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Introduction

- Alcohol and substance abuse is a problem that is related to both mental health and medical issues.
- Compliance to treatment can help with improving treatment outcomes.
- Clients with co-occurring illicit substance use are more at risk for not completing treatment.

Background/ Needs Assessment

- Drug abuse and addictions costs cost \$200 billion in lost production, healthcare, criminal justice, and legal for American society in 2007.
- Problems associated with alcohol and substance abuse:
 - Stroke
 - Abnormal arrhythmias
 - Cirrhosis
 - Hepatitis
 - HIV (due to needle sharing)
- National Level:
 - 24.6 million Americans ages 12 and older reported illicit drug use within the previous three months of being asked
- New Jersey Department of Human Services
 - 89,629 substance treatment admissions in 2018 in the state of New Jersey.
- On a county level, Essex reported the highest admissions to substance use treatment programs.
 - 8409 Admissions in 2018
- Primary substances
 - heroin (44%)
 - alcohol (24%)
 - marijuana (18%)
 - cocaine (6%)
 - other opiates (4%)
 - other drugs (3%)

Aims and Objectives

- The aim of this project is to retain clients with alcohol/illicit substance use in completing their outpatient treatment and improving their overall well-being
- Objectives:
 - Complete a 250-chart review to evaluate retention rates and any reported barriers to treatment
 - Complete a structured interview of 25 clients to evaluate perceived barriers to treatment
 - Develop a list of recommendations based on the chart review and client interviews to improve outpatient treatment completion.

Clinical Question

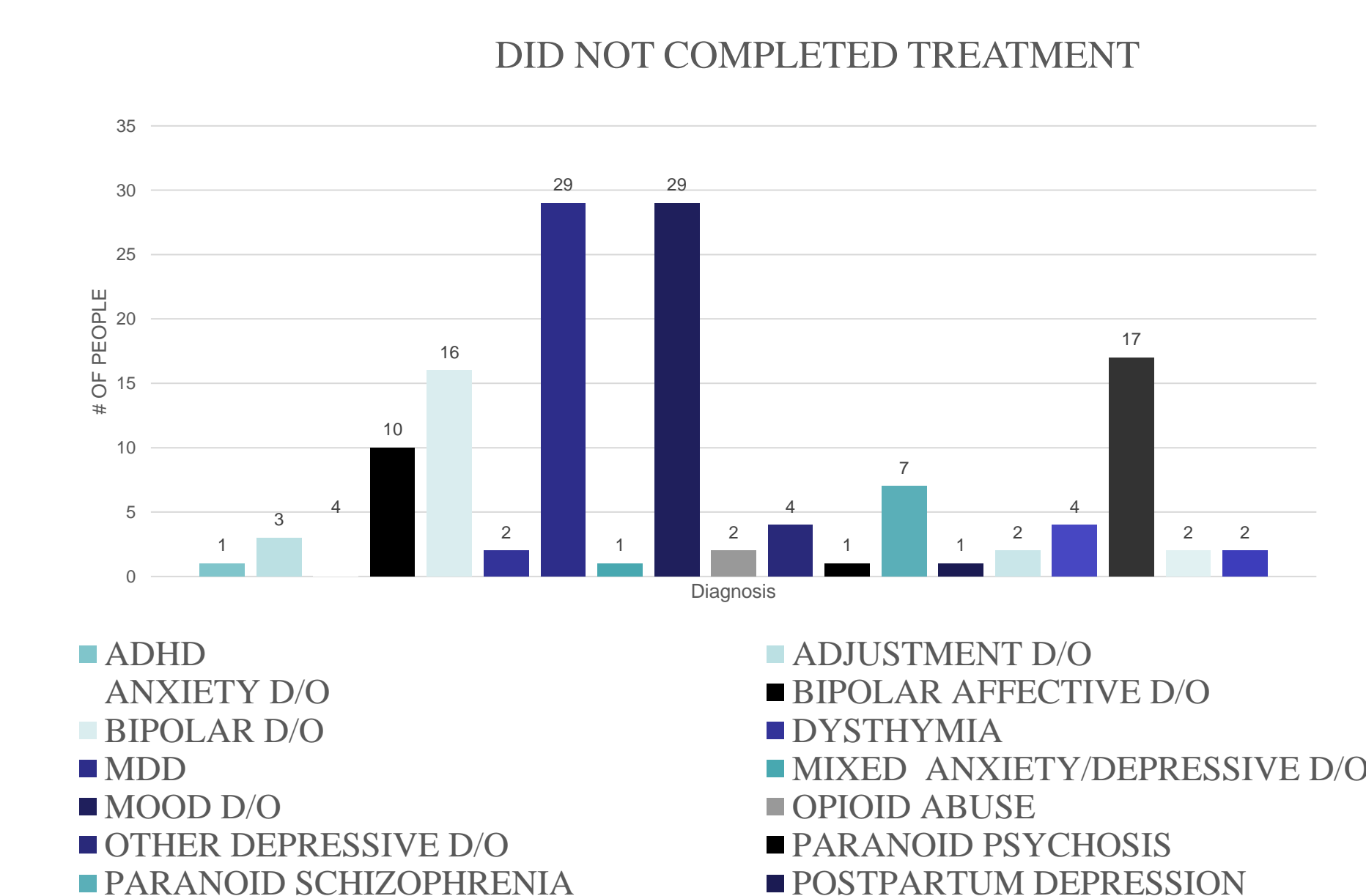
What recommendations to outpatient treatment (I) can help increase retention rates (O) for clients who identify as using alcohol and/or illicit substances (P)?

