

Understanding the Roles of “Faith” and Faith-Based Organizations in the Delivery of Drug Treatment Services

Presented by

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Purpose of study

- To understand *whether* and *how* religiosity in substance abuse treatment programs increases, decreases, or has no impact on their effectiveness in treating patients.
- Definitions
 - Religiosity: treatment activities; institutional connections; staff.
 - Effectiveness: client outcomes, such as drug usage, treatment retention/completion, employment, crime
 - Programs: state-certified programs, not recovery support programs

Types of hypotheses

- General effectiveness: Religiosity influences characteristics of program (e.g., staff stability, commitment, responsiveness) which in turn may make program more (or less) effective, regardless of patient's faith or changes in faith
- Resonance: Program religiosity may enhance relations with clients who are already religious
- Personal transformation: Faith-related programs help patients change their lives by strengthening their religious practices, beliefs, connections with religious community

Overview of study

- Phase I: field research on role of religion in programs and recovery support in one major city (Baltimore City)
- Phase II: use variation in program religiosity to estimate impacts of faith-related characteristics on client outcomes

Participants & funding

- **Study participants (PIs)**
 - Rockefeller Institute of Government, SUNY (Tom Gais)
 - Center for Substance Abuse Research of the University of Maryland, College Park (Amelia Arria, Cindy Voss)
 - Jacob France Institute, University of Baltimore (David Stevens, Treva Stack)
- **Funding for Phase I from Pew Charitable Trusts**
- **Phase II funding from Pew, ASPE/DHHS, Duke Center for Spirituality, Theology, and Health**

Presentation

- Findings from Phase I
 - Role of religion in SATs/recovery support, including overall patterns and dimensions
 - Relations between faith-related elements and:
 - other organizational characteristics (goals, capacities, stability, etc.)
 - client experiences
 - client characteristics, outcomes, treatments
- Implications for Phase II

Phase I data sources

- Two surveys of program directors of state-certified SATs (and recovery support programs) in city were conducted (2006; 2007-08; earlier survey reported here)
- Extensive questions on characteristics of programs, including religiosity, professionalism, organizational capacity, staff, services
- Number of programs: 24 SATs in first survey (9 recovery support programs); 36 SATs in second survey
- Patient surveys in 10 programs (N=285)
- Administrative data on patients (characteristics, outcomes, services) merged with program data

Finding #1: Great variation in religious characteristics of treatment programs

- **Widespread characteristics:**
 - Conversations about spiritual needs or God;
 - Helping clients address spiritual/religious problems;
 - Encouragement to attend church
- **Less common were direct institutional connections between programs and churches, other religious institutions**
- **Programs were more evenly divided with respect to incorporation of prayer, scriptural study, referrals to clergy in treatment activities**
- **Some had very few faith-related characteristics, while a few had most**

Percentage of programs having certain faith-based characteristics

<u>Religious activity or connection</u>	<u>State certified programs</u>	<u>Service support programs</u>
Conversations about spiritual needs, with little reference to specific religions, often or sometimes occur	92	89
Program often or sometimes encourages clients to attend church or participate in religious fellowship	83	67
Helping clients address spiritual and religious problems is at least somewhat important to what actually happens to clients	79	56
Religious beliefs and practices are (known to be) of central importance in the lives of most staff or a significant number of staff	71	67
Program attempts to help clients strengthen their religious faith or practices	71	44
Conversations about God or beliefs about God often or sometimes occur during treatment	71	67

Percentages of programs (continued)

