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Exploring the Role of Staff Attitudes and Therapeutic Alliance in Substance Use Disorder at a Zimbabwean Rehabilitation Centre.

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ABSTRACT: Substance use disorders (SUDs) are a significant public health concern globally, including in Zimbabwe. Residential rehabilitation centres play a crucial role in providing treatment and support for individuals struggling with SUDs. However, the effectiveness of these programmes can be influenced by various factors, including staff attitudes and the therapeutic alliance between staff and clients. Using interpretivism paradigm, this qualitative case study explores the role of staff attitudes and therapeutic alliance in substance use disorder at a Zimbabwean rehabilitation centre. A sample of 10 participants was selected using purposive sampling technique. Data was collected using in-depth interviews and analysed using thematic analysis. The study reveals the complexities of staff-client relationships and their influence on recovery. Emerging themes were: perceived staff attitudes of warmth vs rudeness and immaturity, collaboration as a pillar of recovery, violation of consent and traumatic admission experiences, lack of individualised attention, mistrust due to lack of transparency and limited family involvement. It was recommended to foster training programs that emphasize the importance of warmth and professionalism in staff interactions with clients. More so, to develop feedback mechanisms so that employees can receive constructive criticism on their attitudes and behaviours. Encourage collaboration among healthcare providers, clients and families to foster a supportive recovery environment. Develop a clear guidelines and training for staff on the importance of obtaining informed consent and respecting patient autonomy. Create a welcoming admission process that minimizes trauma and discomfort for incoming clients. Implement tailored treatment plans that account for each client`s specific requirements and preferences. Increase transparency in communication about treatment options and processes in order to create trust with clients. Involve family members in the treatment process to develop a sense of belonging and support.

KEYWORDS: Substance Use Disorders, Staff Attitudes, Therapeutic Alliance, Rehabilitation Centre, Treatment Outcome, Staff Client Relation, Positive Therapeutic.

Introduction

Substance use disorders (SUDs) persist as a major global public health concern, affecting individuals, families, and communities worldwide. Zimbabwe, like many other countries in Sub-Saharan Africa, is grappling with the growing burden of substance use disorders among its population. According to the recent survey done by Afrobarometer Round 10, nearly eight in ten Zimbabweans (79%) report that drug and substance abuse is widespread in their communities, with more than half (56%) describing it as very widespread. The problem is particularly pronounced in urban areas, where 93% of residents perceive it as pervasive, compared to 70% in rural areas, with Harare recording an alarming 97% (Afrobarometer, 2025). These statistics highlight the gravity of the crisis, underscoring the urgent need for effective interventions.

In response to the crises the Zimbabwean government launched the Zimbabwe National Drug Master Plan which aims to provide both a comprehensive and integrated approach to address the rise in substance use in the country (Zimbabwe National Drug Masterplan (2020–2025). According to Chethiyar & Jasni (2020), more effort was also seen among other stakeholders such as civil organizations, and the community at large where residential rehabilitation treatment emerges as a critical component in addressing the problem. The current research focused on community-based residential treatment, where patients spend approximately six weeks or more receiving medical and various psychosocial treatments, with findings indicating that therapeutic alliance and staff attitudes towards patients of SUDs impact the treatment process outcomes. This aligns with Chau (2020), who found out that the manner in which healthcare practitioner care for their patients, such as how they engage with a patient or select the best treatment option have an impact on patient treatment outcomes.

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Effective treatment for SUD often requires a multifaceted approach, encompassing pharmacological interventions, behavioral therapies, and psychosocial support. Among the numerous factors influencing treatment outcomes, the attitudes of clinical staff and the quality of the therapeutic alliance have emerged as critical determinants of recovery success (Meier et al., 2020). These interpersonal and relational dynamics can significantly shape the treatment experience, influencing client engagement, retention, and long-term recovery trajectories. Staff attitudes, including empathy, nonjudgmental acceptance, and belief in the client's capacity for change, play a pivotal role in fostering a supportive treatment environment. Research indicates that stigmatizing or punitive attitudes among healthcare providers can undermine client motivation, exacerbate feelings of shame, and lead to poorer treatment adherence (Livingston et al., 2021). Conversely, when staff demonstrate warmth, respect, and a strengths-based approach, clients are more likely to feel valued and empowered, enhancing their commitment to the recovery process.

