Social Ties and Treatment Practices: Does Cohesiveness Promote Tradition and Hinder Change?

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### Research Questions

How do treatment practices vary in organizations with different organizational profiles?

Which organizational profiles are most strongly associated with the use of evidence-based treatment practices?

Do practitioners perceive their organizations to be less stressful and more cohesive when they make greater use of familiar Directive/12-Step treatment practices?

Do change-oriented organizations with transformational leadership foster greater use of evidence-based Cognitive/Motivational treatment practices?

### Background

Efforts to promote the implementation of evidence-based practices in challenging human services settings are advancing, but we still have much to learn. Some important remaining implementation questions relate to the practices of frontline staff within organizational contexts. This is especially true in routine substance abuse settings where traditional organizational norms can affect practitioners’ inclinations and capacities to apply an evidence-based treatment approach (Miller et al., 2006).

Two aspects of organizational context that are emerging as influential in the implementation process include the degree of cohesiveness among staff (Glisson, 2007) and an organization’s orientation toward change (Simpson, 2009). This study extends current work addressing the relationship between organizational contexts and the use of evidence-based practices in outpatient substance abuse treatment.

### Methods

#### Design:

The study involved a cross-sectional survey of administrators and frontline practitioners in outpatient substance abuse treatment settings in New York State.

#### Sample and Procedures:

A sampling frame of state-funded outpatient treatment facilities was divided into “Upstate” and “Metropolitan” strata. From each stratum, 35 organizations were selected. Directors of the facilities were contacted to elicit organization-level study participation. Of 70 organizations contacted, 57 elected to participate for an organization-level response rate of 81%.

Surveys were distributed in person or by mail to administrators and frontline practitioners. 293 of 429 frontline practitioners responded constituting a practitioner response rate of 68%.

### Results Highlights

#### Cross-level interactions in multi-level models point to intriguing potential influences of organizational conditions.

When an organization’s leadership score is in the top quartile, practitioners report relatively high use of directive/12-step approaches. In organizations in which debriefing practice and attention to outcomes (as measures of culture) are low, practitioners are less likely to use cognitive-motivational treatment techniques. Practitioners report relatively high use of directive/12-step approaches in such organizations.

### Conclusions and Implications

Treatments do vary in organizations with different profiles. The use of evidence-based cognitive/motivational treatment techniques is greater in low stress/high cohesiveness organizational environments.

Although the strong relationship between practitioner beliefs and practices is moderated by organizational stress, these results suggest that practitioners report relatively high use of cognitive-motivational treatment techniques and relatively low use of directive/12-step techniques in low stress/high cohesiveness organizational environments.

Overall, in fact, organizations with relatively high use of directive/12-step treatment techniques tend to be characterized by low levels of cohesion.

Perhaps consistent administrative messages in favor of evidence-based treatment approaches are eroding cohesion in organizations where practitioners maintain a commitment to traditional directive/12-step techniques.

These results make a case for further investigation of the relationships between organizational contexts and frontline treatment practices.