	<u>State certified programs</u>	<u>Service support programs</u>
<u>Religious activity or connection</u>		
Prayer is often or sometimes incorporated into treatment	54	67
Clients often or sometimes use religious terms in describing their problems during treatment	50	67
Program puts somewhat, great, or very great emphasis on prayer and other religious activities in counseling and therapy	46	78
One or more board members have religious backgrounds or affiliations	46	67
Bible study or other readings and discussions of scripture often or sometimes occur	42	67
Program affiliated with a religious institution in other ways	38	67
Director previously worked in any religious institution or faith-based organization	33	89
Referrals to clergy often or sometimes occurs during treatment	29	44
Religious institution involved in origin of program	25	89
Program offers programming for people with strong religious beliefs (e.g., separate tracks, lectures/groups, or other programming)	21	56
Religious institution manages or owns program	12	89
Singing of hymns or other religious songs, or performing music as a form of worship often or sometimes occurs	8	56
Mission statement suggests religious beliefs play a part in drug treatment	8	44

Finding #2: Correlations among faith-related characteristics revealed two dimensions

- **Most faith-related elements varied along two major, largely independent dimensions:**
 - institutional connections with congregations, denominations, orders, and other religious institutions
 - faith-related activities in the treatment programs, such as prayer, scriptural reading and study, conversations about God, and discussions with or referrals to clergy
- **Staff religiosity was correlated with both dimensions but not specifically with either**

Variables in Religious Activities Index

Bible study or other readings and discussions of scripture

Program emphasizes prayer and other religious activities

Importance of helping clients address spiritual/religious problems

Singing hymns or other religious songs, or performing music as worship

Mission statement says religion plays part in treatment

Prayer incorporated into treatment (frequency)

Conversations about God or beliefs about God

Encouragement to attend church or participate in religious fellowship

Referrals to clergy occur during treatment (frequency)

Treatment program strengthens religious faith, practices

Variables in Institutional Connection Index

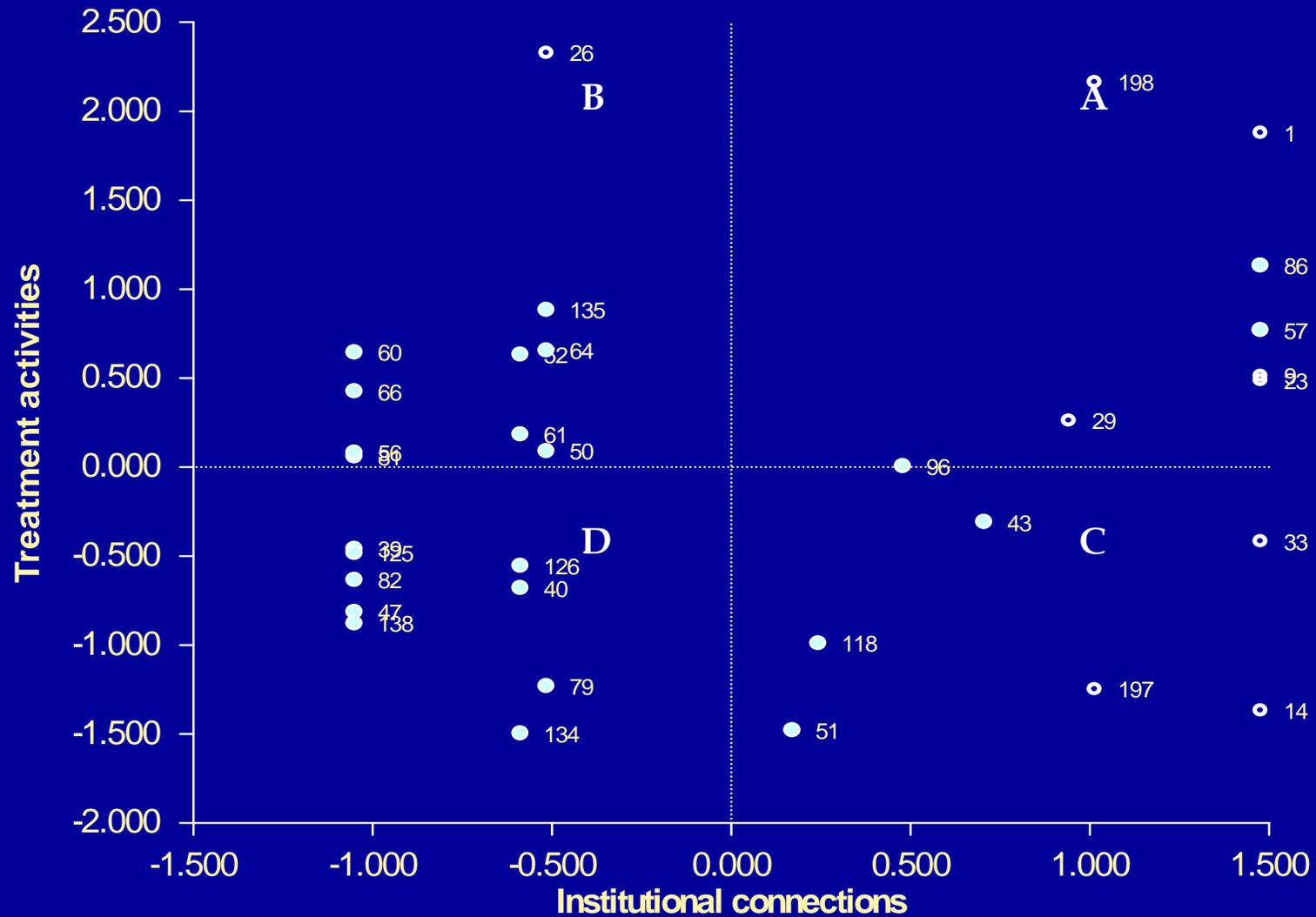
Religious institution involved in origin of program