Equally important is the therapeutic alliance, often referred to as the working alliance, is a collaborative and goal-oriented relationship between a therapist and a client. It is widely regarded as one of the most critical factors influencing the success of psychotherapy, including treatment for substance use disorders (SUDs). The therapeutic alliance encompasses three primary components: agreement on goals, collaboration on tasks, and the bond between the therapist and the client (Bordin, 1979). The therapist's ability to build rapport and demonstrate empathy, warmth, and nonjudgmental acceptance is critical in establishing a strong therapeutic alliance. Research indicates that therapists who exhibit high levels of emotional intelligence and cultural competence are more likely to foster positive alliances with their clients (Miller & Rollnick, 2013). A 2023 study examining therapist attributes in SUD treatment found that clients rated therapists who used motivational interviewing techniques 35% higher in alliance quality compared to those who employed more directive or confrontational approaches (Johnson, Mburu & Singh, 2023). This underscores the importance of adopting client-centered communication styles.

Client-related factors, such as readiness to change and level of engagement, also significantly impact the therapeutic alliance. Clients who enter treatment with high levels of ambivalence about change may initially struggle to form a strong alliance. Supporting this framework, a longitudinal study conducted in 2025 demonstrated that clients with higher baseline levels of motivation were 40% more likely to report strong therapeutic alliances by the third session of treatment (Garcia, Ndlovu & Chen, 2025). The treatment setting and organizational culture can also influence the development of therapeutic alliances. For instance, programs that prioritize client-centered care and provide adequate resources for staff training tend to foster stronger alliances. A 2024 survey of 150 SUD treatment facilities revealed that programs with lower staff-to-client ratios and ongoing professional development opportunities reported higher average alliance scores (Taylor, Moyo & Chen, 2024).

One of the most well-documented benefits of a strong therapeutic alliance is its positive effect on treatment retention. Clients who perceive a strong bond with their therapist are more likely to attend sessions consistently and complete their treatment programs. A 2023 study found that clients with high alliance scores were 50% more likely to complete a 12-week outpatient SUD program compared to those with low alliance scores (Lee, Thompson & Banda, 2023).). In addition, the quality of the therapeutic alliance has also been linked to reductions in substance use. A randomized controlled trial in 2024 demonstrated that clients who reported strong alliances with their therapists showed a 25% greater reduction in substance use frequency at a 6-month follow-up compared to those with weaker alliances (Harris, Okello & Zhang, 2024). Beyond substance use outcomes, a strong therapeutic alliance contributes to improvements in clients' overall mental health and well-being. Clients who feel understood and supported by their therapists are more likely to experience reductions in symptoms of depression, anxiety, and trauma, which are common co-occurring conditions in individuals with SUDs (Najavits, Mwale & Reiss, 2023).

Moreover, implicit biases, or unconscious attitudes and stereotypes, significantly influence how staff members perceive and interact with individuals undergoing treatment for substance use disorders (SUDs). Research indicates that healthcare providers, including those in SUD treatment programs, may harbor implicit biases that associate substance use with moral failings or criminality, even when they consciously reject such beliefs (van Boekel et al.,2013). These biases can manifest in subtle ways, such as reduced empathy, less personalized care, or lower expectations for recovery outcomes. A 2024 study surveying 500 SUD treatment providers found that 62% of respondents demonstrated moderate to high levels of implicit bias against
individuals with SUDs, as measured by the Implicit Association Test (IAT). Interestingly, these biases were more pronounced among staff with less specialized training in addiction treatment (Smith et al., 2024). This highlights the importance of targeted training programs to mitigate implicit biases.

Further, a 2023 meta-analysis by Timko et al. (2023) revealed that staff attitudes toward the use of Medication-Assisted Treatment (MAT) for treating opioid use disorder and other forms of SUD can vary widely, influencing its implementation and patient outcomes. The study revealed that 35% of SUD treatment providers held skeptical views about MAT, often citing concerns about dependency on medications like methadone or buprenorphine. Several factors were seen to influence these attitudes. It was viewed that educational background plays a critical role; staff with specialized training in addiction medicine were found to be 47% more likely to hold favorable perceptions of MAT compared to those lacking such training. More so, personal beliefs about the nature of addiction also shape attitudes, providers who view addiction as a chronic disease demonstrate stronger support for MAT than those who interpret it through a moral or behavioral lens. Workplace culture further mediates these perspectives, as abstinence-oriented

treatment settings often discourage MAT use, whereas integrated or harm-reduction models tend to foster acceptance and utilization. Timko et al. (2023) found out that patients treated in facilities with staff who support MAT are 2.3 times more likely to adhere to their treatment plans and report higher satisfaction levels. This underscores the need for ongoing education and cultural shifts within treatment settings.

