

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

J. Aaron Johnson, Ph.D.

Lori J. Ducharme, Ph.D.

Hannah K. Knudsen, Ph.D.

Paul M. Roman, Ph.D.

The University of Georgia

With research grant support from the National Institute on Drug Abuse (R01DA13110 and R01DA14482)



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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



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)

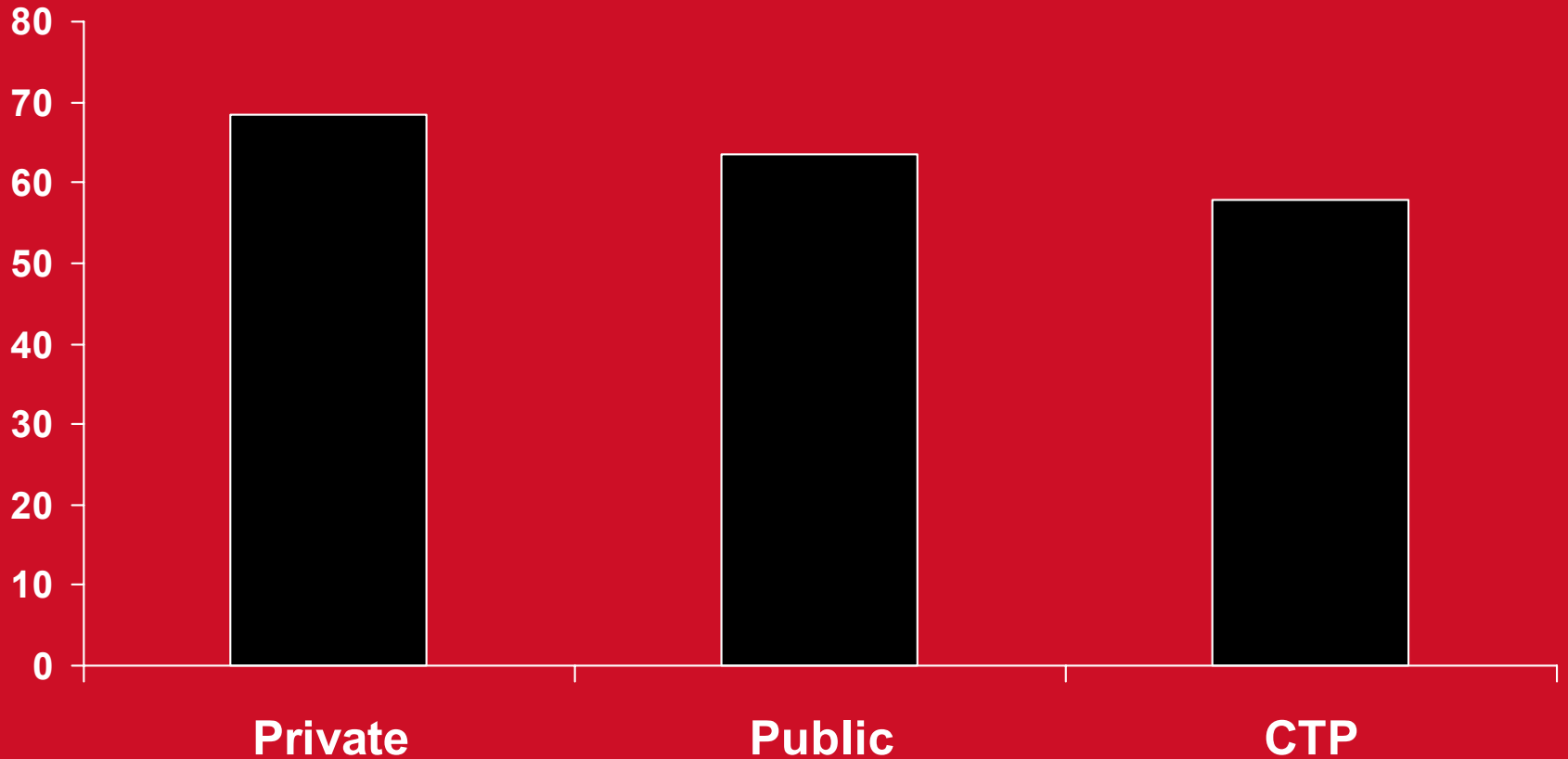


Program Leadership

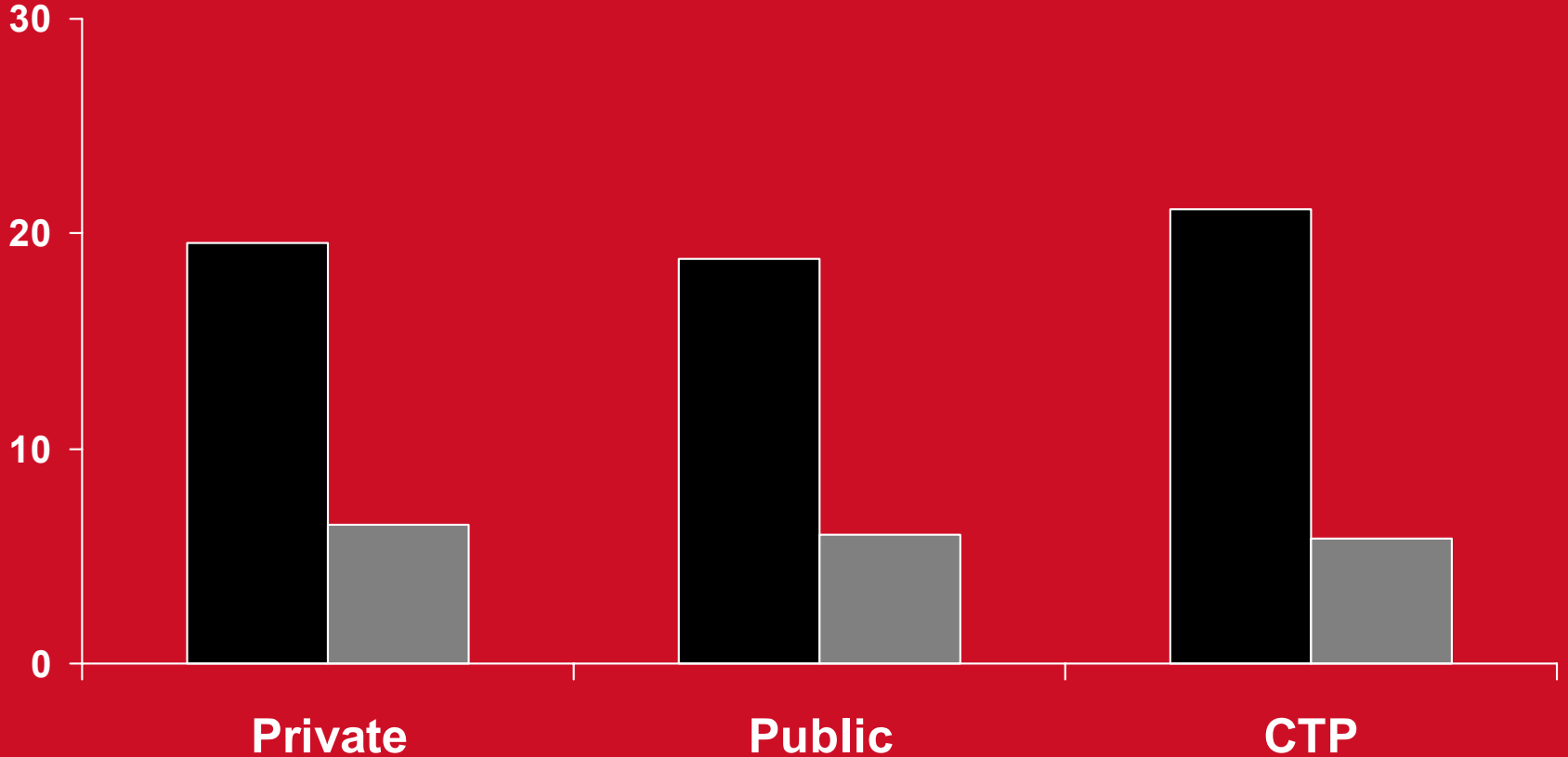


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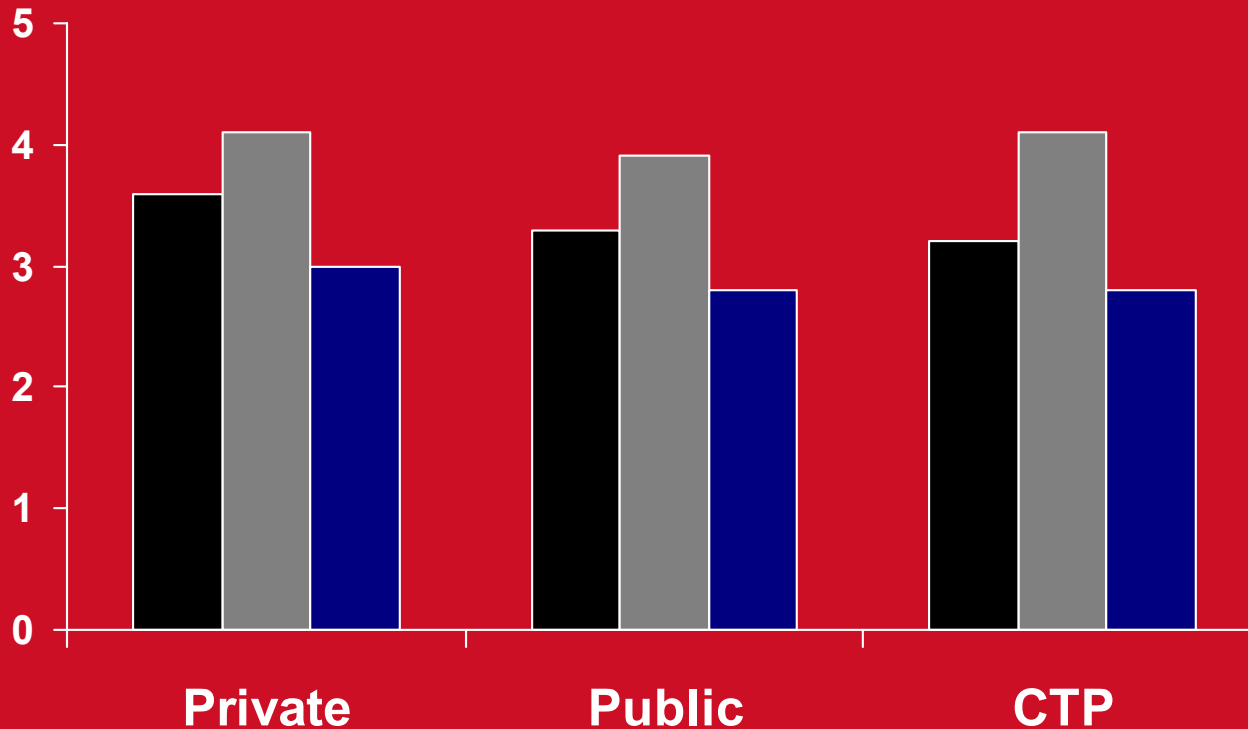
Administrator Education – MA or Higher