Religious institution manages or owns program

Director previously worked in religious institution or faith-based org

Program affiliated with a religious institution in other ways

Scatterplot of programs' scores on Treatment Activities Index and Institutional Connection Index



Finding #3: Differences in religiosity were related to other program characteristics

- Staff stability: Both major dimensions, as well as staff religiosity, were positively correlated with lower levels of staff turnover.
- Community involvement: Program leaders in agencies that had strong institutional connections were more involved in community institutions, and more likely to rely on volunteers
- Organization capacity and range of services: Programs offering more faith-related activities tended to be growing organizations (in employees) that provided variety of services to clients. Institutional affiliation, by contrast, was negatively related to growth of services, medical model.
- Program goals did not differ much: for all types of programs, abstinence from drugs and alcohol was ranked highest, followed by law-abidingness; then employment and independent living
- No relationships: Inconsistent relationships to many measures of professionalism.

Finding #4: Patients were religious, though not always involved in religious communities.

- The client survey data indicated that persons enrolled in substance abuse programs typically have strong religious beliefs; report that their religious beliefs are very important to them; and pray frequently.
 - Most say they interpret scripture literally (79 percent agree with the statement that “the Bible/Koran/other holy book” is the “actual work of God and is to be taken literally, word for word”).
 - Regular attendance at religious services is less common. One out of four clients reported never attending a service; about one out of three reported attending at least once per week.
- In this setting, when clients report a specific religion, it is overwhelmingly Christian (77 percent):
 - 67 percent say they are non-Catholic Christians (Protestant or non-denominational);
 - 10 percent say they are Catholic; 8 percent report being Muslim, two percent Jewish, seven percent “other,” and six percent “no preference.” Less than one percent report being agnostic or atheists.

