

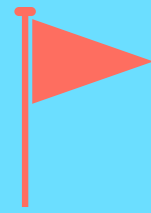
Evaluation of the McCambridge Center Residential Program

McCambridge Center's residential program is more rigorous than the outpatient program and many women leave Against Staff Advice (ASA) prior to completing the 30-day residential program leading to poor retention rates. This summative evaluation examined potential causes of residents leaving McCambridge Center without completing the residential program. The aim was to provide McCambridge Center with real data demonstrating reasons residents might leave ASA as well as what residential programs were most valuable to residents.

Social Work 8953: Evaluative Research in Social Work Practice (Fall 2017)



BACKGROUND



Established in 1978:

McCambridge Center was created as a provider for women and children in Columbia, Missouri.



By the 21st century:

The center now focuses on adult women who are mothers or pregnant and who are experiencing substance use disorder.



Programs:

An outpatient program and a residential program are available at McCambridge. Residents often move into the outpatient program after 30 days in residence at the center.



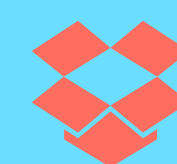
Mission Statement:

To empower women in treatment and help prepare themselves for life after treatment by saving money and having access to resources



Goals:

- 1) Improve quality of life for mother & child
- 2) Encourage lifelong recovery



Services:

- 1) Group and individual therapies
- 2) Community support
- 3) Education
- 4) Medical treatment
- 5) Local resources

Theoretical foundation for McCambridge Center's retention expectations based on

Theory of Reasoned Action ⁽¹⁾

Examples explain
McCambridge
Center's retention
expectations

1. ATTITUDES TOWARD THE BEHAVIOR

Belief: If I quit using substances, I will feel better/hold a job/keep my children/etc.

2. SUBJECTIVE NORMS

My kids want their mother back home; my family wants me to be healthy so I can be happy and independent

