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Effect of an Organizational Linkage Intervention on Staff Perceptions of Medication-Assisted Treatment and Referral Intentions in Community Corrections $^{\stackrel{\sim}{\sim}}$



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ABSTRACT

Introduction: Medication-assisted treatment (MAT) is effective for alcohol and opioid use disorders but it is stigmatized and underutilized in criminal justice settings.

Methods: This study cluster-randomized 20 community corrections sites to determine whether an experimental implementation strategy of training and an organizational linkage intervention improved staff perceptions of MAT and referral intentions more than training alone. The 3-hour training was designed to address deficits in knowledge, perceptions and referral information, and the organizational linkage intervention brought together community corrections and addiction treatment agencies in an interagency strategic planning and implementation process over 12 months.

Results: Although training alone was associated with increases in familiarity with pharmacotherapy and knowledge of where to refer clients, the experimental intervention produced significantly greater improvements in functional attitudes (e.g. that MAT is helpful to clients) and referral intentions. Corrections staff demonstrated greater improvements in functional perceptions and intent to refer opioid dependent clients for MAT than did treatment staff.

Conclusion: Knowledge, perceptions and information training plus interorganizational strategic planning intervention is an effective means to change attitudes and intent to refer clients for medication assisted treatment in community corrections settings, especially among corrections staff.

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1. Introduction

Criminal justice populations have high rates of substance use disorders (SUDs), including opioid use disorders and alcohol use disorders (Lee & Rich, 2012; Polcin & Greenfield, 2003). Both can be effectively

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treated with pharmacotherapy, reducing the likelihood of substance use (Cornish et al., 1997; Gryczynski et al., 2012), overdose deaths, and re-incarceration (Ball & Ross, 1991; Digiusto et al., 2006; Schwartz et al., 2009). Although the World Health Organization supports the use of pharmacotherapy within the criminal justice system, few community corrections agencies in the U.S. provide or fund programs to deliver pharmacotherapy to individuals under their supervision (Bahr, Masters, & Taylor, 2012; Friedmann et al., 2012; Kastelic, Pont, & Stover, 2008; Kubiak, Arfken, Swartz, & Koch, 2006; Marsch, 1998).

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The community corrections field has recently begun to evaluate methods designed to increase access to evidence-based practices to address substance use (Bonta et al., 2011; Chandler, Fletcher, & Volkow, 2009; Markarios, McCafferty, Steiner, & Travis, 2012), including access to pharmacotherapy for individuals on probation and parole (Marlowe, 2003; Vaughn, DeLisi, Beaver, Perron, & Abdon, 2012). Stigmatizing beliefs and inadequate knowledge of the effectiveness of medicationassisted treatment (MAT) are barriers to its adoption (Friedmann et al., 2012; Lee & Rich, 2012; Nunn et al., 2009; Rich et al., 2005). Socialcognitive theory and the theory of planned behavior suggest that successful implementation of MAT will require addressing dysfunctional attitudes, subjective norms and knowledge that inhibit the desired behavior (Ajzen, 2012; Godin, Belanger-Gravel, Eccles, & Grimshaw, 2008)—viz., referral of criminal justice clients for effective addiction pharmacotherapy. Few studies have tested strategies to increase referral to pharmacotherapy for offenders under community corrections supervision.

The Medication Assisted Treatment Implementation in Community Correctional Environments (MATICCE) study addresses this gap in the literature. Using a cluster randomized design, this study compares two implementation strategies, which are "systematic intervention process (es) to adopt and integrate evidence-based health innovations into usual care" (Powell et al., 2012, p. 124). Specifically, this cluster randomized trial compares the effectiveness of training alone (comparison condition) to an experimental condition that paired training with a 12-month interorganizational linkage intervention on staff perceptions of and willingness to refer to addiction pharmacotherapy. The primary hypotheses were that the experimental intervention would yield greater increases in knowledge, attitudes, and referral intentions regarding MAT than the comparison condition that only included training.

In addition to comparing the two conditions for all participants, this paper isolates the effects of the experimental condition on attitudes among community corrections staff. Given the substantial resistance to MAT documented in prior research on correctional staff (cf., Friedmann et al., 2012; Lee & Rich, 2012; Rich et al., 2005), the research team was interested in the impact of the experimental intervention on this specific population. Furthermore, it was anticipated that there would be ceiling effects on attitude improvement for treatment staff given that they worked in agencies that delivered MAT services. For these reasons, additional analyses compared the two study conditions with the sample restricted to community corrections staff as well as moderation effects between correctional and treatment staff.