Administrator – Yrs in Field/Current Job



Administrator – Source for Information



■ Journals ■ Prof. Develop ■ Membership

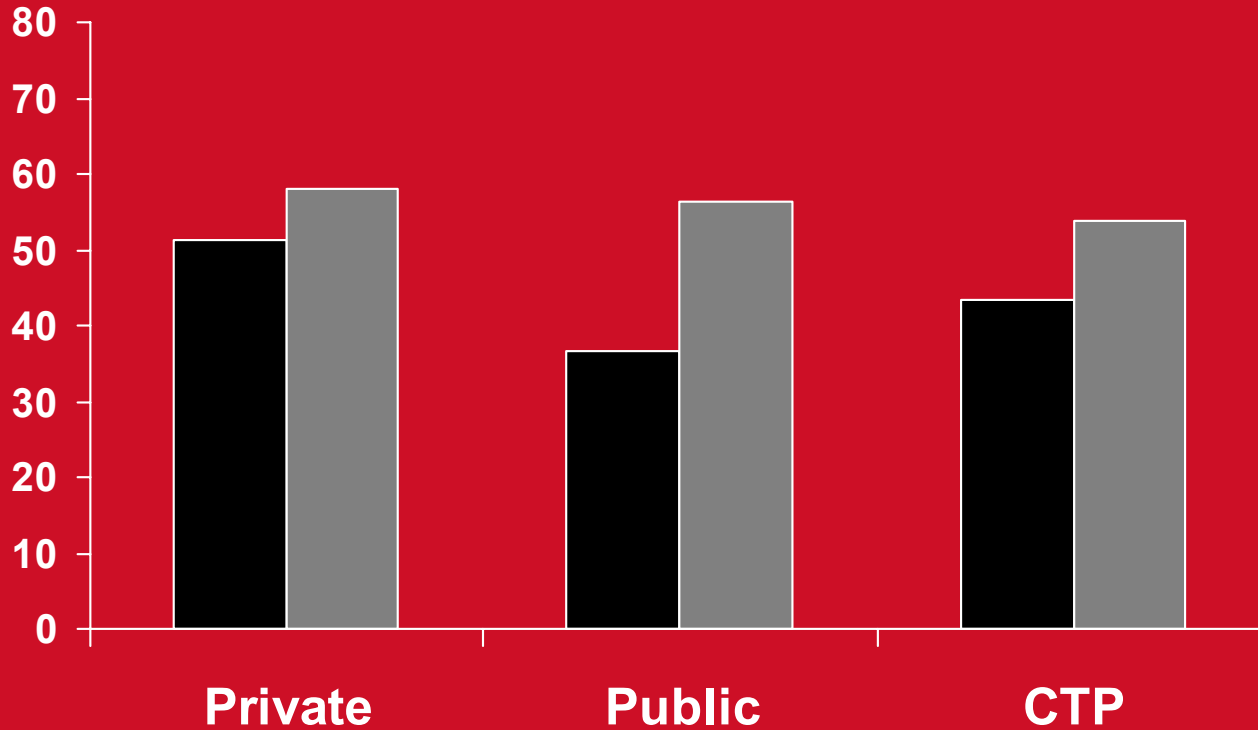


Clinical Staff



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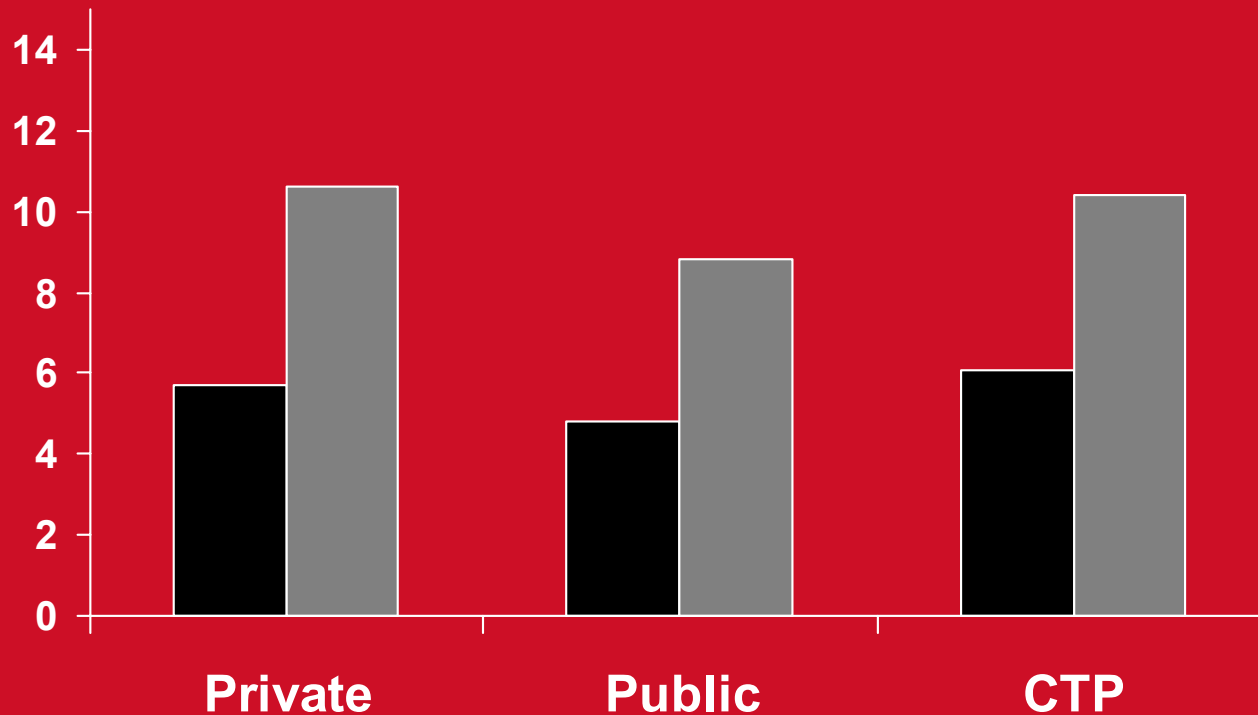
Counselor – Education/Certification