3. BEHAVIORAL INTENTIONS

Impulse control; compliance with treatment/program

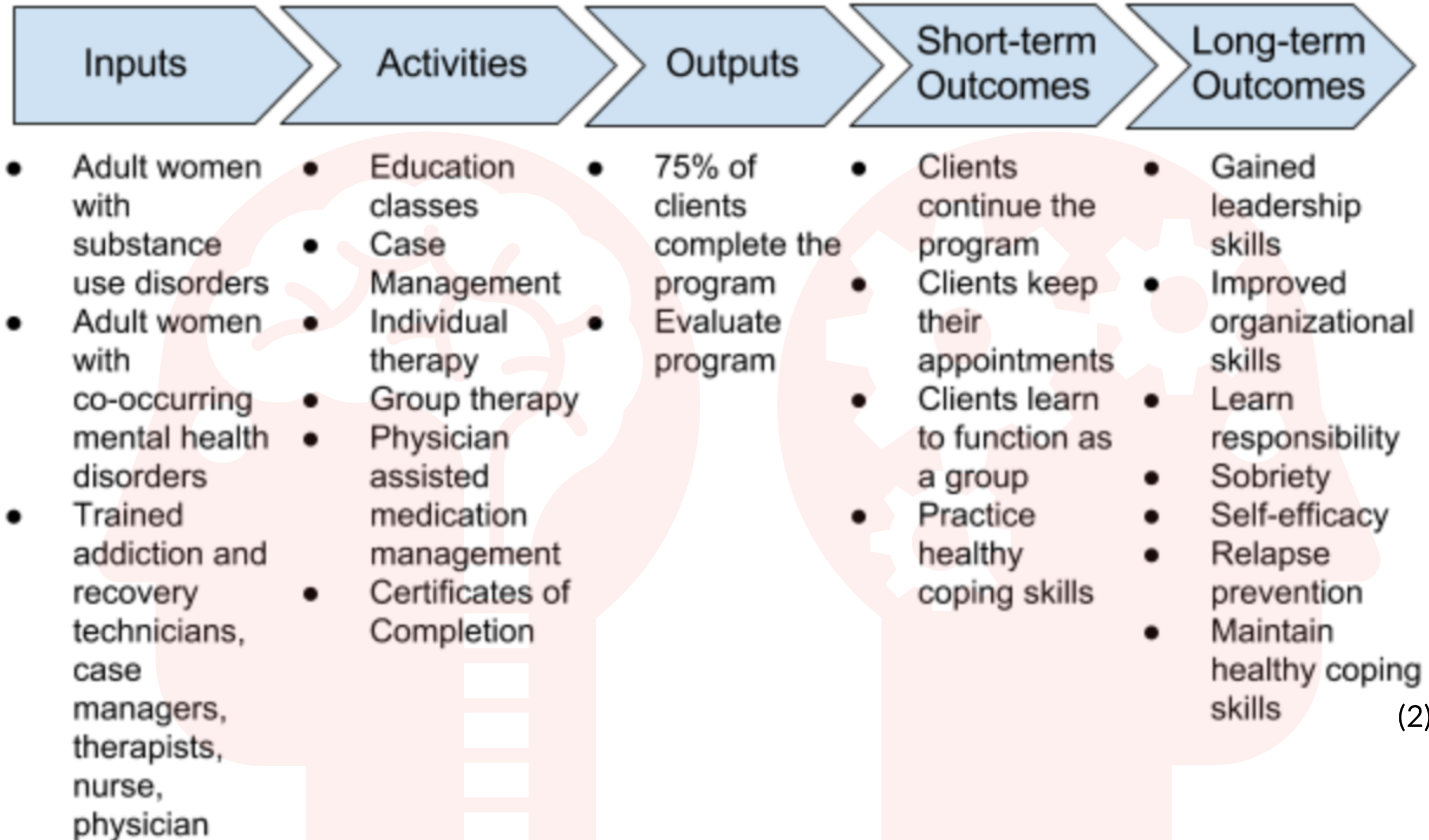
4. BEHAVIOR

Clients stay at McCambridge Center and finish the residential program



LOGIC MODEL

Figure 1. McCambridge Recovery Program Logic Model



EVALUATION & HYPOTHESES

Evaluation Question 1

“If you were to leave treatment from McCambridge early, what would your reason(s) be?”

Hypothesis 1

Clients may likely report they want to leave due to internal conflict with staff, program requirements, the accountability point system, or other residents.

Evaluation Question 2

“What do you suggest would make the program better?”

Hypothesis 2

Clients may likely report a lack of organization, staff favoritism, or lack of support from staff as suggestions to improve McCambridge’s programs.

Evaluation Methods

1. SAMPLING STRATEGY

Focus group: Residential women currently at the McCambridge center completed the anonymous survey on Mondays at the start of their “House Management” class over three weeks

2. SAMPLING CRITERIA

Women ages 18 and up with substance use disorder receiving residential services at McCambridge

3. SAMPLING PROCEDURES

1. Clients given survey at beginning of class, researcher made a statement about survey.
2. Clients filled out survey for approximately ten minutes.
3. Completed surveys were collected by researcher.

4. EVALUATION MEASUREMENTS

Reasons for leaving Against Staff Advice (ASA)

- Conflict with staff, conflict with residents, personal reasons, program failure, point system, & health reasons.

Clients suggestions for making the program better

- Qualitative Data

5. ANALYTICAL STRATEGY

- “Reasons for leaving ASA” converted into 6 dichotomous variables.
- 6 bivariate regressions of desire to leave ASA on each surveyed reason for leaving
- Thematic Analysis
- 21 participants