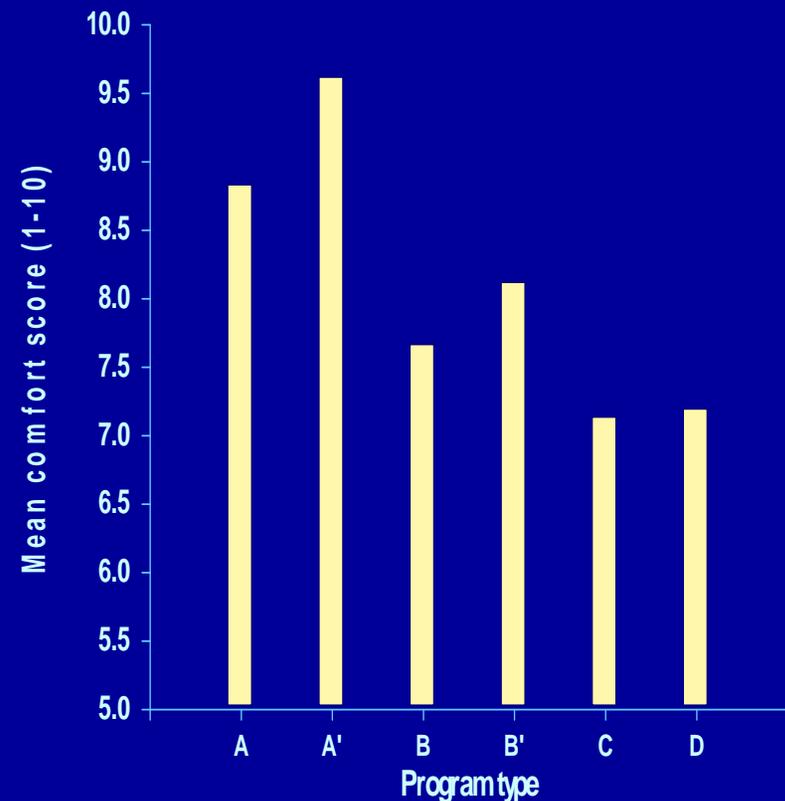
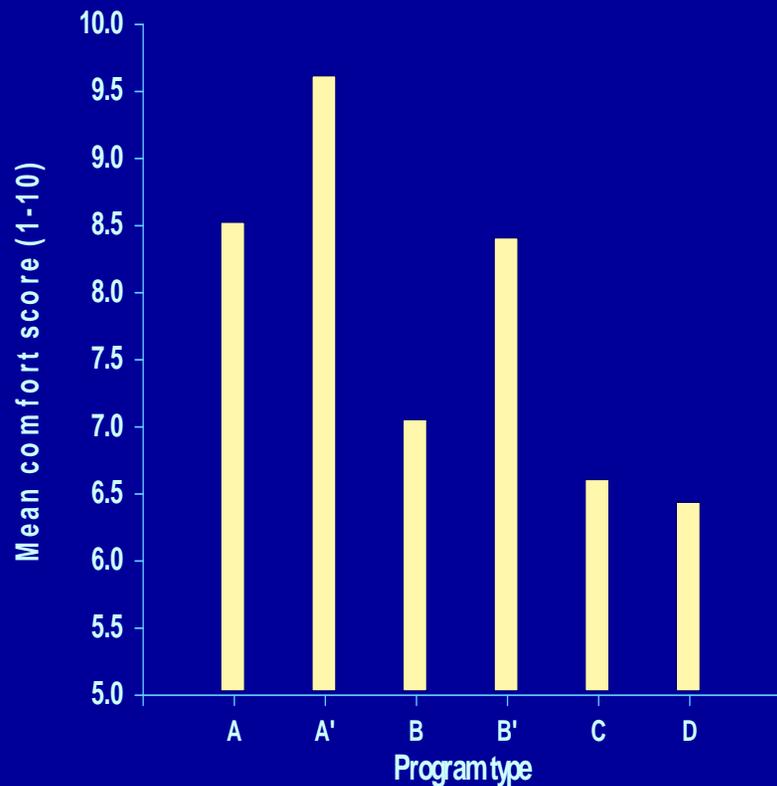
Finding #5: Patient experiences varied with program religiosity.