■ MA or Higher ■ Certified



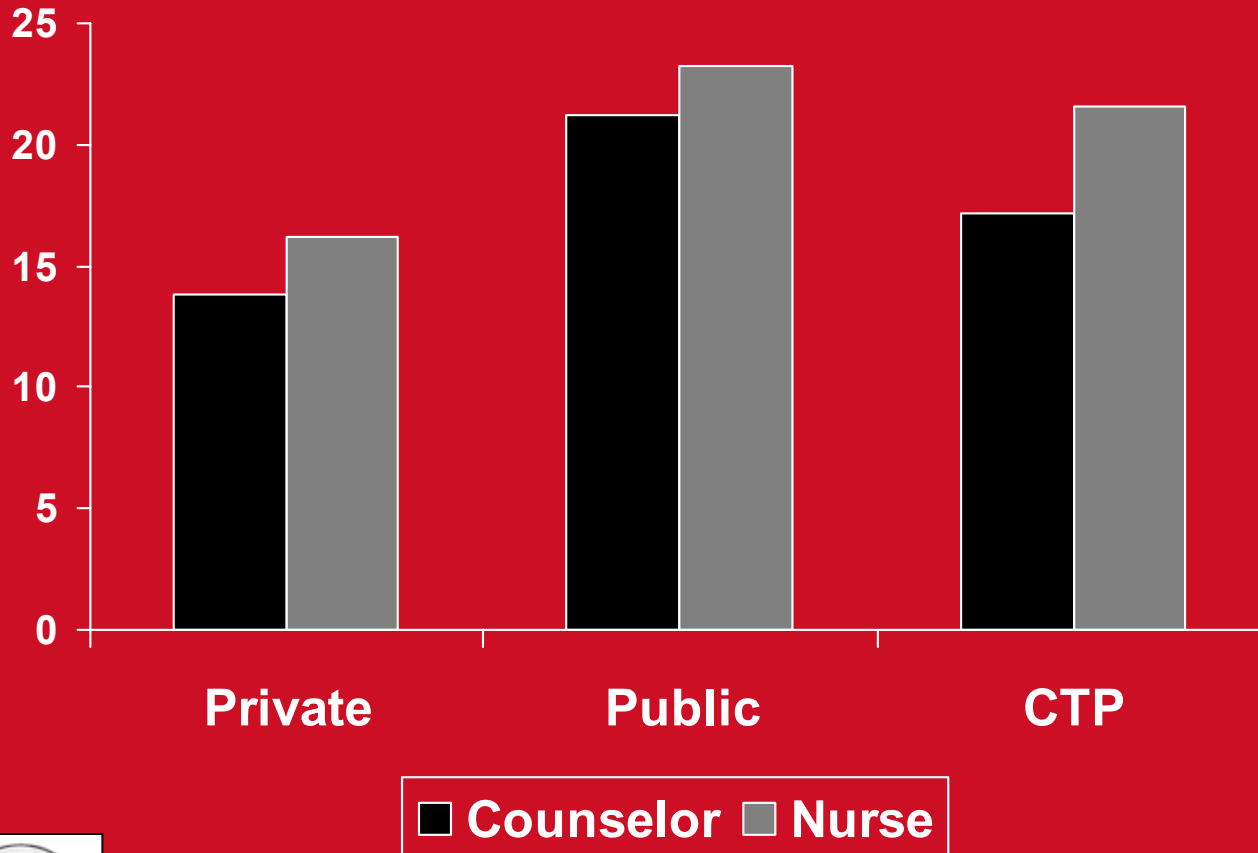
Counselor Experience – Center/ Field



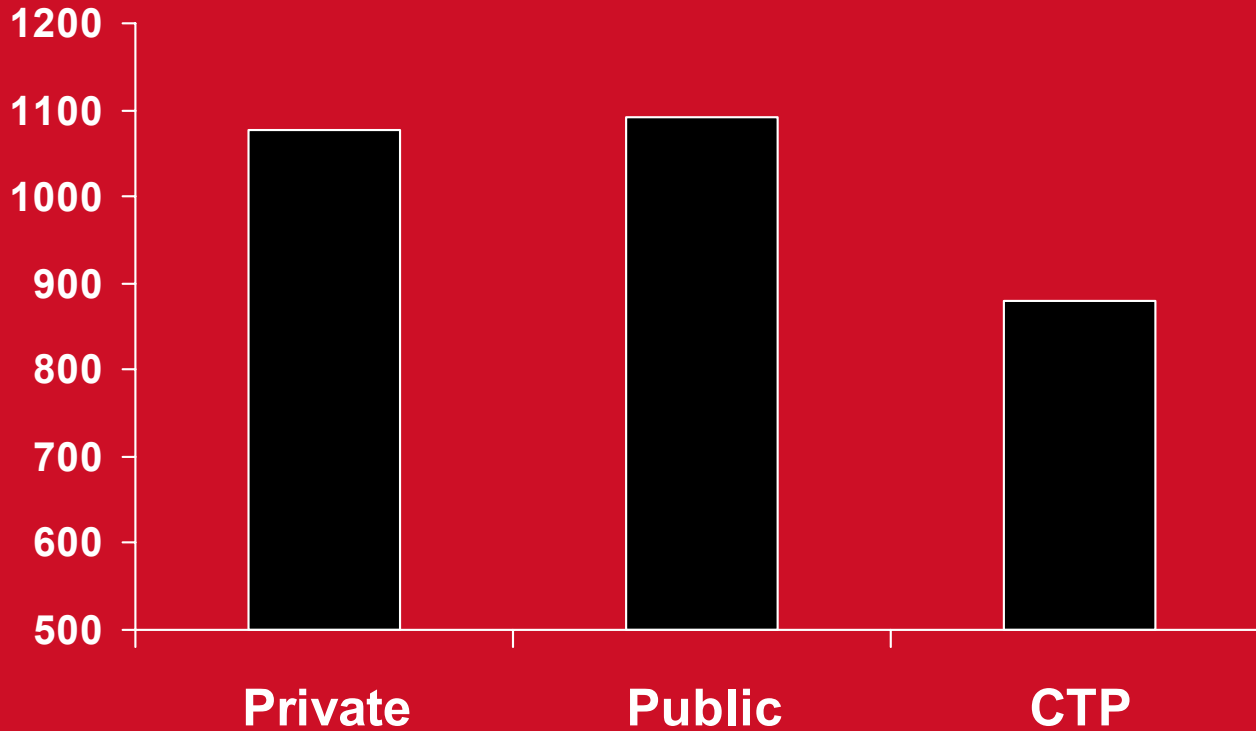
■ Yrs at Center ■ Yrs in Field



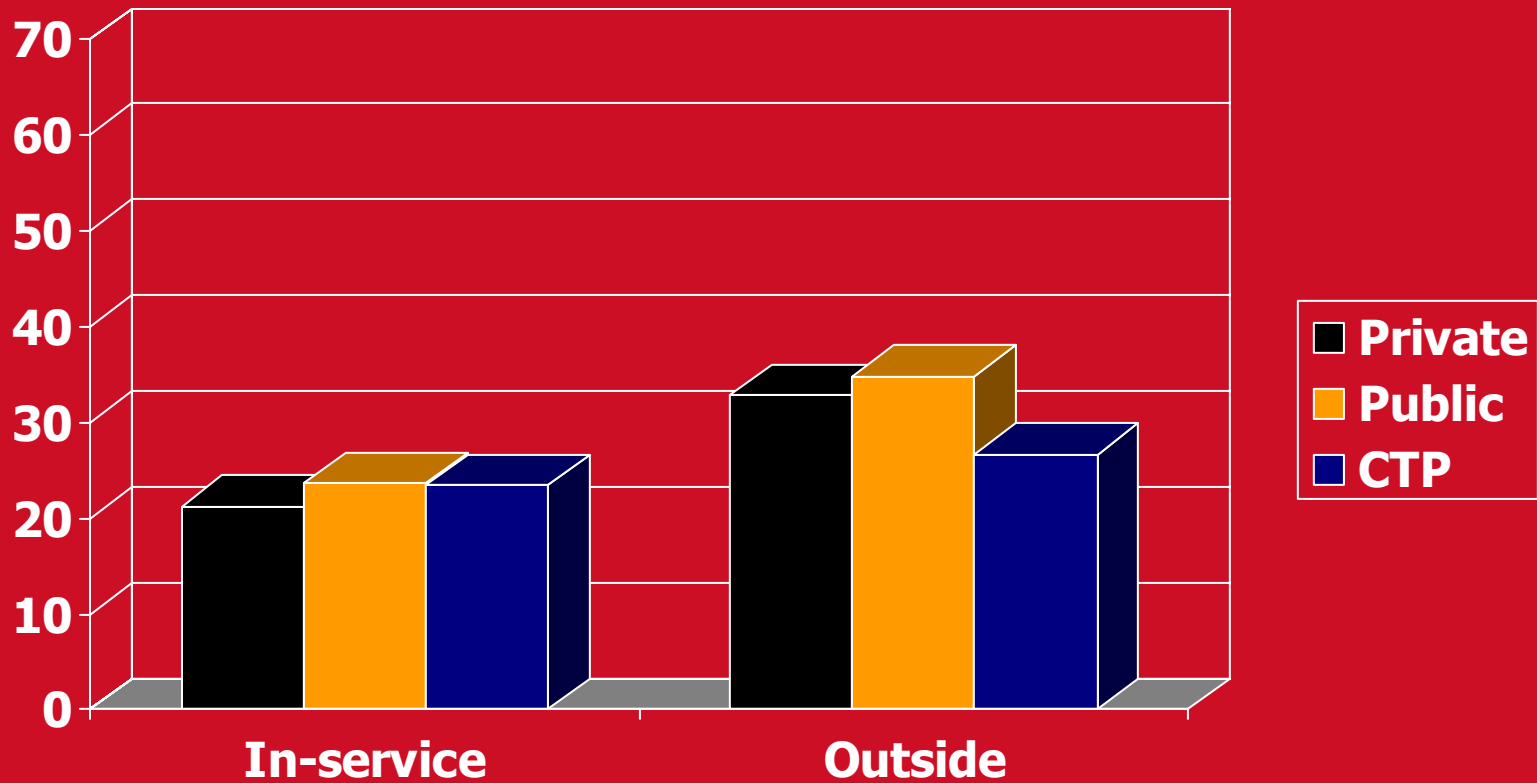
Staff Turnover Rate



Staff Training – Average \$ per Counselor

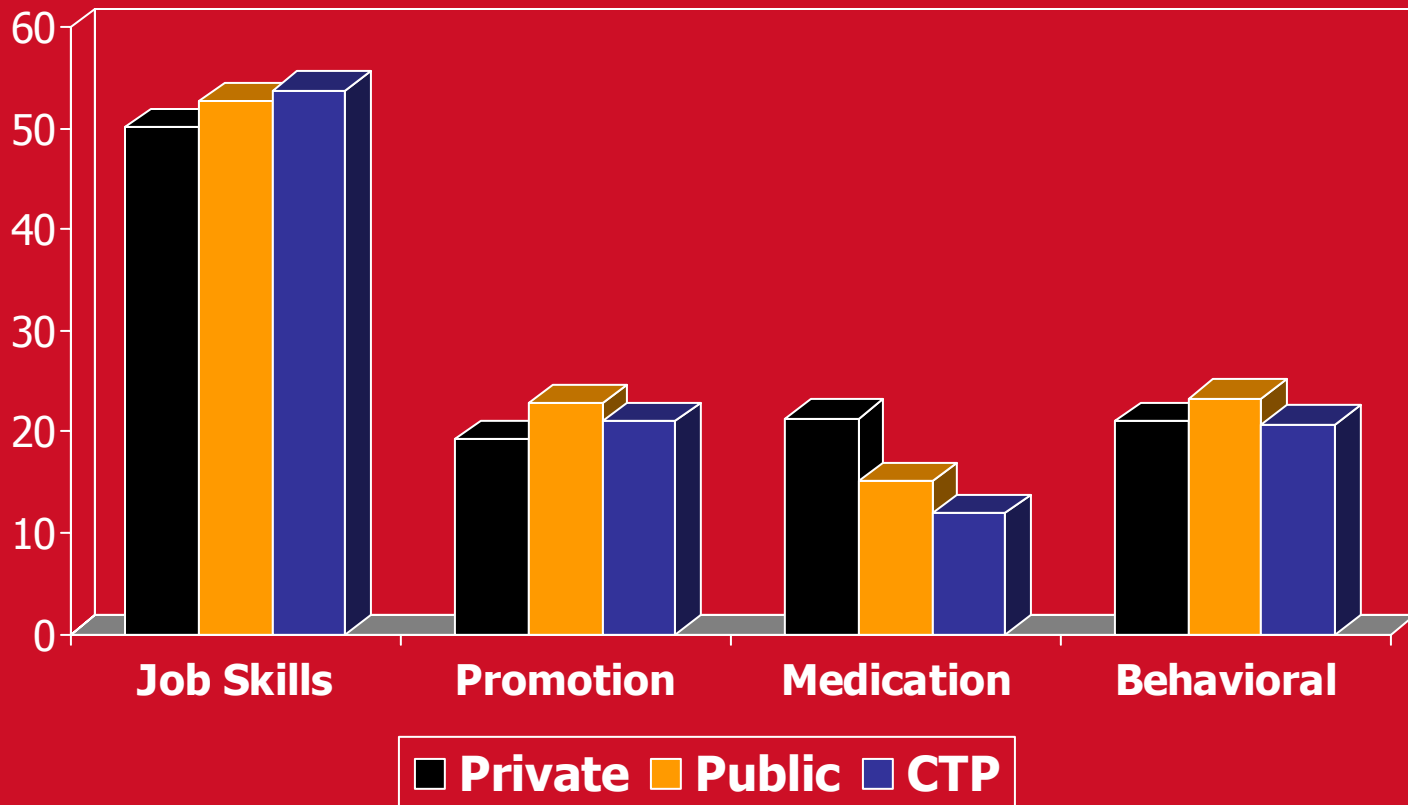