2. Methods

2.1. Study design

The MATICCE study began in late 2011 and ended in early 2013 as one of three protocols within the National Institute on Drug Abuse's Criminal Justice Drug Abuse Treatment Studies–II (CJDATS-II) multisite cooperative agreement (Ducharme, Chandler, & Wiley, 2013). Nine research centers partnered with multiple stakeholder organizations, including community corrections, SUD treatment providers, and Treatment Alternatives for Safe Communities (TASC), to collaboratively design and carry out this research protocol. The focus on community corrections was based on the results of a planning survey showing low utilization of addiction pharmacotherapy despite high need (Friedmann et al., 2012). Also, the potential to effect change was evident, since the main barrier to increased use, i.e., having weak referral relationships with MAT providers, was especially amenable to an implementation intervention. Other barriers (e.g. poor knowledge and philosophical opposition) could be addressed by training.

The MATICCE study protocol has been fully detailed in a separate article (Friedmann et al., 2013). Briefly, the study utilized cluster randomization of 20 community corrections agencies. Each of the 9 research centers recruited 2 community corrections agencies with non-overlapping administrative structures (i.e., such that the participation

of one would not contaminate the other). One research center recruited a second pair of agencies from a different corrections system, bringing the total to 20 sites. Randomization was blocked by research center.

2.2. Training

Delivery of training is a core component of implementation models (Fixsen, Blase, Naoom, & Wallace, 2009). In addition to diffusing information, training can help individuals to reconcile beliefs that an innovation, such as pharmacotherapy, is incompatible with the values of their profession (Marinelli-Casey, Domier, & Rawson, 2002). Criminal justice and corrections staff often have limited knowledge regarding addiction pharmacotherapy as well as negative attitudes toward this form of treatment (Lee & Rich, 2012; Rich et al., 2005), but training has been previously shown to improve attitudes and knowledge (Gjersing, Butler, Caplehorn, Belcher, & Matthews, 2007; McMillan & Lapham, 2005).

Prior to randomization, staff from community corrections (e.g., probation, parole, prison, and TASC) and community health agencies (SUD treatment providers, health departments) in all 20 sites were invited to attend a 3-hour in-person training on medication-assisted treatment, which included background on the neurobiology of addiction, the form and appropriate uses of FDA-approved pharmacotherapies, the compatibility of MAT and behavioral counseling, and the availability of MAT in the local area (see http://www.uclaisap.org/slides/cjdats-pcrc/KAI%20TRAINING%202011-01-20.ppt). In each study site, the training was delivered by staff affiliated with the regional Addiction Technology Transfer Center.

2.3. Experimental condition: organizational linkage intervention (OLI)

Because the broader literature on implementation suggests that training is a necessary but not sufficient condition for changing organizational cultures and processes (Fixsen et al., 2009), the experimental implementation strategy combined the training session with an organizational linkage intervention. Drawing on theoretical and empirical perspectives regarding interorganizational relationships (Friedmann, D'Aunno, Jin, & Alexander, 2000; Oliver, 1990; Van den Ven & Ferry, 1980; Van den Ven & Walker, 1984) this experimental strategy sought to bring together corrections stakeholders and community treatment providers to address the issue of limited referrals to pharmacotherapy for probationers and/or parolees with opioid or alcohol use disorders. In part, this strategy reflects the recognition that correction agencies lacked the infrastructure to directly deliver pharmacotherapy when it was available in the community (Friedmann et al., 2012), but that attitudinal changes towards referring offenders to pharmacotherapy may increase the reach of this effective treatment.

After completion of the training, sites randomized to the experimental condition were asked to nominate members for a "Pharmacotherapy Exchange Council" (PEC), which comprised up to 10 key staff from the community corrections agency and a local treatment provider agency where MAT services were available. The PEC designated two cochairpersons (one from corrections and one from treatment), and was administratively supported by a designated "connections coordinator"—someone determined to be well-positioned to build collaborations between the agencies involved. PEC members engaged in a structured, multi-part strategic planning process over the course of 12–15 months.

The group process of the PEC allowed the concerns of all parties to be vetted in an action-oriented open dialogue between treatment programs and community corrections in order to understand fully the issues surrounding greater use of MAT. This communication process was guided through manualized strategic planning, designed to clearly specify the goals, procedures and boundaries of the group, and was facilitated by the PEC co-chairpersons (PEC Organizational Linkage Manual available on request). During the strategic planning process, PEC members completed manualized activities in which they collectively assessed the corrections agency's needs related to MAT referrals

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