- **Patients enrolled in programs with faith-related activities were more likely to strengthen their faith and religious practices in the course of treatment than were clients in other programs.**
- **Patient surveys also revealed significant differences between secular programs and programs with some faith-based elements with respect to:**
 - **how comfortable patients reported feeling about asking their counselors to pray with them, and**
 - **how comfortable patients were about talking about God or their own religious feelings when talking to other clients.**

Questions (1-10 scales):

Left: Comfortable in asking counselor to pray with you?

Right: Comfortable discussing religious views with other clients?



Finding #6: Administrative data suggest that faith-based and secular programs differ in patient characteristics, outcomes, treatments.

- Patients of programs with greater religious affiliations or activities were not very different from patients in other programs in terms of age, gender, race, or marital status.
- But the most secular programs were somewhat more likely to have patients who were employed at the time of admission and who presented a “severe” drug or alcohol addiction.
- Programs with greater religious elements were more likely to have patients who received public assistance at the time of admission.
- Median duration of treatment was longer among programs with some religious elements, in contrast to purely secular programs.
 - This relationship would be important since treatment retention/duration is typically related to treatment effectiveness.
 - However, secular programs reported more individual and group counseling sessions per day in treatment.

Implications of findings for the study of effectiveness

- Variation in certified programs' religiosity is substantial and offers opportunities for field experiments
- Dimensions simplify some of the classification problem, though complexity still exists
- Faith-responsive, institutionally secular programs are particularly interesting
- Enough evidence of selection differences to require randomized assignment to estimate effects
- Phase I reinforces some hypotheses about effects of faith-based characteristics & undermines others
 - Holistic treatment claim—may depend on dimension
 - Stronger evidence for claims of staff commitment
 - Resonance hypothesis is consistent with evidence
 - Personal transformation: maybe

Phase II plans

- **Random assignment of patients, faith-based vs. secular, where alternatives exist (within proximity, modality constraints)**
- **Pre-test and multiple post-tests (3, 6, 9 months)**
- **Target population—treatment required for public benefits; more likely to show up after assignment**
- **Participation in experiment is voluntary**

Phase II plans (cont.)

- Experimental design addresses selection effects, but attribution is still a challenge
- To deal with attribution question, experiment needs to incorporate analysis of alternative pathways—i.e., test hypotheses about how effects occur
 - Impact of program differences on patients' experiences, services (based on random assign)
 - Relations between patients' experiences, services, etc. on outcomes (based on correlational design)

Example of analysis

Impact on intervening variable (participation in religious community)	Correlation between intervening variable and outcome	Main impact: Reduction in drug usage	Main impact: No reduction in drug usage
Patients in faith-based groups increase participation in religious community	Change in religious participation correlated (+) with outcome	(i) Do not reject hypothesis of effect	(v) Reject; may have poor measure of program religiosity
	Change in religious participation is not (+) correlated with outcome	(ii) Unless other pathway is found, reject hypothesis	(vi) Reject hypothesis
Patients in faith-based groups do not increase participation in religious community	Change in religious participation correlated (+) with outcome	(iii) Unless other pathway is found, reject hypothesis	(vii) Reject; may need to try different measures of religious practices in programs
	Change in religious participation is not (+) correlated with outcome	(iv) Unless other pathway is found, reject hypothesis	(viii) Reject hypothesis

Policy implications

- **Findings relevant to questions of regulating involvement of religious institutions in delivering public services**
 - What special capabilities are brought to social service systems by faith-related characteristics in social service agencies? And what are those characteristics?
- **Also raise issues about religiosity in institutionally secular programs**
 - Can institutionally secular organizations respond to patients' religious needs as well as organizations connected to faith-based institutions?
- **Other issues:**
 - **Interaction effects:** Are there grounds for matching patients to programs with different types/levels of religiosity?
 - **System management:** Should these program characteristics be monitored by public agencies? And for what purpose?

Final comments

- Phase II assignments are starting this spring
- Interim reports forthcoming on second survey of programs (with merged administrative data); and on first post-test
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