Staff Training - #Hours Past Year

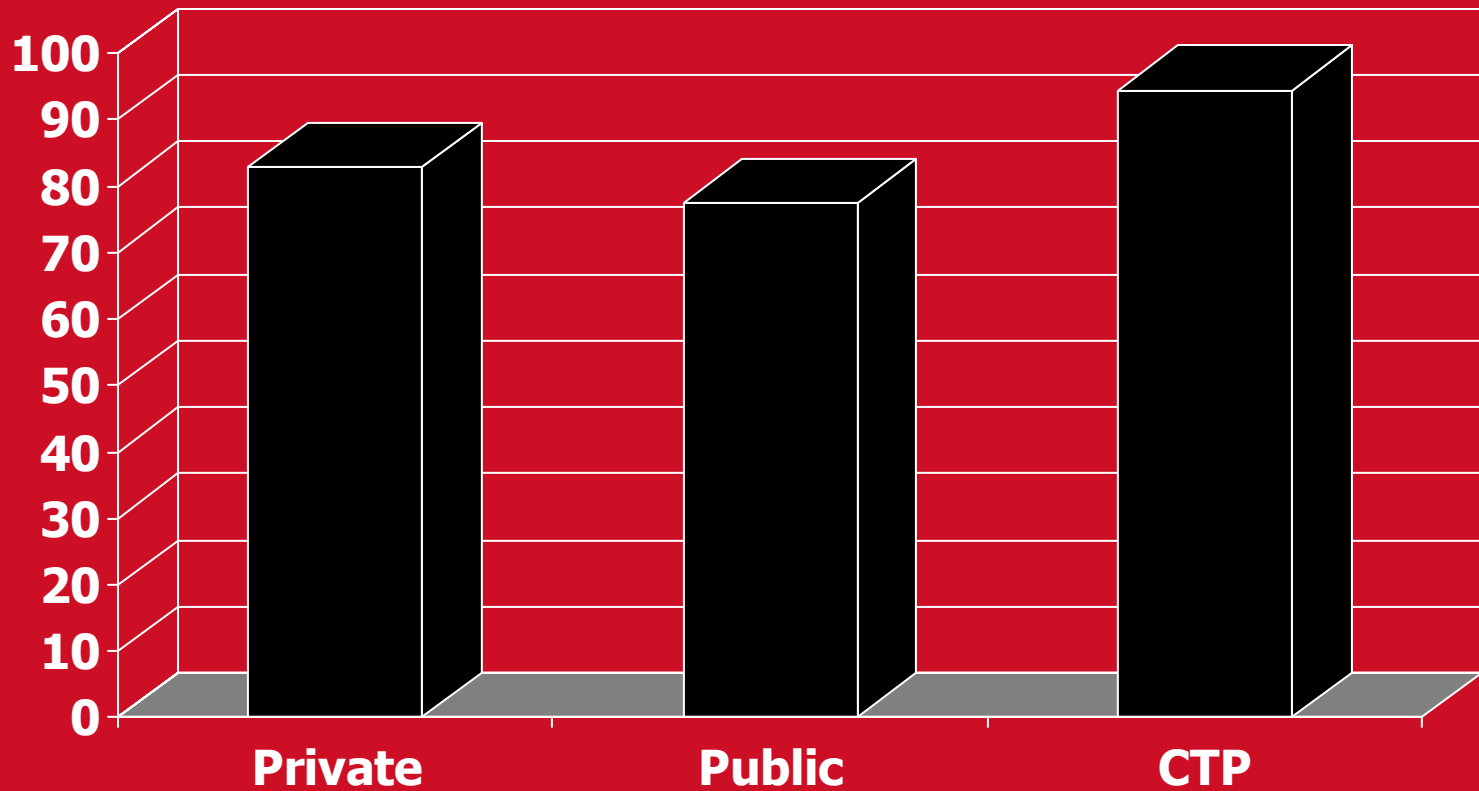


Staff Training:

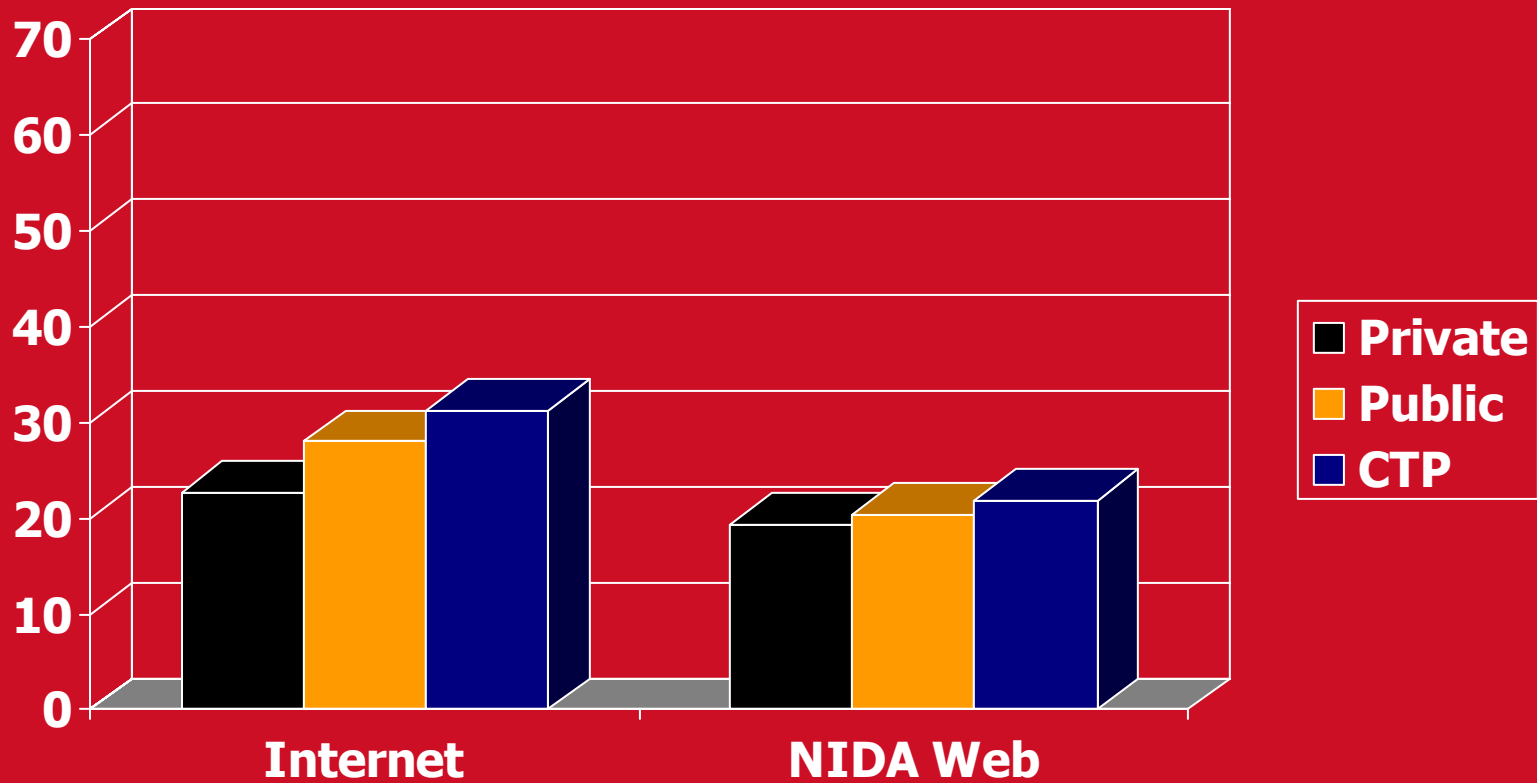
% Reporting 'Extensive' Training for . . .



Computerization: % Counselors Reporting Center Provides Computer



Use of Internet for Learning: % Reporting 'Extensive Use'