DEMOGRAPHICS

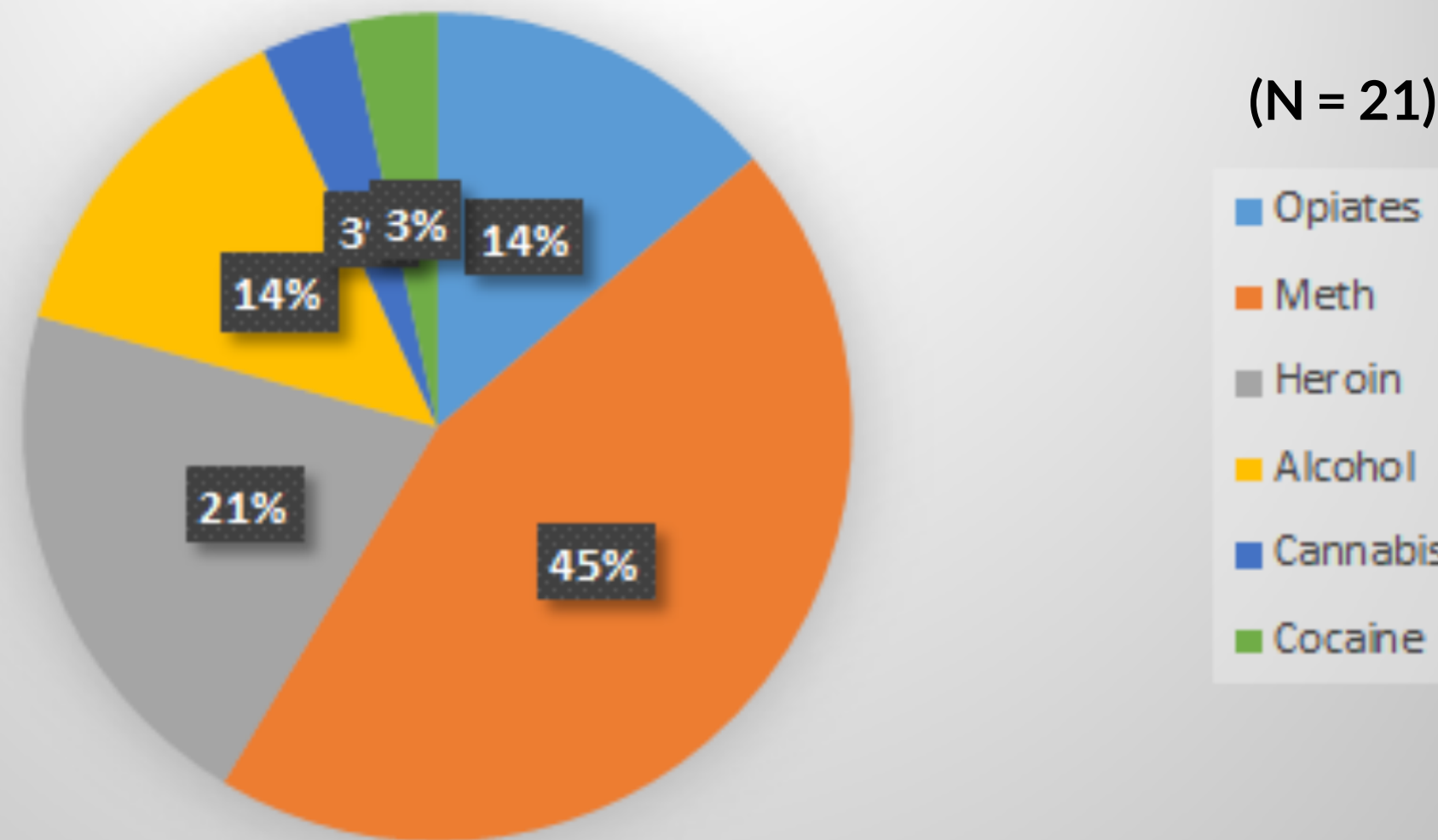
AVERAGE AGE

30.1

AVERAGE LENGTH OF STAY (DAYS)

11.86

Drug of Choice



AVERAGE NUMBER OF CHILDREN

1.95

PREGNANCY STATUS

0.14

(4)

All participants were women in the residential treatment program; only 14% (2 participants) were pregnant at the time surveys were collected