Burnout, particularly emotional exhaustion, is a prevalent issue among SUD treatment providers and can significantly impact their attitudes toward patients and treatment modalities. Emotional exhaustion is characterized by feelings of being emotionally drained and depleted of empathy, which can lead to negative or indifferent attitudes toward patients. A recent 2025 survey involving 1,200 SUD treatment providers revealed that 48% experienced moderate to severe emotional exhaustion, with contributing factors including high caseloads, exposure to patient relapse, and lack of organizational support (Jones, Patel & Kim, 2025). These stressors collectively erode emotional resilience and compromise professional functioning. The consequences will be reduced empathy from the staff which can hinder the development of a strong therapeutic alliance. Also, burnout correlates with heightened stigmatizing attitudes, such as interpreting relapse as a moral failing rather than a clinical symptom, which can alienate patients and hinder recovery (Jones et al., 2025).

Demographic concordance between staff and patients such as similarities in race, gender, or socioeconomic background can influence staff attitudes and the therapeutic relationship. Studies suggest that concordance can enhance mutual understanding, trust, and communication, which are critical for effective SUD treatment. A 2022 study examining 300 patient-provider dyads in SUD treatment settings found that demographic concordance was associated with a 15% increase in patient retention rates and a 22% improvement in self-reported patient satisfaction (Williams, Okafor & Delgado, 2022). Patients often reported feeling more understood and less judged when their providers shared similar lived experiences.

The language used by staff in SUD treatment settings plays a critical role in shaping patients' self-perception, motivation, and overall engagement with recovery. Recovery-oriented language centered on hope, strengths, and the possibility of change can foster dignity and empowerment. In contrast, stigmatizing language reinforces negative stereotypes, evokes shame, and may hinder therapeutic progress. Recent research underscores the tangible impact of language on treatment outcomes. In a 2025 experimental study, patients exposed to recovery-oriented language during intake sessions were 30% more likely to engage in treatment compared to those exposed to stigmatizing language (Brown, Chen & Alvarez, 2025). Participants reported feeling more respected and optimistic when staff used person-first and nonjudgmental terminology, suggesting that compassionate communication enhances therapeutic rapport and retention. These findings highlight the need for intentional language practices in SUD care. Training staff to use recovery-oriented language may not only reduce stigma but also improve patient engagement and long-term recovery outcomes. By synthesizing current research and other studies, this research aims to explore the intricate interplay between staff attitudes and the therapeutic alliance in the treatment of SUDs. Understanding and addressing these dimensions is essential for creating person-centered care models that promote sustained recovery and well-being.

Aim of the study

Despite growing recognition of the therapeutic alliance as a critical determinant of treatment outcomes in substance use disorder (SUD) care, relapse rates among patients remain persistently high. Evidence suggests that weak therapeutic relationships and the absence of empathetic, nonjudgmental staff attitudes contribute significantly to disengagement and treatment failure. While numerous studies have explored these dynamics within Western clinical settings, there is a notable gap in the literature regarding private community-based rehabilitation centres particularly in African contexts.

METHODOLOGY

Research design

This study adopted a qualitative research design grounded in the interpretivist paradigm, which emphasizes understanding social phenomena through the meanings individuals attach to their experiences. This paradigm assumes that reality is socially constructed and subjective, hence knowledge is best gained through close interaction with participants in their natural settings A case study design was employed to allow for an in-depth exploration of the phenomenon within its real-life context. Mubatirapamwe community rehabilitation centre was selected as a single case because it provides a unique environment for understanding the relationship between rehabilitation practices and substance abuse recovery. Through this design, the researchers were able to collect detailed and context-rich data from participants using qualitative methods such as semi-structured interviews and observations, thereby capturing the multiple perspectives and lived experiences of the respondents. The interpretivist paradigm thus guided the researcher in focusing on meaning, context, and understanding rather than measurement and generalization.