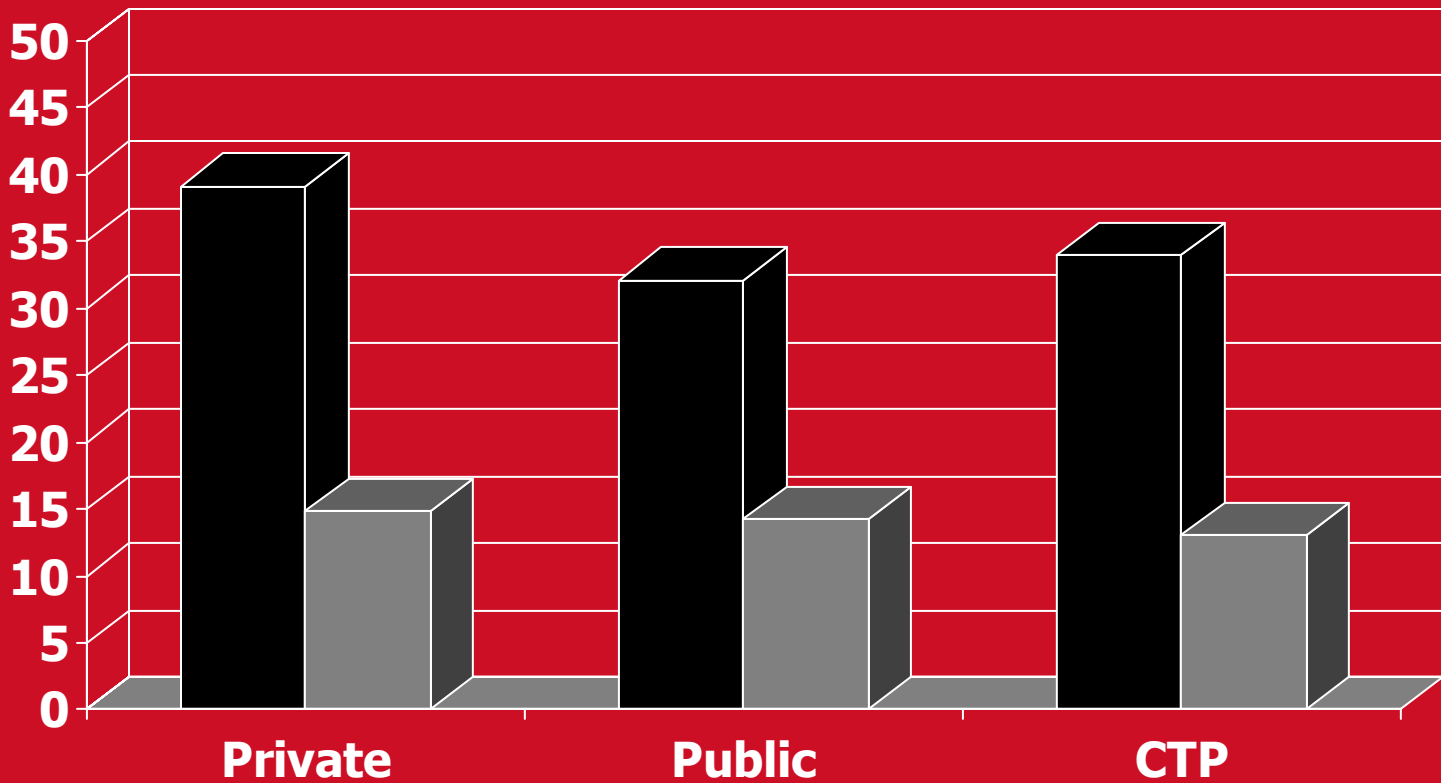


Program Structure

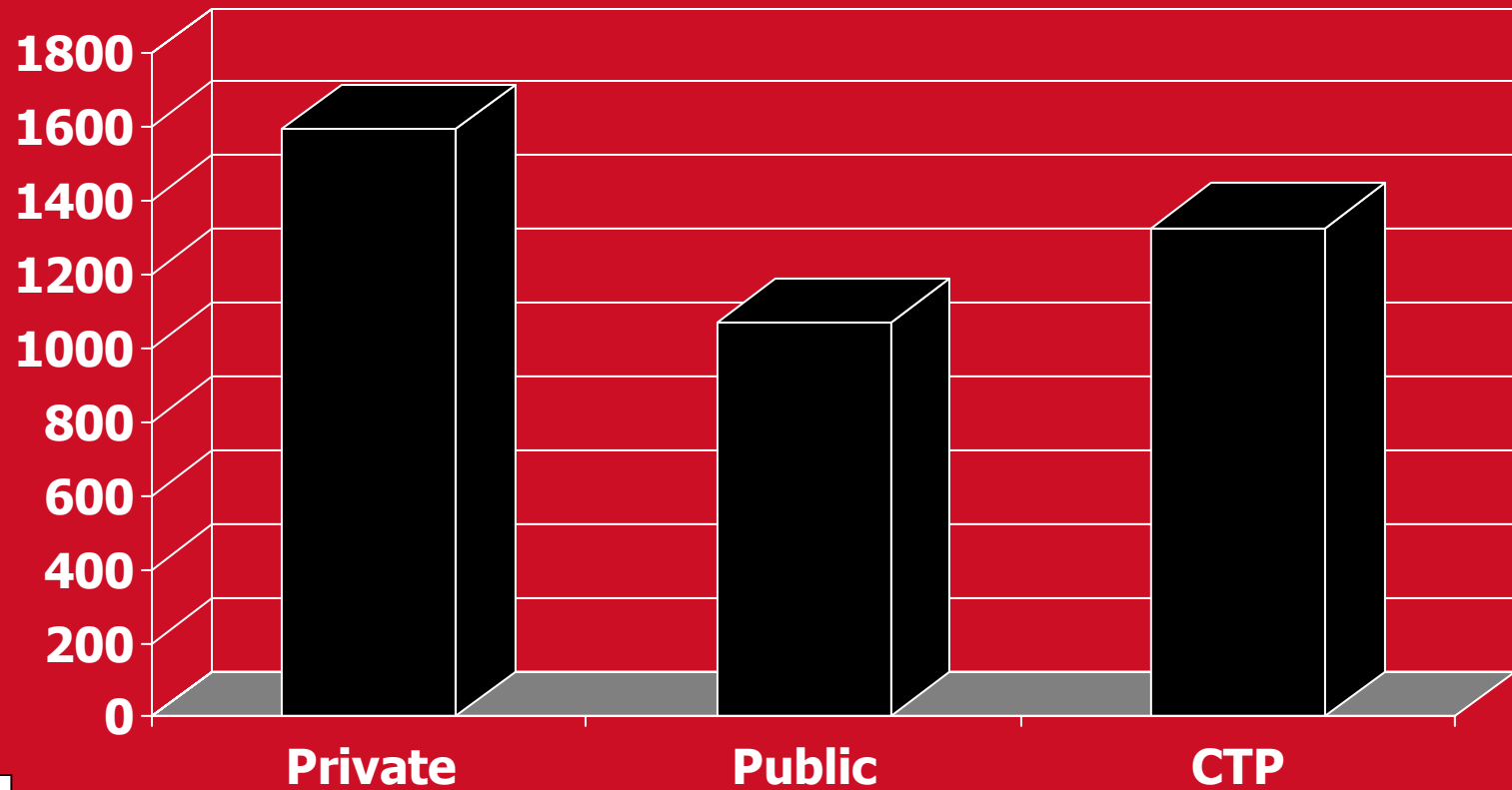


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Program Size – FTEs/Counselors

