

Patient Satisfaction and Retention in Methadone-Maintenance Treatment

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BACKGROUND

- Although methadone treatment programs (MTPs) have higher retention rates compared to other treatment modalities, there remains considerable room for improvement.
- Greater treatment retention is associated with better patient outcomes.
- Patient satisfaction surveys, widely used in health care delivery systems, may provide useful data for improving patient retention and outcomes.

PURPOSE

To examine the relationship between methadone patients' treatment satisfaction at three months post-admission and their 3-month treatment outcomes and 12-month treatment retention.

METHODS

Participants:

- 283 opioid-addicted women and men recruited for a study of entry and engagement in methadone maintenance treatment in Baltimore, MD upon admission to one of 6 MTPs.

Procedures:

- Participants were interviewed at baseline and again at 3 months post-baseline. Information regarding DIT was obtained from MTP records.

Measures:

- Addiction Severity Index (ASI; McLellan et al., 1980)
- TCU Client Evaluation of Self and Treatment Form (CEF; Joe et al., 2002)

Statistical Analysis:

- Internal consistency reliabilities, simple Pearson product-moment correlations, logistic regression analysis, and linear regression analysis.

RESULTS

Table 1. Sample demographics ($N = 283$)

Variable	n (%)	Mean (SD)
Gender		
Male	146 (51.6%)	
Female	137 (48.4%)	
Ethnicity		
African American/other	222 (78.4%)	
Caucasian	61 (21.6%)	
Married	65 (23.0%)	
Age		41.6 (8.1)
Years of education		11.3 (1.6)

Note: African American/ other includes 219 African-American participants, 1 Asian or Pacific Islander participant, 1 Hispanic participant, and 1 American Indian participant.

Table 2. 3-month TCU Client Evaluation Form scale correlations, means, standard deviations, and internal consistency reliabilities (Cronbach's α) ($N = 283$)

Scale	Treatment Needs	Treatment Satisfaction	Counselor Services
Treatment Satisfaction	-.075		
Counselor Services	-.067	.599**	
Cronbach's α	.76	.72	.93
Mean	16.2	26.9	44.0
SD	4.0	4.2	7.5

** $p < .01$.

Note: Treatment Needs includes five 5-point Likert-type items with 5 indicating the most positive rating; scale range: 5 – 25. Treatment Satisfaction includes seven 5-point Likert-type items with 5 indicating the most positive rating; scale range: 7 – 35; Counselor Services includes eleven 5-point Likert-type items with 5 indicating the most positive rating; scale range: 11 – 55.

Table 3. Simple Pearson product-moment correlations of 3-month CEF scales with 3-month ASI composites and 3-month drug use and illegal activity in the past 30 days ($N = 283$)

Variable	CEF scales at 3 months			Mean	SD
	Treatment Needs	Treatment Satisfaction	Counselor Services		
ASI composites (at 3 months)					
Medical	.113	-.023	-.053	.15	.30
Employment	.098	.180**	.042	.79	.26
Alcohol	.089	-.075	-.002	.08	.15
Drug Use	.082	-.150*	-.135*	.09	.11
Legal	.113	-.170**	-.137*	.07	.15
Family/Social	.113	-.081	-.059	.05	.13
Psychiatric	.147*	-.018	-.004	.09	.17
Past 30 days items (at 3 months)					
Days of heroin use	.067	-.196**	-.144*	2.52	6.78
Days of cocaine use	.095	-.162**	-.182**	4.28	7.85
Days of illegal activity	.109	-.145*	-.065	2.00	6.58

* $p < .05$; ** $p < .01$.

Note: All past 30-day items are adjusted for number of days spent in the community by dividing the number of days used drugs or committed crime by the number of days in the community and then multiplying by 30. See Table 2 for means and standard deviations for CEF scales.

Table 4. Results of logistic regression analyses of 3-month drug testing results and 3-month CEF scales ($N = 265$)

Variable	Odds ratio	95% CI
Treatment Needs		
Heroin-only positive drug test	1.04	(.92, 1.19)
Cocaine-only positive drug test	.97	(.91, 1.04)
Positive for both	1.12*	(1.01, 1.24)
Treatment Satisfaction		
Heroin-only positive drug test	1.10	(.92, 1.31)
Cocaine-only positive drug test	1.02	(.95, 1.11)
Positive for both	.88*	(.79, .98)
Counselor Services		
Heroin-only positive drug test	1.01	(.92, 1.12)
Cocaine-only positive drug test	.98	(.93, 1.02)
Positive for both	1.00	(.94, 1.06)

* $p < .05$.

Note: The concomitant variables (covariates) in all models were: age, gender, ethnicity (Caucasian v. African American/other), marital status (married v. not married), years of education, Treatment Needs, Treatment Services, and Counselor Services. $N = 265$ because urine test results were missing for 7 participants due to incarceration/hospitalization at time of interview and 11 participants due to refusals/missing data.

Table 5. Results of linear regression analyses predicting number of days in treatment at 12 months with the 3-month CEF scales ($N = 277$)

Variable	b	SE	p
Days in treatment at 12 months			
Treatment Needs	-3.08	1.73	.075
Treatment Satisfaction	5.26	2.08	.012
Counselor Services	1.64	1.13	.149

Note: The concomitant variables (covariates) in all models were: age, gender, ethnicity (Caucasian v. African American/other), marital status (married v. not married), years of education. $N = 277$ for analysis of days in treatment at 12 months because not all participants had the opportunity to be in treatment for 365 days at the time of study analysis. The mean number of days that the 277 participants were in treatment at the 12-month point was 292 days ($SD = 117$).

CONCLUSIONS

- Participants who were more satisfied with their counselors and treatment programs showed significantly less drug use and legal problem severity, and reported using significantly less heroin and cocaine in the 30 days prior to the 3-month assessment.
- Participants who reported greater satisfaction with treatment at the 3-month assessment were retained for significantly more days at 12 months.
- Treatment programs should consider administering the CEF to their patients at 3 months post-admission to identify patients with low satisfaction scores who may be at risk of prematurely leaving treatment.
- Such patients may be amenable to interventions to improve their satisfaction and retention.

REFERENCES

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