Methods

- Design: Mixed
- Setting: Outpatient Psychiatric Clinic in an urban city in New Jersey
- Inclusion Criteria: Chart Review
 - Clients older than 18 years old with Basis 24 score >0 on the alcohol/substance abuse subsection.
- Inclusion Criteria: Structured Interview:
 - Clients older than 18 years old with Basis 24 score >0 on the alcohol/substance abuse subsection.
 - English speaking
- Intervention: Chart Review
 - Identify demographics and admitting diagnoses
 - Identify if client completed treatment
 - Identify barriers for anyone not completing treatment
- Intervention: Structured Interview
 - Identify demographics
 - Identify reported barriers to attending treatment
- Intervention: Recommendations
 - Identify viable recommendations to improve outpatient retention.

Limitations

- Dunkin Donuts \$5 Gift Card
- First round of interviews
 - Only 5 participants
- The Dunkin Donuts gift card was raised from \$5 to \$15.
 - 15 additional Participants
- Primary ethnicity was Black/African American so limited data on other ethnic backgrounds.



Results/Summary of Findings

- Identified areas as barriers to treatment:
 - Transportation/Commute
 - Scheduling conflicts
 - Stigma to Treatment
 - Depressed mood limiting motivation to attend treatment
- Demographics did not play a statistically significant role in the research.
- Linear regression Model Comparing Age/Education with completion of program.
 - Age: $c=+0.003381/P\text{-value}:0.174$
 - Education: $c:-0.00924/P\text{-value}:0.522$
- Positive coefficient=positive correlation between completion of program and age
- Negative Coefficient=Negative correlation between completion of program and education
- No statistical significance
- Linear Regression comparing Transport/Financial/Treatment team with Basis 24 scores
 - Transport: $c=-0.577/ P\text{-Value}:0.356$
 - Financial: $c=-0.256/P\text{-Value}: 0.688$
 - Treatment Team: $c= -0.1119/P\text{-Value}:0.862$
 - c =coefficient
 - Negative Coefficient=Negative correlation between Basis 24 score and noted barrier.
 - No statistical significance.
- ANOVA test comparing Basis 24 Scores and completion of program-No statistical significance
 - Basis 24 of completed: 1.885/Variance 0.7104
 - Basis 24 of note completed: 1.735/Variance 0.715
 - P-value: 0.191 not significant

Total # Charts Reviewed	N=227
# That did not complete Tx	n=137
Mean Basis 24 Score	1.79 (out of 4)
Male	n=114
Female	n=113
Mean Age	39
Highest # clients' Education Level: 12 th grade	n=74
# Unemployed	n=165
Largest reason for closed cases: Loss of contact/ No engagement	n=105
MDD (Leading Diagnosis)	n=52
# of clients that did not complete treatment with MDD diagnosis	n=29
Total # of Interviews Done	N=20
Mean Age	42
Leading Diagnosis: Mood D/O	n=5
Mean Basis 24 score	1.62 (out of 4)
#Unemployed	n=16
Highest # clients' Education level: Some College and Some High School	n=4 Respectively
Clients identify Transport as barrier	n=10
Clients identify financial as barrier	n=6

Implications/Recommendations

- Implications for Clinical Practice:
 - Depressed mood:
 - Use the PHQ-9 to identify clients who are at risk for not attending treatment due to elevated depressed mood
 - Provide additional support on an ongoing basis.
 - Include a questionnaire during the admission process.
 - “Did you ever have to stop going to treatment abruptly before completing it in the past?” “What were the reasons for stopping treatment in the past?”
- Implications for Healthcare Policy
 - Transportation:
 - Use current staff or hire a new staff to connect clients with appropriate transport services such as Lyft/Uber.
 - Scheduling:
 - Adjust staff hours to accommodate a broader spectrum of hours for patients.
 - Create a visual template displaying the members of the client’s treatment team so the client is aware of who is participating and what the roles of each person is.
- Implications for Education
 - Stigma:
 - Assess staff stigma towards clients and provide necessary education
 - Provide annual staff education to address stigma and verbal/nonverbal/microaggression communication

Conclusions

- This project identified barriers to attending outpatient treatment
- Current clinical practice should be re-evaluated
 - Areas regarding transportation should be changed.
 - Providing tools and education to increase the patient centered approach should be addressed.

References

- National Institute on Alcohol Abuse and Alcoholism. (2018). Alcohol's Effects on the Body. Retrieved February 11, 2018 from <https://www.niaaa.nih.gov/alcohol-health/alcohols-effects-body>.
- National Institute on Drug Abuse. (2015). Nationwide Trends. Retrieved April 10, 2018 from <https://www.drugabuse.gov/publications/drugfacts/nationwide-trends>.
- Department of Human Services Division of Mental Health and Addiction Services Office of Planning, Research, Evaluation and Prevention. (2019). New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview 2018 Statewide. Retrieved from <http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview%2016/statewide.pdf>

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