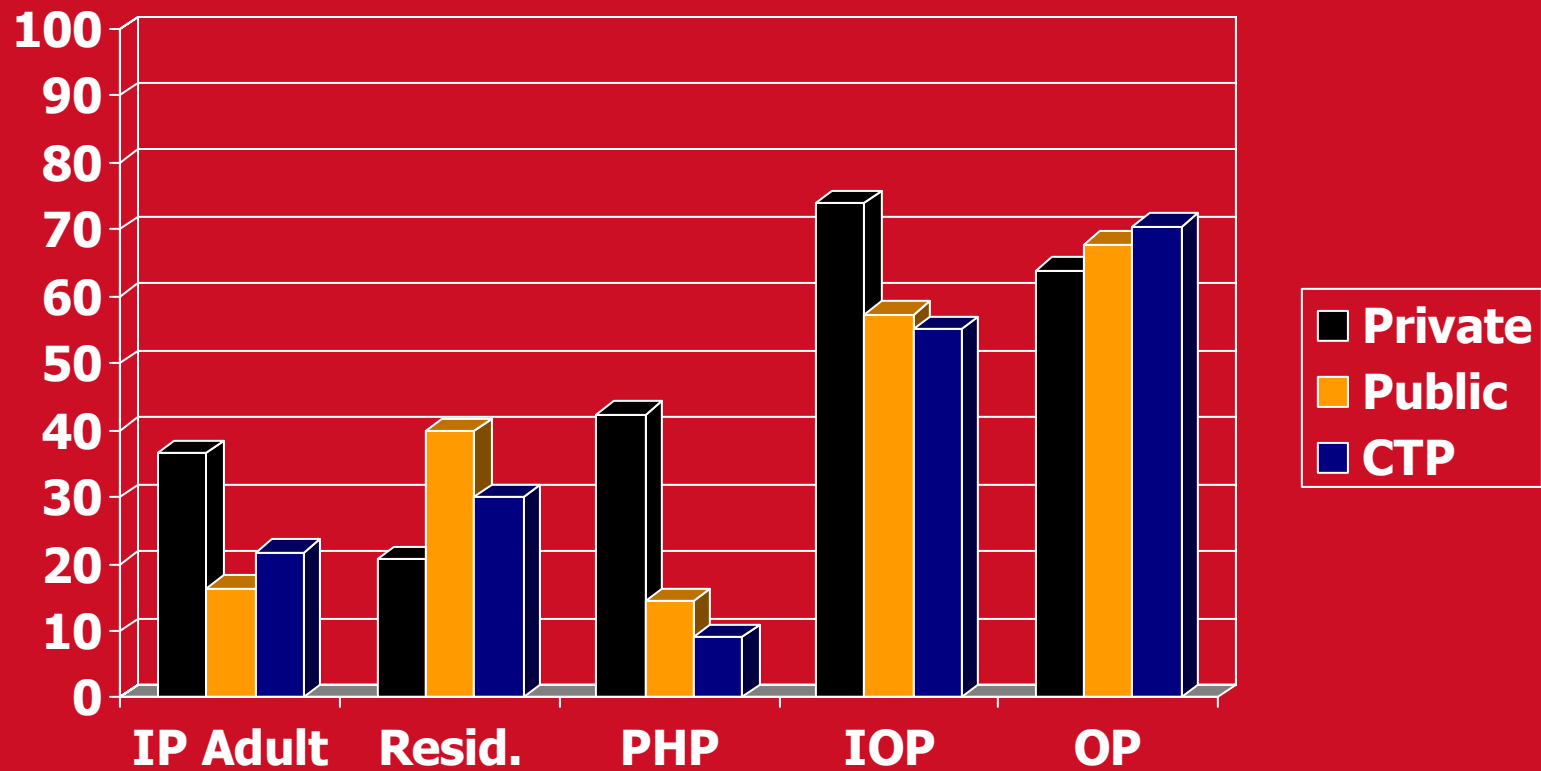


Program Size - # of Past Year Admissions

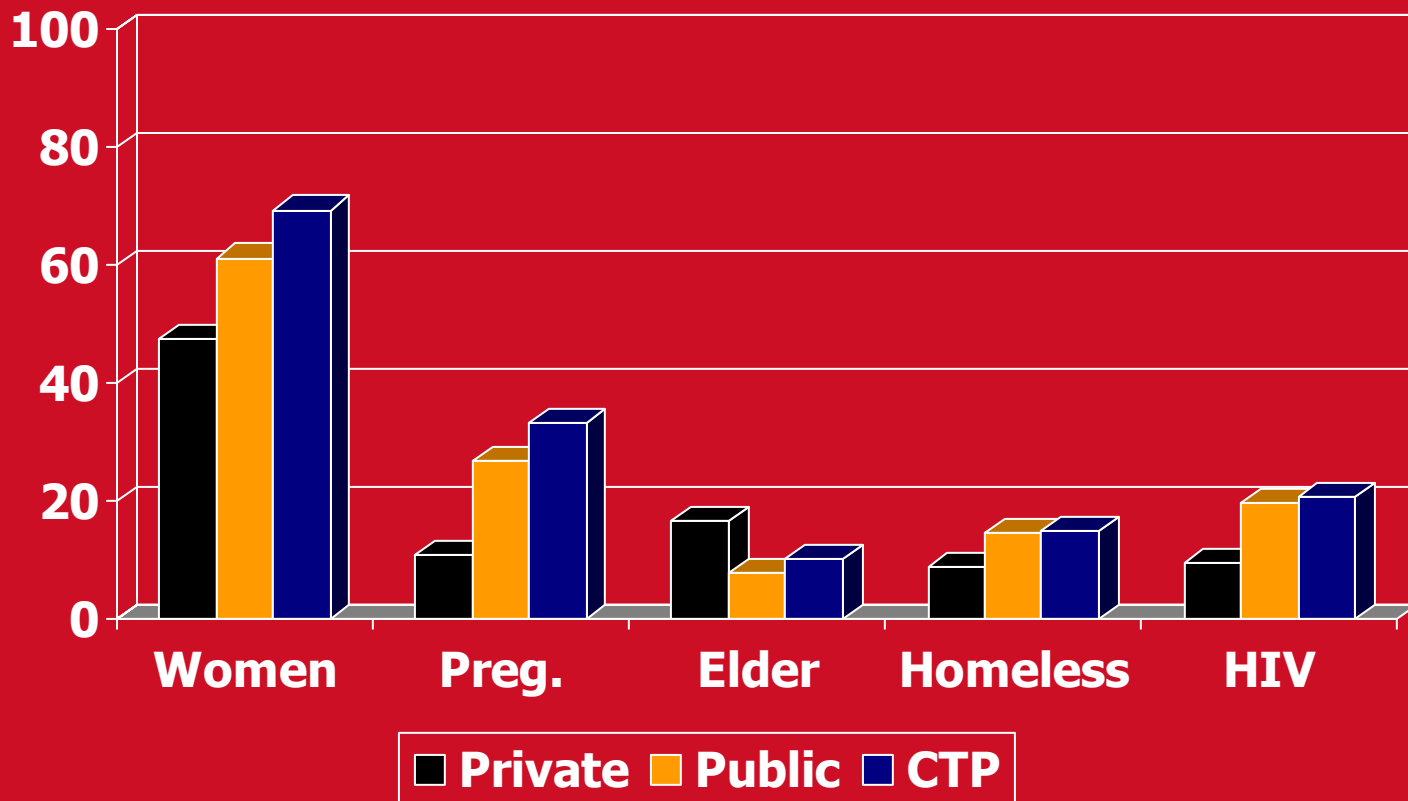


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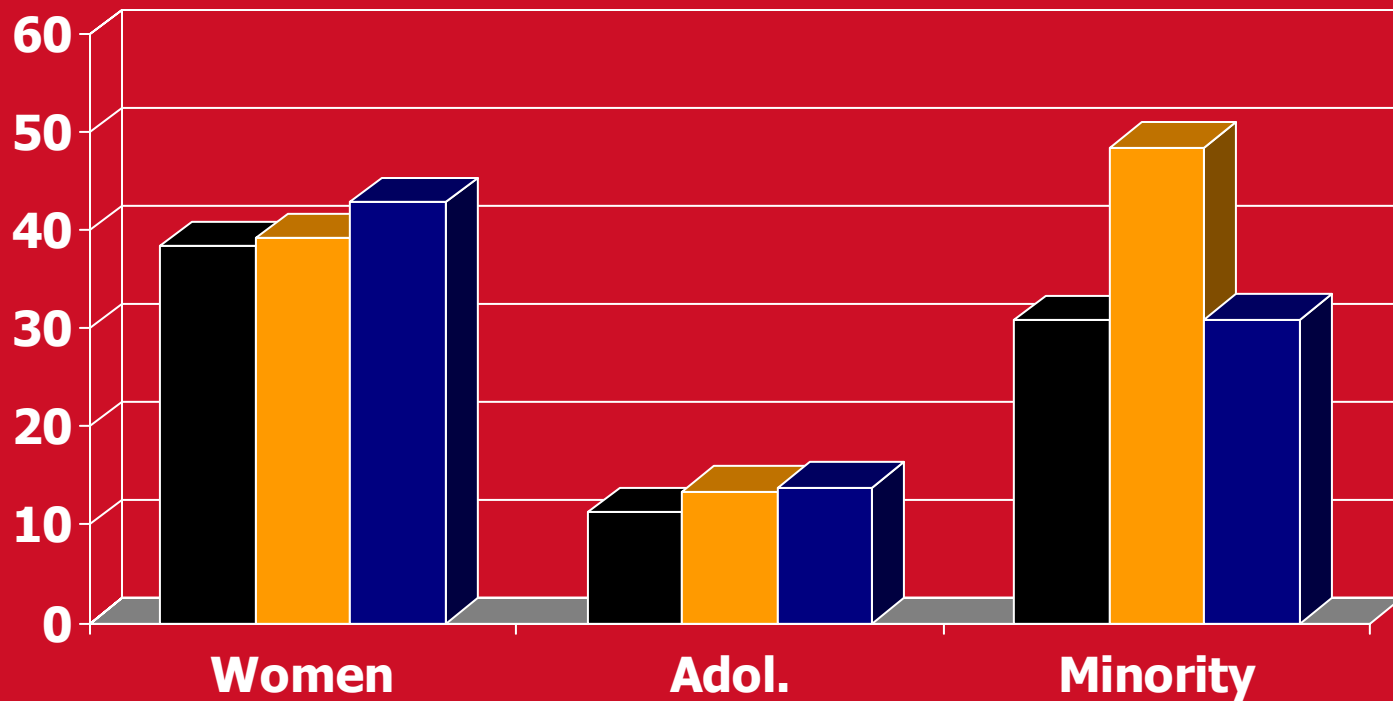
Levels of Care



