson et. al. 2013). The findings will be valuable in making improvements to the current treatment programs in order to improve rates of treatment participation, retention, and long-term success.

#### 7. Acknowledgements

This research was conducted individually; however, I would like to greatly acknowledge all those who supported me and helped me along the way. Carroll Institute (Sioux Falls, South Dakota), in allowing me to work closely with their group treatment program, has fueled my passion in the field of addiction science and this project; for that, I will be ever grateful.

#### Author’s Note

Data collection, analysis, and interpretation were conducted independently. There are no outstanding or significant conflicts of interest to be declared. All research was funded internally and independently.

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