A bridge too far? CTN vs. non-CTN program comparisons and implications for innovation adoption

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Presentation Goals

• To examine the representativeness of CTN CTPs by comparing these programs to nationally representative samples of publicly-funded and privately-funded addiction treatment programs.

• Four areas of comparison include: program leadership, clinical staff, program structure and use of evidence-based practices

• Discuss implications relative to disseminating CTN findings to the larger treatment field
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The National Treatment Center Study

• Monitoring the organization, management, delivery, and content of addiction treatment in the U.S.

• Includes Nationally Representative Samples of:
  – Privately-funded treatment programs (N=403)
  – Publicly-funded treatment programs (N=393)
  – Therapeutic communities (N=400)
  – CTN-affiliated treatment programs (N=120 programs, 300 units)

• Programs must offer a level of care for addiction treatment at least equivalent to structured outpatient as defined by ASAM
  – Excludes: methadone maintenance-only facilities, clinicians in private practice, DUI-only programs, halfway houses
NTCS Instrument Design

- Multiple data collection methods used:
  - Detailed on-site interviews with program administrator
    - Organizational characteristics, services offered, and use of innovations
  - Mail questionnaire from program administrator
    - Leadership and management practices
  - Mail questionnaire from counselors
    - Services received by clients and attitudes toward innovations
  - Brief telephone follow-ups w/ program administrator at six month intervals
    - Major changes within the center
  - Today’s presentation - data from on-site interviews, administrator and counselor questionnaires
  - Data collection in CTN programs is on-going (N=142)

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Program Leadership
Administrator Education – MA or Higher

Private

Public

CTP
Administrator – Yrs in Field/Current Job

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Clinical Staff
Counselor – Education/Certification

- Private
- Public
- CTP

- MA or Higher
- Certified

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Staff Training – Average $ per Counselor

Private
Public
CTP
Staff Training:
% Reporting ‘Extensive’ Training for . . .
Computerization: % Counselors Reporting Center Provides Computer
Use of Internet for Learning:
% Reporting ‘Extensive Use’
Program Structure
Program Size – FTEs/Counselors

- Private
- Public
- CTP
Levels of Care

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Special Tx Tracks

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Case Mix - Demographics

Women

Adol.

Minority

Private

Public

CTP
Availability of Medical Staff

- Physician
- Nurse

Private
Public
CTP
Program IT Infrastructure

Charts Intake Assessment

Private Public CTP
Use of Evidence-based Practices
Measurement Issues to Consider

- Measures do not account for formal staff training or fidelity of approach
- Therapy names are often ambiguous
- Data may reflect over-reporting of actual use

Motivational Enhancement Therapy

- Use MET
- Training
- Manualized
Conclusions/Implications

• CTPs slightly more computerized
  – Computer availability to counselors
  – Day-to-day operation
  – Implications for dissemination efforts

• Dissemination of therapies shown effective in women-only tracks may be difficult

• Unlikely to test therapies in Partial Hospitalization programs

• CTPs appear slightly more progressive in use of evidence-based practices – likely due to exposure (MET, Buprenorphine)
Our Research

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