

Program Resources and Utilization of Training in Outpatient Substance Abuse Treatment Programs



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Abstract

Aims. The TCU Innovation Implementation Model (shown below) suggests that adoption of training is influenced in part by resources, staff attributes, and program climate. Adoption of evidence-based practices is a complex process that requires a minimum threshold of organizational resources (e.g., office space, computer access, staff resources, revenues and costs).

In this study, we examined two measures of training – level of exposure to training in the last year, and utilization of interventions or techniques learned in training. Training exposure and utilization was examined in relation to staff perceptions of organizational resources (physical resources, staff attributes, and program climate) and to financial and personnel factors obtained from the TCU Treatment Cost Analysis Tool (TCAT).

Methods. The sample included 63 outpatient drug-free programs that participated in a larger Treatment Costs and Organizational Monitoring (TCOM) project. Programs completed the TCAT, an Initial Program Assessment (IPA), and the Survey of Organizational Functioning (SOF), a superset of the Organizational Readiness for Change (ORC) survey that also included measures of job attitudes and workplace practices in addition to training exposure and utilization.

Results. Based on correlational and multiple regression analyses, results showed that *training exposure* was related to program cost variables and selected perceived resources, staff attributes, and program climate. *Training utilization* was not significantly related to cost variables but was consistently associated with perceived resources, staff attributes, and program climate.

Conclusion. These results show that exposure to training is associated with both perceived and actual organizational resources. Programs that spend more for treatment episodes and counseling hours have higher training exposure. However, utilization of training materials is more strongly related to program climate indicators. These results underscore the importance of an adequate resource base for making training available, and that implementation of training materials is optimized by staff and program climate factors. Supported by NIDA grant DA014468.

Research Questions

- What is the relationship between training exposure/ utilization and staff perceptions of program resources (including physical resources, staff attributes, and a supportive program climate)?
- What is the relationship between training exposure/ utilization and financial measures of program operations (including costs, revenues, and availability of counseling resources)?

Method

TCOM Sample Frame



- 63 drug-free outpatient programs located in four US regions completed the TCU IPA, SSO, and TCAT surveys as part of their participation in the *Treatment Costs and Organizational Monitoring* project.
- Treatment staff completed the Survey of Organizational Functioning including measures of resources, staff attributes, climate, job attitudes, workplace practices and training exposure and utilization. Staff responses were aggregated to the program level.
- The TCU Treatment Cost Assessment Tool was completed by appropriate program personnel (e.g., program directors or chief financial officers).
- Analyses included correlations and multiple regressions. Log transformations were used for cost data to reduce skewness.

Results

Correlations of Training Exposure and Utilization with Perceived Resources

Resources	Training Exposure	Training Utilization
Office	.013	.274
Staff	.085	.288
Internet	.431	.304
Staff Attributes		
Growth	.450	.538
Efficacy	.055	.285
Influence	.160	.252
Climate		
Mission	.099	.378
Cohesion	.188	.431
Autonomy	-.010	.468
Communication	.182	.540
Stress	-.037	-.251
Open to Change	.400	.725

Correlations of Training Exposure and Utilization with Cost and Accounting Factors

	Training Exposure	Training Utilization
Client census	-.258	-.098
Number of admissions	-.200	-.162
Total costs	-.041	-.099
Total revenue	-.122	-.067
Cost per treatment episode		
	.282	.114
Cost per treatment day		
	.298	-.007
Ratio of counseling to total hours		
	.120	-.126
Total professional counseling hours		
	-.224	-.108
Cost per counseling hour		
	.186	.206
Cost per group counseling hour per client		
	.245	.160

Note: Black, bolded values are significant at $p < .05$;
Blue bolded values are significant at $p < .10$.

Multiple Regression Results

	β	t	p
Training Exposure (R² = .483)			
Office	-.219	-1.88	.066
Internet	.233	1.85	.070
Growth	.489	4.01	.000
Autonomy	-.250	-2.13	.038
Total professional counseling hours	-.185	-1.70	.096
Cost per group counseling hour per client			
	.275	2.47	.017
Training Utilization (R² = .598)			
Office	-.206	-2.02	.049
Influence	-.190	-1.82	.074
Autonomy	.272	2.73	.009
Open to Change	.801	7.29	.000

Summary

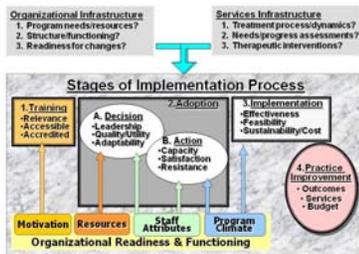
- **Training exposure** and **training utilization** are conceptually related constructs and correlated 0.40 in the current sample. However, based on the patterns of relationships with other program variables, they appear to represent two distinct steps in the implementation process.
- **Training exposure** was significantly correlated with several measures of perceived program resources, including higher *access to the internet*, *staff who value professional growth*, and a *climate of openness to change*.
- **Training exposure** was also significantly correlated with several financial and personnel variables. Higher levels of training exposure were associated with a *smaller client census*, *higher costs per treatment episode and per treatment day*, *fewer total professional counseling hours*, and *higher costs per group counseling hour per client*.
- **Training utilization** was significantly associated with a variety of measures of physical resources, staff attributes and program climate. Specifically, staff reported higher levels of utilizing interventions or techniques learned in training when program resources such as *offices*, *staffing*, and *internet access* were adequate; when staff attributes such as *professional growth*, *efficacy*, and *influence* were high; and when the program climate was positive, including *clarity of mission*, *staff cohesion*, *autonomy*, *low stress*, *communication*, and *openness to change*.
- **Training utilization** was not significantly related to any of the cost or program structural variables examined in this study.

Conclusion

The results of this study support the stages of implementation process shown in the Innovation Implementation Framework by showing that exposure to training and utilization of training materials are differentially influenced. Exposure to training was associated with financial factors and program resources that include valuing professional growth and openness to change. Smaller programs and those that had more financial resources for treatment were higher in training exposure. Thus it appears that resources may not only play a role in adoption as the Innovation Implementation Framework suggests, but they also play an important role in providing access to training, which can often be expensive. However, resources alone are not sufficient for techniques and innovations learned in training to be utilized by staff. Utilization appeared to be associated not with a high level of resources, but with staff that value growth and change and programs with a positive and supportive climate.

These results generally support the Innovation Implementation Framework and demonstrate the importance of both adequate resources and a supportive staff and climate in order for training to occur and for innovations to be implemented. These results also demonstrate the importance of examining program financial and personnel information and how they relate to program functioning.

Innovation Implementation Framework



Simpson, 2002; Simpson & Flynn, 2007 (Special Issues of JGAT)



Characteristics of Outpatient Drug-free Programs

	% of Programs
Parent organization	72
Rural	29
Nonprofit ownership	71
Intensive service approach	16
Mixed service approach	59
Program Average	
Number of counselors	7
Average caseload	29
Client weekly counseling hours	6
% Dual diagnosis	56
% CJ referrals	56
% Female clients	40