

Redefining Retention: Three Pathways For Extending A Treatment Episode Beyond A Methadone Program's Boundaries

S. G. Mitchell¹, R. P. Schwartz¹, H. S. Reisinger¹, J. A. Peterson¹, S. M. Kelly¹, S. Lotfi¹, M. H. Agar¹, K. E. O'Grady², B. S. Brown^{1,3}
¹ Friends Research Institute, ² University of MD, College Park, ³ University of North Carolina, Wilmington

Background

- Treatment retention is typically defined from the perspective of the treatment program, with retention referring to the length of time that the patient spends in treatment within a particular treatment center. From this perspective treatment retention ends once a patient has left treatment at that facility.
- If substance abuse is best characterized as a chronic condition (McLellan et al., 2000) then perhaps a more appropriate framework from which to judge "retention" is that of a drug treatment episode, which may span the course of several years and involve multiple treatment attempts.
- Length of time in treatment has been shown to be related to positive outcomes (Simpson, 2001), so keeping patients in drug treatment, regardless where that treatment occurs, may be a more realistic and beneficial conceptualization for treatment retention.

Specific Aims

To expand our definition of treatment retention by illustrating three ways in which methadone patients are retained in treatment after program discharge.

Methods

Qualitative Treatment Sample:

- 18 adults recently admitted to methadone treatment were recruited from a parent study examining treatment entry and engagement in Baltimore, MD (Schwartz et al., 2008). From this sample, six remained in treatment at the original program for a full year, six terminated treatment altogether, and six continued in treatment but at a different program.

Participants:

- The six participants who left their original methadone program but continued treatment elsewhere.

Procedures:

- Participants completed semi-structured interviews at treatment entry (baseline) and follow-up interviews at 4-, 8-, and 12-months post-baseline. All interviews were recorded, transcribed, reviewed for accuracy, and entered into Atlas.ti qualitative coding software for analysis.

Analysis:

- Data were analyzed using grounded theory methodology based on a dictionary of prescribed codes, as well as emergent themes. A sub-set of transcripts were independently coded by two separate researchers who then met to reconcile any discrepancies. The research team was involved with the refinement of code categories and interpretation of analyses.

Description Of Sample

Participants:

- 5 males; 1 female
- Ages ranged from 26 – 49 years
- All had a history of heroin injection
- 3 African Americans, 3 Caucasians
- 2 had no prior treatment episodes; 3 had 2 -3 prior treatment episodes; 1 had 6 prior treatment episodes

Three Pathways For Extending A Treatment Episode: Staying In Treatment (But Not At The Original Program)

1. Switching programs with direct assistance: Without a lapse in treatment

- One participant transferred directly between programs with assistance from the original program. Just prior to her administrative detox, she was discovered to be pregnant, so instead the program arranged to transfer her directly to a methadone program for pregnant women.

Right now I'm not at (methadone program)... I go to (methadone program for pregnant women) tomorrow. Because they found out, when they found out I was pregnant they was like, "We can't detox you." And well, what had happened was we was in the lobby (of the methadone program) and a girl gave me an aspirin and they've got it on camera and they said I was taking pills in the lobby... So they decided they was going to give me 30 days and then I was ready to come off. And then they was like, "Well you can't come off right now."

2. Switching programs without assistance from the original program: Without a lapse in treatment

- Four participants left their original treatment program and went directly into another program without any assistance from the original program.

Two of the four participants were dissatisfied with methadone treatment because they felt it did not adequately address their poly-substance abuse needs. One participant left his original program and the second one decided not to return to methadone treatment following a brief incarceration. Both men went into an inpatient drug treatment program instead of another methadone program.

The other two participants were happy with methadone treatment but had issues with their treatment program. One was detoxed off the program and went straight to the needle exchange van, which got him a treatment slot at the exact same program he had just left. The second participant's work schedule conflicted with his program attendance. He also had a poor relationship with his counselor, felt that the program was far away from his home and was unresponsive to his request for a higher methadone dose. The program was about to administratively detox him when he found a more convenient methadone program and went straight into it.

Yeah I left because there was a lot of different things, you know, what the program was demanding from me and I couldn't deal. And they were getting ready to detox me. So I found another program that was closer and they didn't have as many stipulations, you know. They worked more with me... It cost more money but it's worth it.

3. Switching programs without assistance from the original program: With a lapse in treatment

- One patient with severe mental and medical problems was administratively discharged from his original treatment program for arguing with another patient and experienced a 4 – 5 week lapse in treatment before he was able to enter another program. He had set up an intake interview at another program shortly after being discharged but was unable to keep that first appointment due to hospitalization. When he left the hospital he went back to the second program but had to wait for a treatment slot to become available. During the time he spent on the streets between treatment programs he purchased street methadone to keep from returning to heroin.

And so I got a 21-day detox... I was out there in the street approximately about four or five weeks before I got on another program, and they were the longest four or five weeks of my life... (Interviewer: What was that period of time between programs like?) It was just, it was chaos. Turmoil. A lot of negative thoughts. a lot of wishine that I would die...

Conclusions

- From the perspective of the treatment programs, nearly all of the participant experiences described in this qualitative investigation would represent "treatment failures" of patients "not retained" in treatment. In contrast, from the participants' perspective it is a continuation of treatment within the treatment episode. The participants were not ready to leave drug treatment, per se, but they were unable or unwilling to continue that treatment at the original program.
- When a patient leaves a treatment program it does not necessarily indicate a lack of engagement in treatment. In some cases it actually represents a high degree of engagement in that the patient is taking control of his/her treatment in order to optimize their treatment experience.
- In some instances the original treatment program may facilitate the transfer to another program but it appears that this is often not the case. In fact, the patient may not even share his/her decision to move to a different treatment program with the original program staff.
- Good communication and trust between patients and providers may:
 - ✓ Help patients better vocalize their treatment needs and expectations when they first enter treatment.
 - ✓ Enhance the program's responsiveness when a patient does not feel that his/her needs are being adequately addressed by the program.
 - ✓ Provide an opportunity for a treatment program to facilitate the transfer of a patient to another program if the original program is unable to best meet the patient's needs, rather than risk losing the patient to treatment altogether.
- Our goal should be to *retain a patient within a particular treatment episode* as long as possible in order to optimize treatment outcomes, not to keep a patient in treatment within a specific program. Focusing on retaining a patient at a treatment program when there is a lack of fit between the patient and program may actually drive the patient out of treatment altogether. Adopting a more patient-centered treatment focus may require a re-definition of retention from the patient's perspective and may enhance their treatment experience and optimize their outcomes.

References

- McLellan, A.T., Lewis, D.C., O'Brien, C.P., & Kleber, H.D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *JAMA*, 284(13), 1689-1695.
- Schwartz, R.P., Kelly, S.M., O'Grady, K.,E., et al., (2008). In-treatment v. out-of-treatment opioid dependent adults: Drug use and criminal history. *Am J Drug & Alcohol Abuse*, 34(1), 17-28.
- Simpson, D.D. (2001). Modeling treatment process and outcomes. *Addiction*, 96, 207-211.

Supported by NIDA R01 DA 015842
 Corresponding author: sgmitchell@frisrc.org
 The authors report no conflicts of interest.