Special Tx Tracks



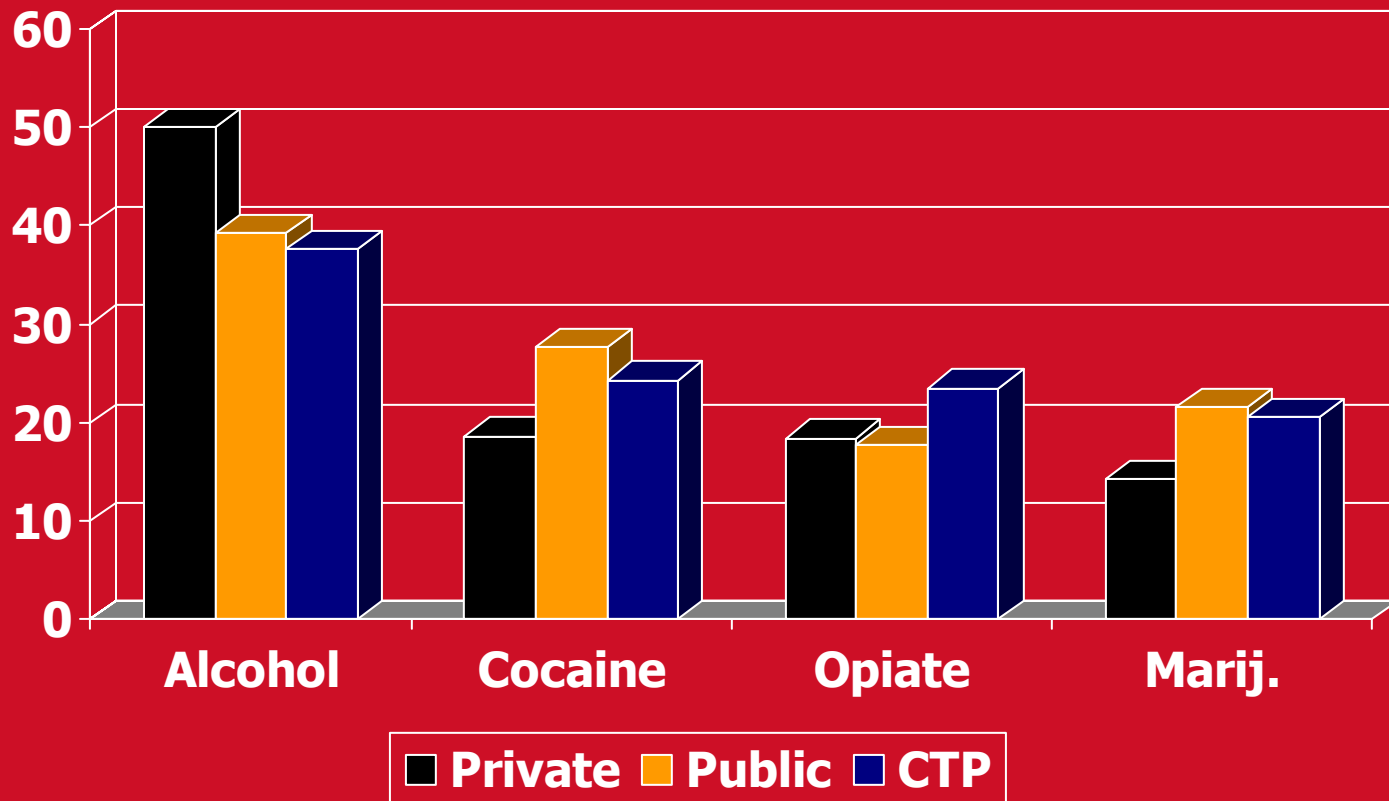
Case Mix - Demographics



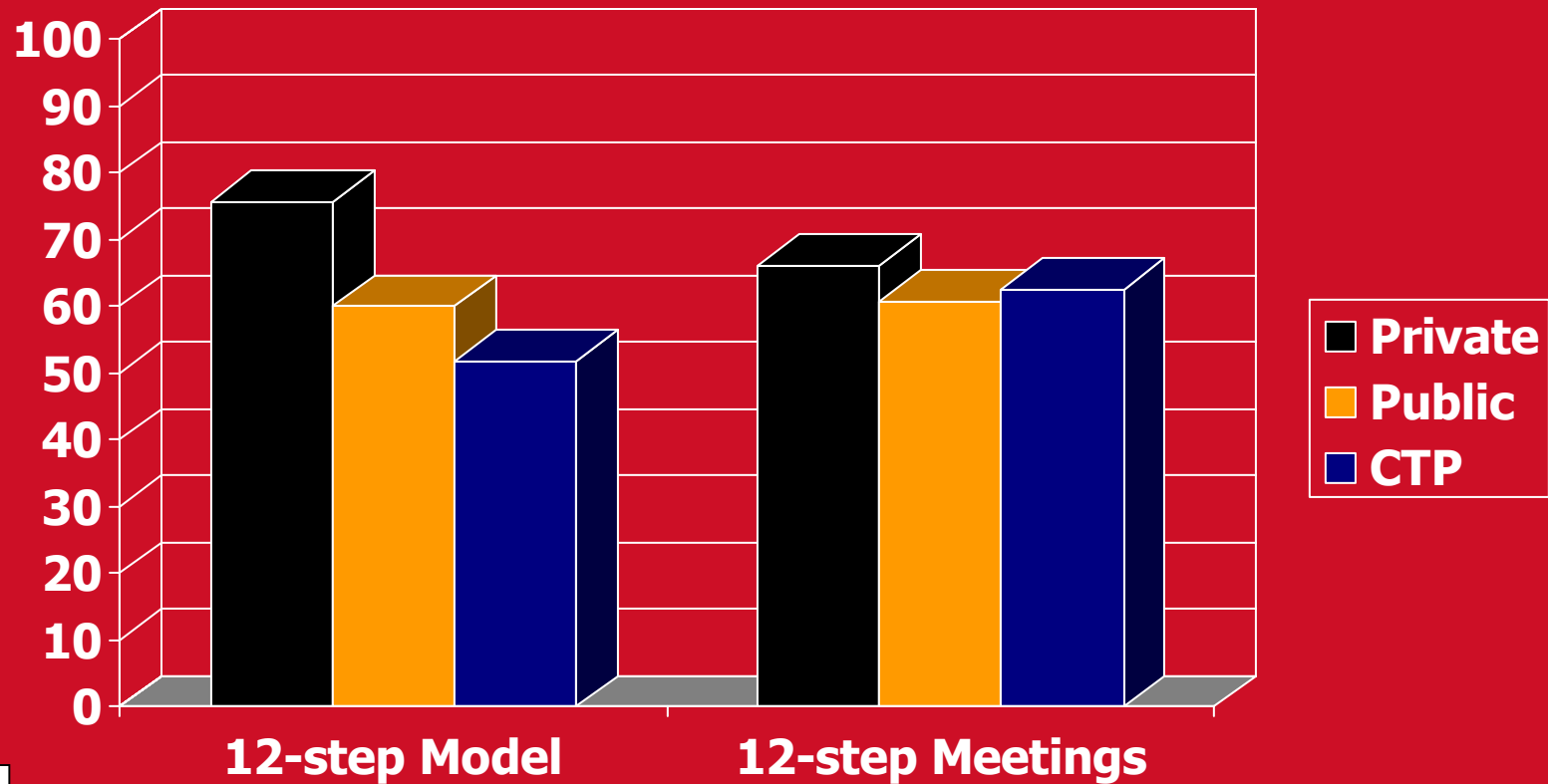
■ Private ■ Public ■ CTP



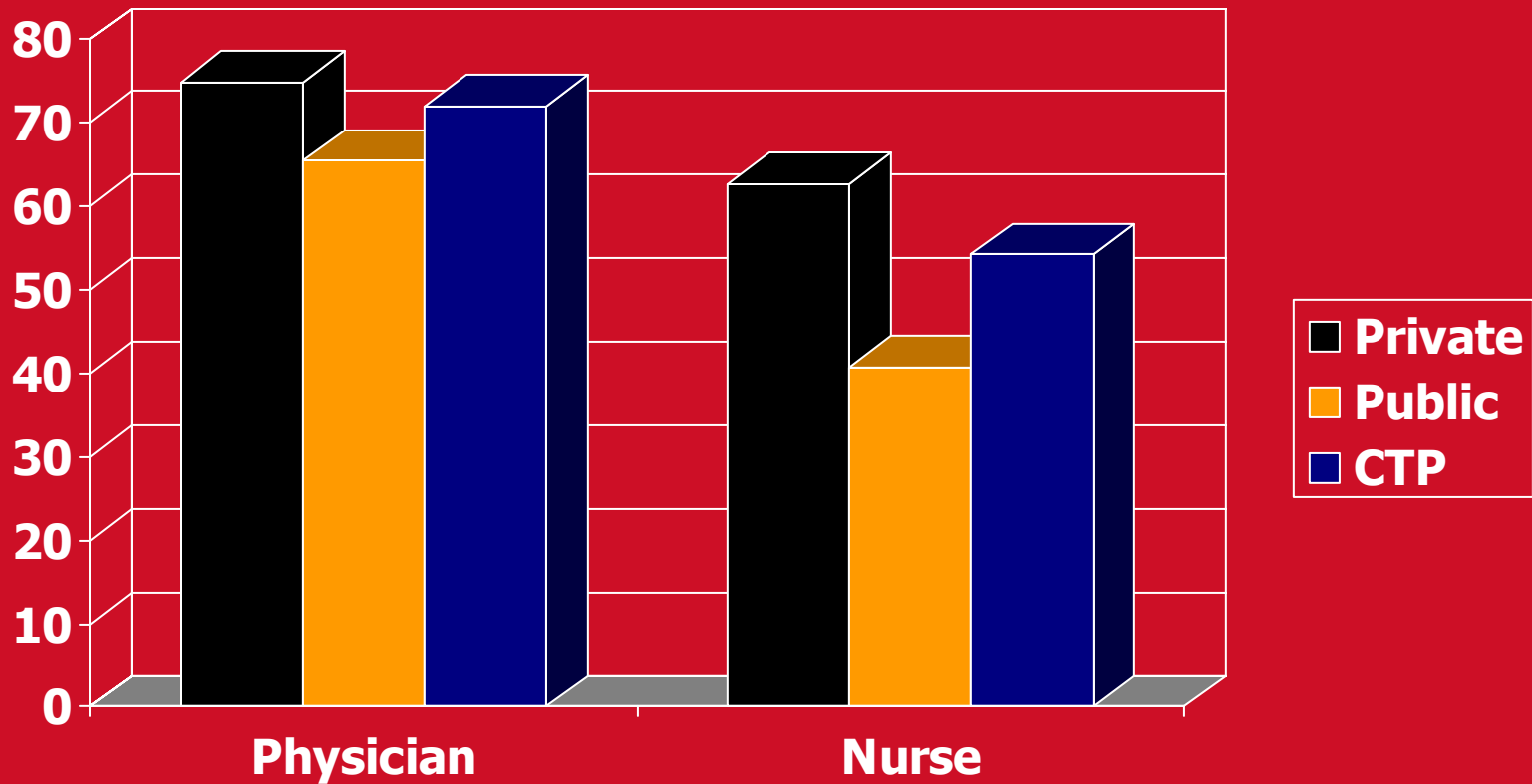
Case Mix - Diagnoses



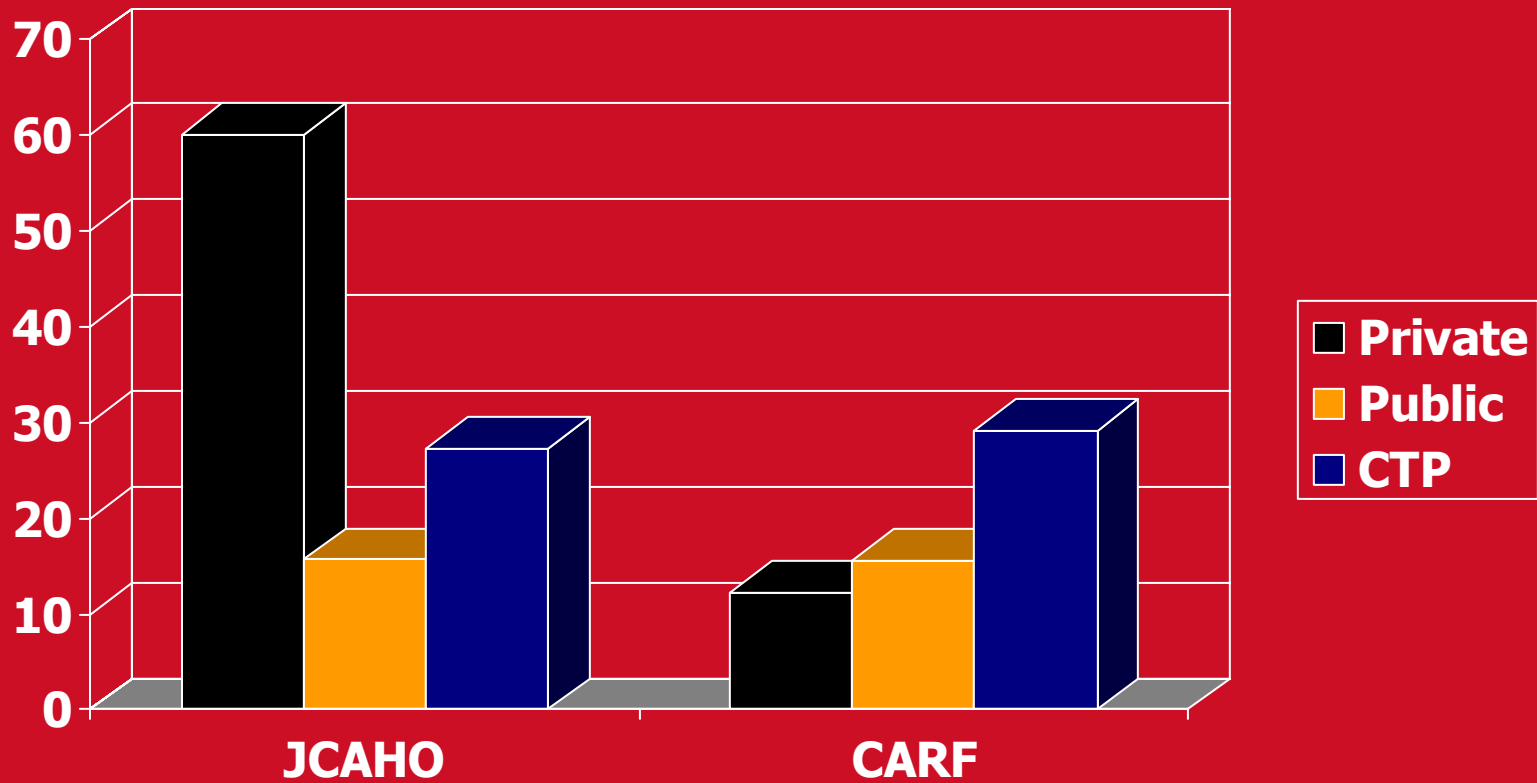
Program Philosophy



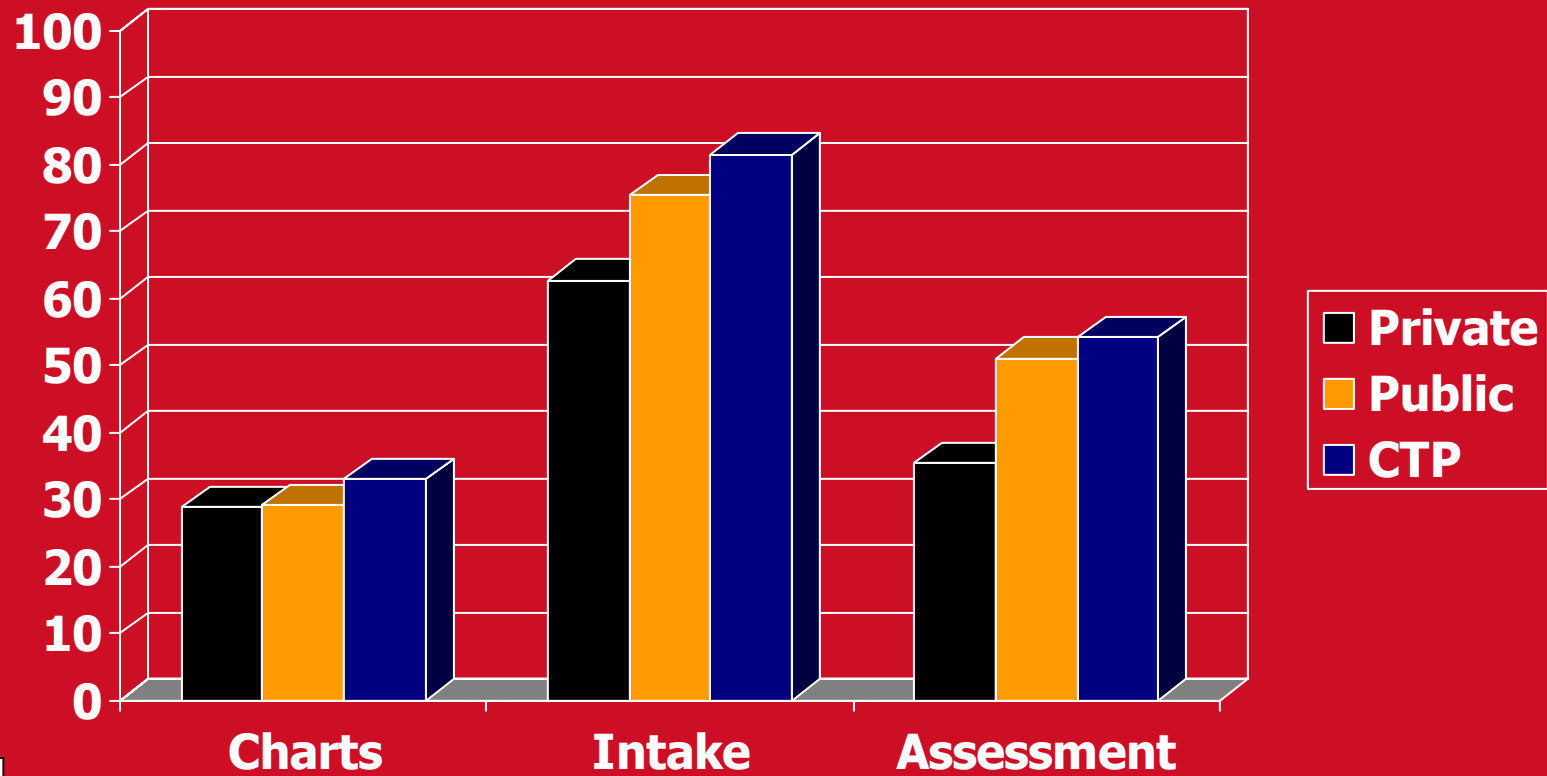
Availability of Medical Staff



Accreditation – JCAHO/ CARF



Program IT Infrastructure

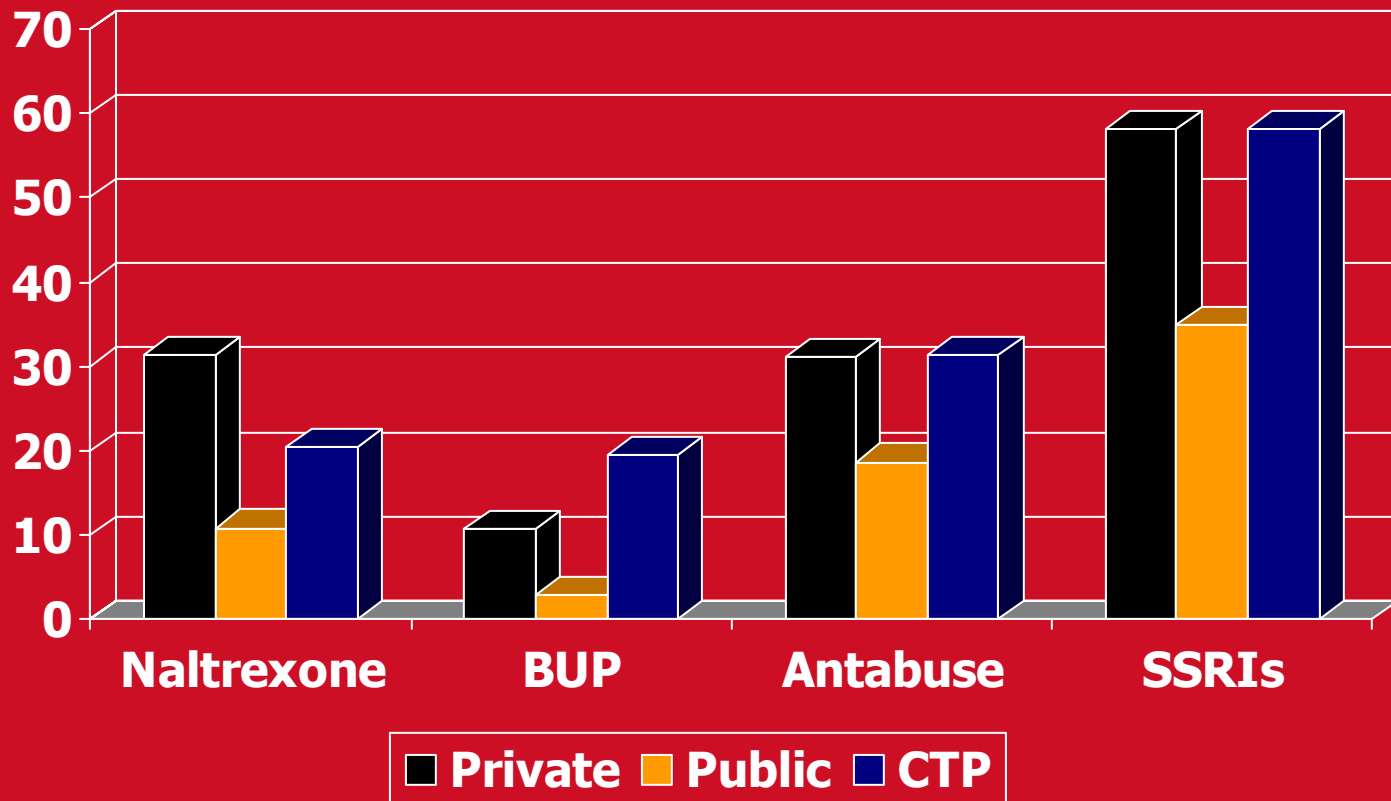


Use of Evidence-based Practices



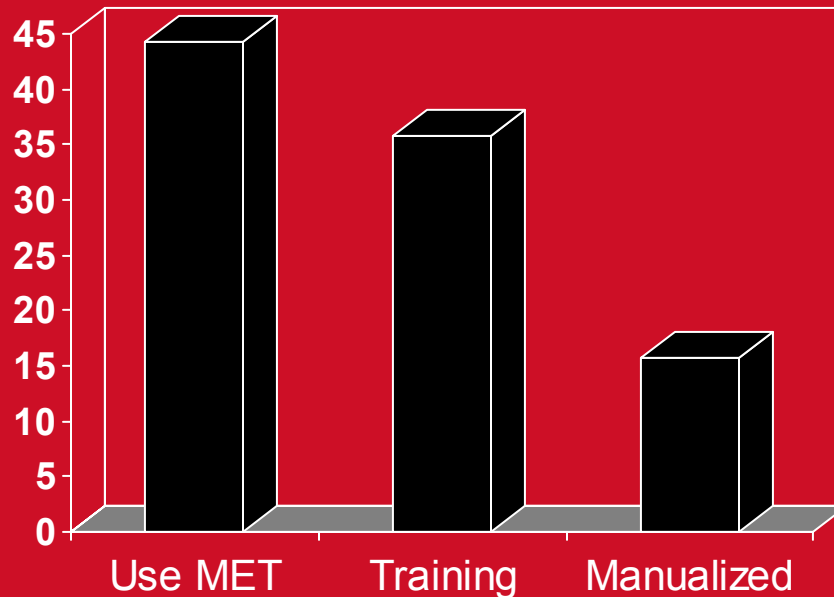
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Medications



Measurement Issues to Consider

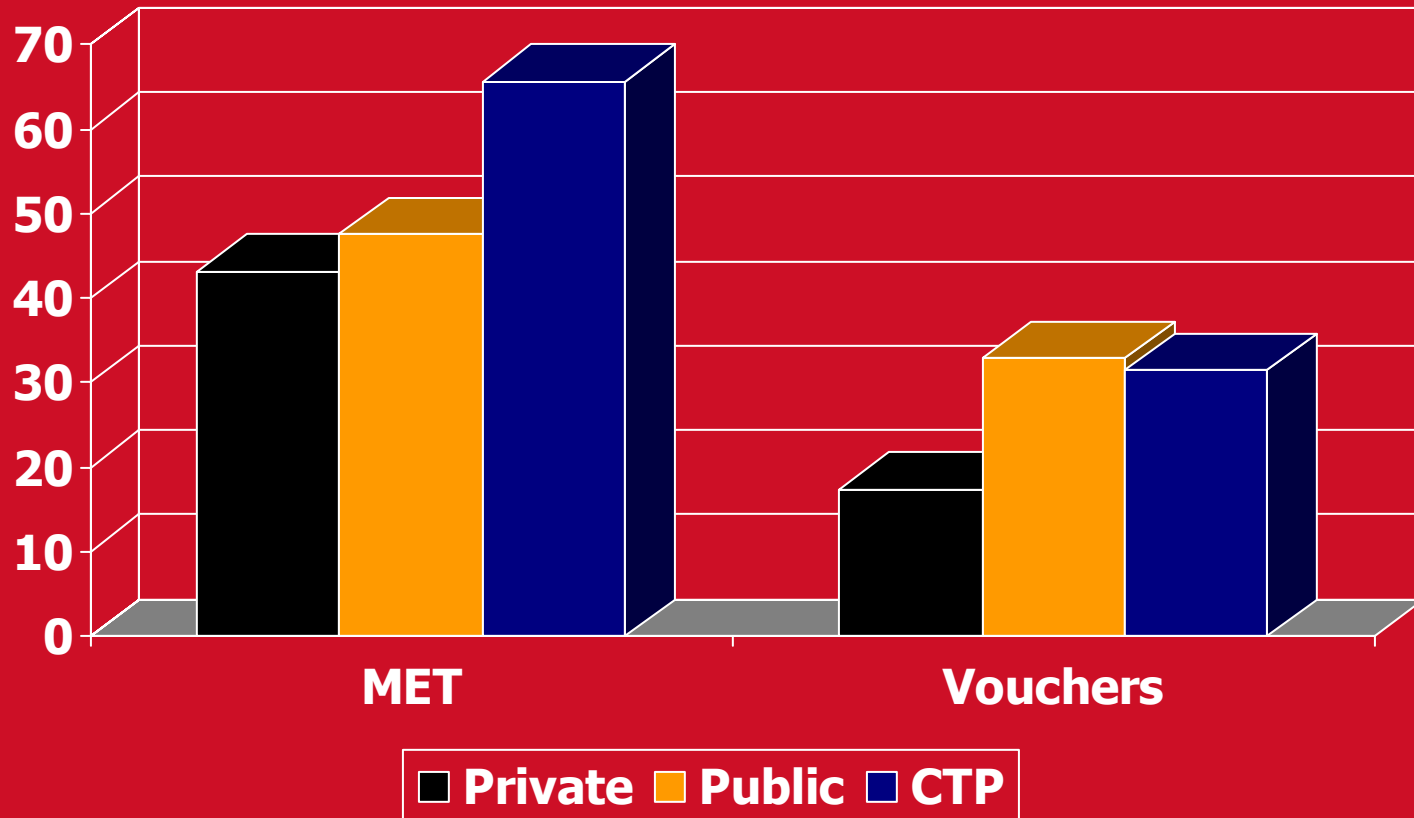
Motivational Enhancement Therapy



- 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



Behavioral



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)



National Treatment Center Study



Barrow Hall
Athens, Georgia

Supported by the National Institute on
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The National Treatment Center Study is funded by the National Institute on Drug Abuse (Grant Numbers R01-DA13110, R01-DA14482, and R01-DA14976) a component of the National Institutes of Health, US Public Health Services. The contents of this report are solely the responsibility of the project staff, and do not necessarily reflect the official views of the funding agency.

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