Special article

The role of organization and management in substance abuse treatment: Review and roadmap

Thomas D'Aunno, (Ph.D.)

INSEAD, Boulevard de Constance, 77305 Fontainebleau Cedex, France

Abstract

To develop an understanding as to why there exists a seemingly wide gap between research and practice in the field of substance abuse treatment and, more important, to understand how this gap can be closed, researchers have focused their attention on the role of organizational and management factors in the delivery of treatment services. This article's overarching goal is to stimulate research and interventions that focus on these factors so as to improve the standards and outcomes of care in substance abuse treatment. Part 1 introduces the key assumptions and perspectives that guide organization and management research. Part 2 selectively reviews empirical studies that examine relationships between treatment programs' use of research-based treatment practices and organization and management factors. The article concludes with a discussion of the next important steps for research and policy. © 2006 Published by Elsevier Inc.

Keywords: Organizational factors; Management; Organization and management of substance abuse treatment; Standards of care; Research-based treatment practices

1. Introduction

The Institute of Medicine (IOM) study, "Bridging the Gap Between Practice and Research" (Lamb, Greenlick, & McCarty, 1998), focused attention on a critical problem in the delivery of substance abuse treatment. A more recent IOM (2005) report, "Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series," showed that many treatment programs across the nation use treatment practices that do not meet empirically established standards for effective care.

Both of these IOM reports emphasized that there is a relatively large body of evidence on the effectiveness of particular treatment practices for drug abuse clients (for summaries of this evidence, see Egertson, Fox, & Leshner, 1997; McLellan & McKay, 1998; National Institute on Drug Abuse [NIDA], 1999). These practices include: (1) conducting a thorough assessment of clients' needs (e.g., using instruments such as the addiction severity index or the American Society of Addiction Medicine criteria; McKay et al., 1997b); (2) providing, or at least linking clients to, a range of medical and social services to meet their needs (e.g., Joe, Simpson, & Sells, 1994; McLellan, Arndt, Metzger, Woody, & O'Brien 1993); (3) retaining clients in treatment (Simpson, Joe, & Brown, 1997); (4) using medications appropriately (O'Brien, 1996; O'Brien & McKay, 1998); and (5) conducting postdischarge follow-up and aftercare (McKay et al., 1997a).

Both IOM reports also concluded, however, that research-based treatment practices are underused in the nation's treatment system. Research indicates, for instance, that addressing the psychiatric comorbidities of substance abuse clients can improve their treatment (e.g., Woody et al., 1983, 1984, 1987, 1995). Yet data show that the average percentage of clients who received specialized mental health care in the nation's outpatient programs in 2000 was only 29%—essentially unchanged since 1990 when an average of 28% of clients received mental health care (Durkin, 2002; Friedmann, Durkin, Lemon, & D'Aunno, 2003).

To understand why there exists a seemingly wide gap between research and practice in the field of substance abuse treatment and, more important, to understand how this

E-mail address: thomas.daunno@insead.edu.

gap can be closed, researchers have focused their attention on the role of organizational and management factors in the delivery of treatment services (D'Aunno, Succi, & Alexander, 2000; Roman, 2005). This article's overarching goal is to stimulate research and interventions that focus on these factors so as to improve the standard of care in the field of substance abuse treatment.

To achieve this goal, it is first necessary to introduce some key assumptions and perspectives that guide organization and management research. Next, the article discusses how organization and management factors are related to research-based treatment practices by providing a selective review of empirical studies, particularly our own study from the National Drug Abuse Treatment System Survey (NDATSS). This NIDA-funded study has several comparative advantages: It is longitudinal (includes five waves of data for the years 1988, 1990, 1995, 2000, and 2005); the sample is nationally representative of outpatient substance abuse treatment programs, in which about 80% of all clients are treated; the data set contains many organizational and management variables; and many articles from this study have been published in top health care and management journals. The article concludes by discussing the next important steps for research and policy.

2. Part 1. Organization and management research in substance abuse treatment: An overview

A thorough introduction to organization and management studies is beyond the scope of this article. Nonetheless, it is useful to discuss some important assumptions and perspectives in this field (see also D'Aunno & Price, 1985). Organization and management studies both apply and develop theories and methods from a range of social sciences (psychology, sociology, economics, and political science) to analyze behaviors within and among organizations. Researchers in this field often focus on the role that managers can play to improve organizational performance, but most scholars also recognize that managers sometimes (if not often) have a limited ability to make significant changes in organizations, especially "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, licenses, and accreditation. In such exchanges, organizations can become dependent on external groups that control valued and scarce resources (Pfeffer & Salancik, 1978). As a result, external groups can heavily influence organizational behavior.

In the case of substance abuse treatment programs, an open-systems view expects external groups or external conditions in the environment (such as labor markets or community affluence) to influence organizational characteristics, including important ones such as staffing patterns and client:staff ratios. External groups also can directly influence treatment practices. For example, managed care firms can alter treatment duration and the types of services that units provide (Durkin, 2002; Lemak & Alexander, 2001a, 2001b; Sosin, 2002).

At the same time, open-systems views recognize that organizations operate not only in material environments in which money, authority, power, and politics matter but also in social and cultural environments that can shape organizational behavior in subtle but powerful ways. For example, cultural environments emphasize or reinforce shared values in a field and provide role models that organizations and their managers emulate, especially when faced with uncertainty (e.g., with regard to funding or client referrals) (Scott, 2001). Indeed, because the field of substance abuse treatment is highly value-laden, so-called institutional perspectives that examine the role of shared values and norms, both within and across communities, are potentially important in understanding the extent to which programs use empirically based treatment practices (D'Aunno, Vaughn, & McElroy, 1999). More generally, the issue of best practices is problematic throughout human services because of uncertain causal relationships between treatment technology and outcomes. Causal uncertainty provides discretion (Goodrick & Salancik, 1996), allowing powerful institutional factors (ideology, myth, and ceremony) to continue to supersede "evidence" that is often seen as being of dubious quality.

Furthermore, open-systems approaches do not necessarily assume that external actors are always so powerful that they can control the decision making of organizations, managers, and staff members. In fact, the reverse can be true as, for example, when managed care firms or state officials need service provision in particular geographic areas where there are few treatment providers available. For a variety of reasons, organizations often are only loosely linked to powerful external actors, and this means that managers and staff members have relative autonomy even if they are ultimately dependent on external resource providers. For example, state officials or accreditation agencies could exert control over treatment programs, but these officials often do not have the resources or the frequency of contact needed to closely monitor treatment practices in any given program.

Finally, in organization and management studies, there is a rich tradition of examining the tools and technologies that individuals and organizations use to produce goods and services. In the case of substance abuse treatment, key technologies include the treatment practices cited above. One way of thinking about the problem of the underuse of best practices in this field is to ask: What factors prevent treatment programs and counselors from adopting and consistently employing empirically proven practices? One answer is, certainly, that consumers (clients) typically are not well-positioned to demand that they receive the best quality of care possible; for a variety of reasons, clients do not meet the usual criteria that economists assume are necessary for consumer markets to function optimally. As a