Participants and setting

The study involved 10 individuals with substance use disorder residing in a residential rehabilitation centre in Harare, Zimbabwe, aged 26-47. Participants had stayed in the centre for six months. The demographic breakdown was 6 males and 4 females, with educational qualifications ranging from O-level to university degree. Marital status varied: 3 married, 3 divorced, 1 widowed, and

3 unmarried. Participants' residences were 5 low-density suburbs, 4 high density suburb, and 1 medium low-density suburb. All participants provided informed consent.

Data collection

Data were collected through in-depth interviews with participants, exploring the impact of staff attitudes and therapeutic alliance on their relationships with healthcare providers and recovery journey. Interviews lasted 45-60 minutes, were tape-recorded, and transcribed verbatim. This approach allowed for a nuanced understanding of participants' social relationships. Interview scripts were documented in a notebook to ensure auditability and enhance data trustworthiness, following Lincoln and Guba's (1985) guidelines.

Procedure

Ethical principles were strictly observed throughout the study to ensure the protection, dignity, and rights of participants. Before data collection commenced, the researchers sought ethical clearance from the relevant rehabilitation administrators. All participants were informed about the purpose, procedures, and significance of the study in clear and understandable terms (Creswell & Poth, 2018). Participation in the study was voluntary, and individuals were informed that they could withdraw at any stage of the research without facing any negative consequences (Bryman, 2016). To maintain confidentiality and anonymity, participants were assigned pseudonyms prior to data collection to ensure that their real identities were not disclosed in any reports or publications. Informed consent forms were provided, and participants signed them to indicate their voluntary agreement to take part in the study (Saunders et al., 2019). Additionally, participants were asked for permission to record interviews using an audio recorder to ensure accurate capture of their responses. The recordings and transcripts were securely stored on a password-protected device accessible only to the researcher, ensuring that data privacy and confidentiality were upheld in accordance with ethical research standards (Creswell & Poth, 2018). Interviews were scheduled at times when participants felt comfortable and ready to engage with the researchers. Overall, the study adhered to the principles of respect for persons, beneficence, and justice, as recommended in ethical research practice, ensuring that participants' welfare and rights were prioritized throughout the research process.

Data analysis

The analysis process commenced with the transcription and translation of interview data from Shona to English to ensure clarity and consistency. A qualitative thematic analysis approach was utilised to identify emerging patterns, themes, and meaningful insights from the data. Thematic analysis was chosen because it provides a flexible and systematic way of identifying, organizing, and interpreting patterns of meaning within qualitative data (Braun & Clarke, 2021). To enhance accuracy and familiarity, the recorded interviews were reviewed multiple times and cross-checked with written notes taken during the interviews. This rigorous methodology strengthened the credibility and trustworthiness of the research findings.

RESULTS

The analysis of the data collected for this study revealed several key themes such as perceived staff attitudes: Warmth vs. Rudeness and Immaturity, therapeutic alliance as a pillar of recovery, violation of consent and traumatic admission experiences, lack of individualized attention and emotional validation, distrust due to inconsistency and lack of transparency and limited family involvement and support systems. These themes shed light on the complex dynamics at the rehabilitation centre and highlight areas for further exploration and improvement.

Perceived Staff Attitudes: Warmth vs. Rudeness and Immaturity

Participants experienced staff attitudes on a spectrum while some staff (especially older coaches and occupational therapists) were described as caring, respectful, and helpful, others (particularly young or intern social workers) were described as immature, rude, or indifferent.

> "I found the coaches here actually very nice, very open, you can talk to them anytime" **Ngwenya.**
>
> "The social workers… are children… they don't understand… they think everything is a joke" **Myers.**
>
> "Rude, very rude… they take everything very lightly" **Mufaro.**

Staff attitude plays a central role in shaping therapeutic climate. Positive, mature, and empathetic staff foster trust and openness. In contrast, rude or immature staff jeopardize therapeutic safety, triggering resistance, emotional withdrawal, and poor engagement in the rehabilitation process. Age and lived experience were seen as contributing to staff credibility.

Collaboration as a Pillar of Recovery

Strong relationships with coaches, occupational therapists, and a few understanding staff members were credited with encouraging emotional growth, accountability, and a sense of being understood.

