

Regular article

Organizational determinants of outpatient substance abuse treatment duration in women

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Abstract

Longer treatment duration has consistently been related to improved substance use outcomes. This study examined how tailored women's programming and organizational characteristics were related to duration in outpatient substance abuse treatment in women. Data were from two waves of a national outpatient substance abuse treatment unit survey ($n = 571$ in 1999/2000, $n = 566$ in 2005). Analyses were conducted separately for methadone and nonmethadone programs. Negative binomial regressions tested associations between organizational determinants, tailored programming, and women's treatment duration. Of the tailored programming services, childcare was significantly related to longer duration in the nonmethadone programs, but few other organizational factors were. Tailored programming was not associated to treatment duration in methadone programs, but ownership, affiliation, and accreditation were related to longer duration. Study findings suggest evidence for how external relationships related to resources, treatment constraints, and legitimacy may influence women's treatment duration. Methadone programs may be more vulnerable to external influences. © 2009 Elsevier Inc. All rights reserved.

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1. Introduction

Longer duration of substance abuse treatment has consistently been associated with improved outcomes (Moos & Moos, 2003; Simpson, 2004; Simpson, Joe, & Rowan-Szal, 1997). Although treatment duration is important for both men and women, women face unique barriers that may hinder their participation, including greater stigma related to their use, lack of childcare, fear of losing child custody, and a history of physical and sexual trauma (Blume, 1990; Finklestein, 1994; Greenfield, 2002; Gutierrez & Tood, 1997; Wechsberg, Craddock, & Hubbard, 1998). Women also tend to progress faster to abuse and dependence than men (Hernandez-Avila,

Rounsaville, & Kranzler, 2004). By the time they enter treatment, women also have more severe psychiatric and medical comorbidities (Greenfield, 2002; Greenfield, Brooks, et al., 2007). Limited research suggests that tailoring treatment to women may be related to improved retention and outcomes, particularly for subgroups of women (Ashley, Marsden, & Brady, 2003; Greenfield, Brooks, et al., 2007; Greenfield, Trucco, McHugh, Lincoln, & Gallop, 2007; Niv & Hser, 2006; Sun, 2006). Although organizational factors have been found to be associated with tailoring services for women (Campbell et al., 2007), little is known about how organizational factors contribute, positively or negatively, to treatment duration. This study extends previous research by examining the association between organizational factors, tailored women's programming, and treatment duration in women in a national sample of outpatient substance abuse treatment (OSAT) programs.

Treatment duration is an important predictor of substance abuse outcomes, but many individuals leave treatment before

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completion (Greenfield, Brooks, et al., 2007; Greenfield, Trucco, et al., 2007; Simpson, 2004). The duration literature is equivocal on whether women or men stay in treatment longer; some studies have found women have a shorter length of stay (Hser, Evans, Huang, & Anglin, 2004; McCaul, Svikis, & Moore, 2001), whereas other studies have found men have a shorter length of stay (Hser, Huang, Teruya, & Anglin, 2003), and others have found no difference (Green, Polen, Dickinson, Lynch, & Bennett, 2002; Mertens & Weisner, 2000). The literature does suggest that women face greater barriers to treatment and that individual predictors of treatment duration vary by gender (Green et al., 2002; Greenfield, Brooks, et al., 2007; Greenfield, Trucco, et al., 2007; Mertens & Weisner, 2000). A study of an HMO population entering chemical dependency treatment found that for women, higher income, unemployment, marriage, lower psychiatric severity, and ethnicity other than African American predicted longer retention (Mertens & Weisner, 2000). In another managed care sample, Green et al. (2002) found that alcohol diagnoses and legal referrals to treatment predicted longer retention for women. The Alcohol and Drug Services Study, which included inpatient, outpatient, and residential treatment settings, examined selected facility characteristics and found that women-only facilities and childcare were not associated with treatment completion but were related to longer stays in treatment (Brady & Ashley, 2005). Descriptive evidence suggested that women had shorter lengths of stay in nonhospital residential facilities; this difference disappeared in the multivariate modeling (Brady & Ashley, 2005). These findings suggest that services tailored to women's needs are important to duration and that women's treatment duration also varies by some organizational factors, although these relationships have not been extensively studied.

This study's conceptual framework draws from open systems models of organizations (Scott, 1998). Such models view organizations as engaging in a series of exchanges with various external groups to obtain vital resources including funds, staff, clients, and licenses. Because substance abuse treatment organizations are dependent on external groups that control valued and scarce resources, including legitimacy (Scott, 1998), these external groups can influence features of the internal environment, including staffing patterns, treatment philosophy, client characteristics, and treatment planning. We thus examine the influence of factors reflecting external dependencies (e.g., managed care, accreditation, and client characteristics) on internal treatment practices—specifically longer treatment duration in women. For example, external utilization control and payment policies from managed care plans can influence the treatment plan and services internal to a substance treatment organization. In particular, managed care utilization controls can abbreviate treatment duration (Durkin, 2002; Galanter, Keller, Dermatis, & Egelko, 2000; Larson, Samet, & McCarty, 1997; Lemak & Alexander, 2001; Sosin & D'Aunno, 2001). Further, client characteristics that correlate with treatment and service needs

or prognosis could either lengthen or abbreviate treatment duration. For example, clients with more severe addictive disorders probably receive treatment plans with longer treatment durations, but conversely, their more severe addictive problems also correlate with early relapse and dropout from treatment (D'Aunno, Folz-Murphy, & Lin, 1999). The open systems framework will be supplemented by examining internal practices that represent tailoring of treatment to the specific needs of women, on the premise that such tailored treatment will both provide incentives and motivation for women to remain in treatment longer or, alternatively, remove the disincentives that often result in women dropping out of treatment early. Such practices may operate independently of the effects of external dependencies and/or may represent an alternative explanation to such dependencies. Indeed, previous research suggests that substance abuse treatment organizational and environmental characteristics were related to tailored treatment for women (Campbell et al., 2007).

In sum, this study extends previous research by examining how organizational characteristics related to external dependencies and tailored women's programming are associated with outpatient substance abuse treatment duration in women. Below, we describe each study variable and its hypothesized relationship with treatment duration for women clients.

1.1. Tailored programming

Treatment duration in women clients may be related to the availability of specific tailored programming for women. Tailored programming for women refers to certain practices that address women's specific needs, which may help to increase their time in treatment (Greenfield, Brooks, et al., 2007; Greenfield, Trucco, et al., 2007). These include childcare, prenatal care, gender matching to therapist and groups, and staff training to work with women. Women tend to be the primary child rearer and often cite lack of childcare as a barrier to treatment (Sun, 2006). Prenatal care is an important resource for pregnant women and may persuade them to remain in treatment (Ashley et al., 2003; Grella, 1997). It also reflects a treatment program's orientation to serve women. Women with substance use problems are at high risk of physical and sexual abuse and may feel more comfortable discussing these issues in same gender groups and with a female therapist (Claus et al., 2007; Finkelstein, 1996; Greenfield, 2002; Marsh, Cao, & D'Aunno, 2004). Training staff, with regard to the issues women confront, can also lead to a more empathetic and female-friendly environment, with the potential to increase treatment duration (Finkelstein, 1996).

1.2. Organizational characteristics

Treatment duration may be related to specific attributes of the treatment organization as a function of its external

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