THEMES

- **No more point/reward system**
 - *"I just think McCambridge is supposed to be about family and you should be focusing on recovery not the point system."*
 - *"Point system is not relevant."*
- **Abuse of power among staff**
 - *"Tech staff seems to make up their own rules as they go."*
 - *"Power trips from staff - need better staff,"*
- **Double standards of addiction**
 - *"Smoking should not be prioritized over meals. The goal is to break addictions, not encourage them before nutrition."*
 - *"[Administration/staff] in active food addiction."*
- **Too loud**
 - *"Insist upon the women to hold their voices to a minimum and no more "fuck," "shit," etc. every other word."*



"Emergency Room should take precedence over a normal discharge to go home. If someone needs to go to the E.R. or they are gonna leave so they can, that affects their treatment quality. They want to stay, but their issue is not being properly addressed as far as getting medical treatment."

THEMES

ELIMINATE RULES

- *“Don’t make us feel like we are prisoners, that we breathe & wipe our ass wrong.”*
- *“Need more smoke breaks between classes.”*
- *“Be able to see loved ones and call them no matter what.”*
- *“Can be downstairs after 10:30.”*

ENFORCE RULES

- *“Make sure staff don’t play favorites.”*
- *“People not following rules like drinking stuff in class they aren’t supposed to and going in each others’ rooms and stealing.”*
- *“10:30 quiet and lights out. I need more sleep.”*

Strict Rules



RESULTS

? Interpretation of Results

- Surveyed reasons for leaving Against Staff Advice explain ~13% of why clients leave before program completion.
- Approximately 10% of residents consider leaving Against Staff Advice due to conflict with other residents compared to 8.9% of conflict with staff

Table 2. Six Bivariate Regressions of Desire to Leave Against Staff Advice on Conflict with Staff, Conflict with Residents, Personal Reasons, Program Failure, Point System, and Health Reasons

<i>Variables</i>	<i>Unstandardized Coefficients</i>	<i>Overall Fit (%)</i>
Conflict with Staff	-4.000 (4.131)	8.9
Conflict with Residents	-3.000 (4.424)	10.4
Personal Reasons	-4.333 (4.096)	7.9
Program Failure	-9.000 (5.341)	13.0
Point System	-4.417 (4.042)	8.0
Health Reasons	-1.050 (2.917)	0.6

Robust standard errors are in parentheses

Implications

— *Limitations of the Evaluation*

- Small sample size ($N=21$)
- During survey distribution, clients were also trying to prepare for class so they may not have been able to give full attention to the survey, particularly the qualitative questions
- Minimalistic measures (only 2 broad qualitative questions)
- Less conflict resolution over weekends (e.g. events that occurred may have affected client's motivation on Monday when survey was distributed)
- Bivariate regression analyses on quantitative data revealed no significant coefficients, which contradicts qualitative findings.

✓ *Suggestions for McCambridge Center*

- Be open and willing to change
- Staff accountability
- Improve communication between staff and residents
- Eliminate point system in favor of a more evidence-based system for producing good behavior
- Improve assessments of incoming residents to tailor treatment plan for their needs

🕒 *Future Research*

- Time series
- Measure the same clients desire to leave ASA at one wave and remeasure same clients 2-3 weeks later.
- Evaluate individual programs/classes within McCambridge Center

References

1. Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention, and behavior: An introduction to theory and research*. Reading, MA : Addison-Wesley.
2. Walker, I. (2008). Addiction treatment: A brief history, *Addiction treatment: Escaping the trap* (pp. 34-63).
3. Stevens, L., Verdejo-García, A., Goudriaan, A. E., Roeyers, H., Dom, G., & Vanderplasschen, W. (2014). Impulsivity as a vulnerability factor for poor addiction treatment outcomes: a review of neurocognitive findings among individuals with substance use disorders. *Journal of Substance Abuse Treatment*, 47(1), 58-72.
4. Tobacco, drug use in pregnancy can double risk of stillbirth. NIH network study documents elevated risk associated with marijuana, other substances [news release]. Bethesda, MD: Eunice Kennedy Shriver National Institute of Child Health and Human Development; December 11, 2013. www.nichd.nih.gov/news/releases/Pages/121113-stillbirth-drug-use.aspx. Accessed September 13, 2017.