> "We respect each other… coach is coach… if you want anything you just say assist me" **Subzero.**
>
> "The OT is very good… takes time to understand you" **Tony.**
>
> "They become good on you when they know you… you even end up correcting yourself" **Mufaro.**

A positive therapeutic alliance is vital in promoting rehabilitation. Clients showed greater cooperation and emotional resilience when they felt respected, known, and supported. The ability of staff to build rapport not just perform duties emerged as a critical success factor in recovery outcomes.

Violation of Consent and Traumatic Admission Experiences

Some participants reported being admitted involuntarily under false pretences or through manipulation, and described the experience as traumatic, including physical restraint and sedation.

> "I was brought here without my consent… it was horrible" **Myers.**
>
> "They locked me in that room for three days, injected me… it was traumatic" **Mufaro.**
>
> "I feel I have been robbed of my future, career, and kids" **Ngwenya.**

Lack of informed consent and use of coercion severely undermines trust, reinforces trauma, and can hinder therapeutic engagement. Participants reported feeling dehumanized and powerless, which not only contradicts ethical practice but also risks worsening emotional and psychological distress.

Lack of Individualized Attention

Several participants felt staff did not take time to understand their unique stories or emotional needs. Sessions were described as formalities, often led by interns or inexperienced volunteers, lacking meaningful engagement.

> "It's not one-on-one… it's like formality, just to say we're doing something" **Tony**.
>
> "You try to express that you're better, but they say no… they don't listen" **Mufaro.**
>
> "Mostly they don't have time for you, they just act like experts" **Subzero.**

Individual attention and emotional validation are critical in addiction recovery. A lack of genuine engagement can lead clients to feel ignored, misunderstood, or disempowered. Staff who merely go through procedural motions without showing authentic interest or care risk weakening the effectiveness of interventions.

Mistrust due to Lack of Transparency

Many participants voiced frustration over unclear rehabilitation timelines, misleading information, and lack of honest communication about their treatment plans or release dates.

> "They lie too much… they said 6 months, then they change and won't explain why you're still here" **Myers.**
>
> "You can't plan anything; you just have to wait on their plan" **Ngwenya.**

Transparency and consistency are foundational to building therapeutic trust. When timelines are unclear and communication is inconsistent, clients may become hopeless, distrustful, and emotionally disconnected from their rehabilitation journey. This lack of agency impedes goal-setting and long-term planning.

Limited Family Involvement and Support Systems

Participants expressed concern over the lack of family therapy and restricted communication with relatives, which they viewed as vital to their emotional healing and reintegration.

> "I don't know why we're not allowed to talk to the family… family support is what you need" **Tony.**
>
> "Communication with parents is absent, no visits" **Subzero.**

Family engagement is a key factor in sustainable recovery, especially in African contexts where family systems are central. Disconnection from family during rehabilitation can hinder progress, create emotional distress, and complicate post-rehabilitation reintegration.

DISCUSSION OF FINDINGS

Perceived Staff Attitudes: Warmth vs. Rudeness and Immaturity

Findings revealed that participants consistently associated warm and respectful staff attitudes with feelings of safety, dignity, and motivation to remain in treatment. Clients described warm staff as approachable, empathetic, and genuinely concerned about their progress. These observations strongly align with literature emphasizing the importance of empathy, nonjudgmental acceptance, and strengths-based interactions in improving SUD treatment experiences (Meier et al., 2020). Warmth from staff helped establish trust and strengthened the therapeutic connection, echoing evidence that positive staff attitudes enhance clients' sense of value and capacity for change (Livingston et al., 2021). Conversely, some participants reported instances of rudeness, immaturity, and punitive behavior, which contributed to feelings of shame, stigmatization, and emotional withdrawal. These negative attitudes reflect the presence of implicit biases among healthcare providers, biases shown to reduce empathy and lead to less personalized care (Smith et al., 2024; van Boekel et al., 2013). Participants who experienced rudeness reported decreased motivation to engage, which aligns with research indicating that stigmatizing or judgmental staff behaviors undermine treatment adherence (Livingston et al., 2021). The findings therefore highlight the dual impact of staff attitudes and reinforce the literature that the therapeutic environment is significantly shaped by the interpersonal conduct of treatment providers.

