

LETTER TO THE EDITOR

**COMMENT ON “NONRESPONSE AND
SELECTION BIAS IN TREATMENT
FOLLOW-UP STUDIES”**

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In their paper entitled “Nonresponse and selection bias in treatment follow-up studies”, Gerstein and Johnson (1) discussed potential sources of response bias in large-scale evaluation studies of treatment. Field-based data collection for three of the four studies reviewed was conducted by their survey organization (National Opinion Research Center, or NORC) and the fourth was a study of adults in the Drug Abuse Treatment Outcome Studies (DATOS), funded by the National Institute on Drug Abuse (NIDA) and conducted by the Research Triangle Institute, North Carolina. Comparisons were made between these studies using a procedure intended to adjust “response rates” based on several assumptions made about non-cooperation of treatment programs and problems in locating and recruiting respondents. Because they did not have access to the same level of details about the design and fieldwork protocol for the study not conducted

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by their organization, the adjustments made by Gerstein and Johnson for the DATOS follow-up sample were inappropriate and resulted in an underrepresentation of its response rate.

The adjustments made by Gerstein and Johnson (described in a footnote on page 977) involved several steps. In brief, their procedure essentially defined a denominator representing subjects eligible for follow-up, which included for instance patients who entered treatment during the period of study but were not included in the follow-up target sample as well as patients from programs dropped from the sample (e.g., by virtue of the low number of intakes into those programs). Their familiarity with the NORC studies allowed them to calculate common response rates for all three (ranging from 62% to 70%). For DATOS, on the other hand, the authors made several assumptions about sampling procedures which yielded an adjusted "response rate" of 48%, as opposed to the 74% located and 70% interviewed as reported by Flynn et al. (2). However, the sampling design for DATOS differed from the NORC studies in regard to several of the decision rules used for guiding patient selection and the use of study resources to focus on major questions of interest, especially in the follow-up phase of the overall treatment evaluation plan.

The special issue of *Psychology of Addictive Behaviors* (3) described the results, design rationale, and decision parameters of the DATOS follow-up fieldwork in detail. It specified that the follow-up sampling frame included all patients (i.e., sequential admissions) in 76 programs (from 11 different cities) that had greater than 20 patients in treatment and on whom the full intake battery had been completed. The resulting patient sample ($N=8110$) was used to generate a random sample for follow-up ($N=4786$) stratified by modality and assuring that a minimum of 1150 patients were available for each treatment type. Patients were deemed inaccessible and were thereby excluded from the follow-up sample by virtue of incarceration or hospitalization in a facility that would not permit interviewer access, and/or distance from the metropolitan area in which follow-up was being conducted ($N=557$ or 12%); this led to a follow-up sample of 4229 patients and the completed interview rate of 70% noted earlier. The follow-up strategy employed in DATOS is consistent with the two earlier national treatment evaluation studies funded by the NIDA (4,5). The follow-up response rates have been comparable across these three national studies and we believe the computed 70% response rate for DATOS is appropriate, and it accurately reflects the representation of subjects in the study.

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