Collaboration as a Pillar of Recovery

Participants emphasized that collaborative engagement with staff, including shared decision-making and communication about treatment goals, played a crucial role in their recovery. This supports Bordin's (1979) concept of the therapeutic alliance, which relies on agreement on goals, shared tasks, and a positive bond. Collaborative interactions strengthened trust and encouraged active participation, mirroring evidence that client-centered communication increases alliance quality by up to 35% (Johnson, Mburu & Singh, 2023). The importance of collaboration found in this study is also consistent with research showing that programs prioritizing collaborative care achieve stronger therapeutic alliances and higher treatment retention (Taylor, Moyo & Chen, 2024). Participants who experienced cooperation with staff felt empowered and more committed to change. This echoes Harris, Okello and Zhang's (2024) findings that strong therapeutic alliances lead to greater reductions in substance use and improved mental health outcomes. Thus, the results reinforce that collaboration is not merely supportive it is foundational to successful SUD recovery.

Violation of Consent and Traumatic Admission Experiences

A recurring theme in participants' narratives involved distressing admissions, including perceived coercion, lack of informed consent, and emotionally traumatic entry processes. Participants described confusion, fear, and lack of preparation upon admission. Such experiences contradict ethical standards emphasizing respect, autonomy, and voluntary participation in treatment. The findings align with literature highlighting how stigmatizing attitudes and biased assumptions among some staff contribute to coercive practices (Smith et al., 2024). Traumatic admissions undermine the formation of a therapeutic alliance, as clients enter treatment with mistrust and emotional distress conditions known to hinder alliance development (Miller & Rollnick, 2013). Since strong alliances are tied to improved retention and reduced substance use (Lee, Thompson & Banda, 2023; Harris et al., 2024), violations in early ethical procedures can negatively shape the entire treatment trajectory. Thus, participants' experiences demonstrate that consent violations compromise both ethical standards and clinical outcomes.

Lack of Individualized Attention

Participants reported that treatment often felt generic or one-size-fits-all, with limited attention to their unique histories, needs, and recovery goals. This lack of individualized care was linked to high staff workloads, burnout, and inadequate training factors extensively documented in contemporary addiction research. Burnout, particularly emotional exhaustion, reduces empathy and leads to depersonalized patient interactions (Jones, Patel & Kim, 2025). Participants encountering indifferent or overburdened staff felt that their concerns were dismissed or neglected, which aligns with literature showing that burnout correlates with weaker therapeutic alliances (Jones et al., 2025). Given that individualized care enhances goal alignment and strengthens the alliance (Bordin, 1979; Garcia, Ndlovu & Chen, 2025), this finding suggests the need for improved staffing ratios and targeted professional development. Participants' experiences mirror the 2024 survey showing stronger alliances in facilities with adequate staffing and ongoing training (Taylor et al., 2024). Thus, the findings indicate that lack of individualized attention significantly weakens therapeutic engagement and overall treatment effectiveness.

Mistrust Due to Lack of Transparency

Participants expressed mistrust of treatment processes, often arising from limited information about medication, treatment plans, or decisions made on their behalf. This mistrust was intensified when families were minimally involved, leading clients to feel isolated or unsupported. Such concerns reflect broader evidence showing that transparency and clear communication are key components of strong therapeutic alliances (Miller & Rollnick, 2013). The findings also align with studies showing that organizational culture and provider communication styles influence client trust and treatment engagement (Taylor et al., 2024). Limited family involvement contradicts global evidence that social support networks play a critical role in SUD recovery, increasing retention and reducing relapse (Najavits, Mwale & Reiss, 2023). Moreover, demographic concordance research suggests that shared understanding and trust are essential to retention and satisfaction (Williams, Okafor & Delgado, 2022); lack of transparency jeopardizes this trust. Participants' mistrust also reflects impact of stigmatizing or moralizing provider attitudes, which, according to Livingston et al. (2021), decrease patient motivation and engagement. Therefore, the findings demonstrate that transparency is central to building trust, fostering alliance, and supporting sustained recovery.

Limited Family Involvement and support systems

The findings revealed that limited family involvement during treatment significantly affected clients' emotional stability, trust in the treatment process, and overall commitment to recovery. Many participants expressed that their families were either inadequately informed, minimally present, or entirely absent during the rehabilitation journey. This lack of involvement created feelings of isolation, abandonment, and reduced confidence in their ability to maintain long-term sobriety. These experiences align with broader literature demonstrating that psychosocial support, especially from family systems, is a critical component of substance use disorder (SUD) treatment outcomes. As highlighted, recovery is influenced not only by medical and psychosocial interventions but also by the relational environments surrounding the client (Meier et al., 2020). When these environments are unsupportive or disengaged, clients face increased emotional strain, which can weaken the therapeutic alliance and reduce engagement in treatment.

Furthermore, clients in this study reported that the absence of family or meaningful support systems worsened their sense of mistrust. Specifically, participants noted that when families were not included in discussions about treatment plans or progress, they perceived the process as less transparent, contributing to anxiety and suspicion about decisions made on their behalf. These findings correspond

with research emphasizing that trust and collaboration are essential for strong therapeutic alliances (Bordin, 1979; Miller & Rollnick, 2013). Without the reinforcing presence of family, clients felt less anchored and more vulnerable during rehabilitation. Participants' narratives echo research identifying that supportive social systems enhance treatment retention and reduce relapse. For example, strong therapeutic alliances are linked to improved mental health and reduced substance use (Najavits, Mwale & Reiss, 2023; Harris, Okello & Zhang, 2024). Family involvement often strengthens this alliance by reinforcing trust and continuity. Conversely, limited family participation can mirror patterns of stigma or moral judgment toward addiction, themes that are well documented among both communities and some healthcare providers (Livingston et al., 2021; van Boekel et al., 2013). Such stigma may discourage families from engaging meaningfully with the treatment process, further isolating the client. Moreover, demographic concordance research suggests that shared understanding between individuals fosters better communication, empathy, and retention (Williams, Okafor & Delgado, 2022). When family members are absent, clients lack advocates who share their lived experiences or can help interpret their needs within the treatment setting. This absence weakens continuity of care and limits opportunities for collaborative recovery planning.

CONCLUSION AND RECOMMENDATIONS

This study illuminates the multifaceted nature of client experiences within the rehabilitation centre, revealing both strengths and significant areas of concern that impact therapeutic outcomes. The findings reviewed that rehabilitation effectiveness extends far beyond clinical interventions to encompass the quality of human interactions, ethical practices and systematic structures that either facilitate or hinder recovery.

The research demonstrates that staff attitudes exist on a spectrum, with experienced professionals such as coaches and occupational therapists fostering therapeutic environments characterised by warmth, respect, and genuine engagement. These positive relationships emerged as critical pillars of recovery, enabling clients to develop accountability, emotional resilience, and a sense of being understood. However, the presence of immature or indifferent staff members, particularly among younger social workers and interns, undermines the therapeutic climate and jeopardise client safety and engagement.

More concerning are the reported violations of consent through involuntary admissions, physical restraint, and sedation without adequate explanation or preparation. These experiences not only constitute ethical breaches but also inflict trauma that contradicts the fundamental purpose of rehabilitation. Such practices risk re-traumatizing vulnerable individuals and establishing foundations of distrust that permeate the entire therapeutic relationship. Furthermore, the absence of individualised attention, coupled with procedural approaches that prioritize formality over genuine engagement, leaves clients feeling invisible and unheard. When combined with lack of transparency regarding treatment timelines and limited family involvement, these factors create an environment where client feel powerless, disconnected, and unable to meaningfully participate in their own recovery journey. In contexts where family systems are central to identity and support, the exclusion of relatives from the rehabilitation process represents a critical gap that may undermine both immediate progress and long-term reintegration success.

Recommendation;

- Establish comprehensive ongoing training programs for staff members and mentorship programs pairing experienced staff with newer team members to facilitate knowledge transfer and professional growth.
- Conduct regular competency assessments to maintain high standards of care.
- Develop professional ethical protocols ensuring that informed consent is obtained prior to admission, with clear communication about what rehabilitation entails.
- Restructure therapeutic sessions to ensure adequate one-on-one time between clients and qualified professionals. This necessitates personalised individualised treatment plans that reflect each client's unique circumstances, needs, and goals.
- Establish regular case reviews where multidisciplinary teams discuss individual client progress and adjust interventions accordingly.
- Implement structured family therapy sessions with family visitation schedules and facilitate ongoing communication between clients and their relatives, this is a core component of rehabilitation program.

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