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PREVIEW

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**Incera, Armando**

**ASSESSMENT OF CONTINUITY OF CARE IN A LARGE-SCALE  
ALCOHOLISM SERVICE SYSTEM**

*The University of Nebraska - Lincoln*

**PH.D. 1983**

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PREVIEW

ASSESSMENT OF CONTINUITY OF CARE IN  
A LARGE-SCALE ALCOHOLISM SERVICE SYSTEM

by

Armando Incera

A DISSERTATION

Presented to the Faculty of  
The Graduate College in the University of Nebraska  
In Partial Fulfillment of Requirements  
For the Degree of Doctor of Philosophy

Major: Psychology

Under the Supervision of P. Clayton Rivers, Ph.D.

Lincoln, Nebraska

May, 1983

**TITLE**

Assessment of Continuity of Care in a Large-scale  
Alcoholism Service System

**BY**

Armando Incera

**APPROVED**

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**UNIVERSITY OF NEBRASKA**



For my father...

...Nadie tanto como un padre puede dar a un  
hijo los valores y la fuerza de personalidad  
que llevan a uno hacia una vida frutuosa.  
Tu me has dado esto.

PREVIEW

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## INTRODUCTION

Continuity of Care is at present an issue of major concern in the health care field. In particular, finding economical ways of providing the most appropriate sequence of services needed by an individual suffering from a specific problem is crucial. Nowhere is the need more imperative than in the care and treatment of the alcohol abuser. The diversity of services available in the alcohol care field and the generally accepted philosophy that the alcoholic should be placed in a sequence of services that gradually allows him or her to exert independent control of drinking behavior, makes correct initial placement and subsequent "continuity" in treatment, crucial to the recovery process (Ford, Beeson and Rodgeron, 1978).

### Literature On Continuity Of Care

During the past decade, a limited number of writers in the field of alcoholism treatment have addressed the issue of Continuity of Care as an important basis for providing adequate services to the alcoholics. One writer states:

"to effectively cope with the problems of alcoholism, we must provide an integrated coordinated spectrum and continuum of services to maximize the delivery of these services. The effectiveness of any single method (of treatment) depends in large part upon the compatibility and readiness with

which it can be combined with other approaches to form individually varied but comprehensive plans for treatment and care" (Hayes, 1972, P.57).

This is the rationale for developing a comprehensive system of alcoholism treatment. The general plan for such a system has been described in the following manner:

"A comprehensive alcohol services system provides an opportunity for the alcoholic to gradually return to successful community life. The model implies a continuum of services which gradually increases the alcoholic's access to alcohol while concomitantly increasing demands for personal responsibility. That is, as the client is moved to facilities allowing more community involvement, more personal control is also required. The ideal service system should allow entry at any point in the treatment continuum, because of individual differences in the need for external control.

An ideal service system is one in which clients can move smoothly from one level of treatment to another. All levels of treatment would be readily available, with no client remaining too long at one level because of the unavailability of services at the next level. This service system must also be designed to allow clients to remain in the less intensive modes longer



than in the initial, more intensive modes" (Ford, Beeson and Rodgerson, 1978, P.397-398).

Allan Biegel (1973), has discussed the importance of understanding the characteristics and implications of the organizational paradigm underlying a comprehensive system of alcoholism care. He argues that "such a system must become a viable organism regardless of the manner in which it is formed or the number of agencies that may be involved" (P.196), and that if effectiveness of service delivery and Continuity of Care are to be achieved, the system must be based on "an administrative structure that clearly defines lines of communication and responsibility between care-giving agencies, institutions and the community" (P.196). Biegel describes four conceptual approaches to the development of the comprehensive system.

"1) The 'governmental approach' in which either State or local government assumes the primary responsibility for the organization and administration of alcoholism services to a target population;

2) The 'single community agency approach' in which single community based agency with previous experience in the field of alcoholism services assumes the primary responsibility;

3) The 'consortium model approach' in which multiple agencies, jointly interested in the development of 'a comprehensive' community-based alcoholism program employ an organization pattern in which no single agency has the primary

organizing responsibility or primary administrative responsibility over the other agencies but instead join together in an equal partnership and establish a board that is independent of the operation of any specific agency;

4) The 'for profit approach' in which an established corporation, not a public community-based agency but rather a private profit-making corporation, assumes the initiative and responsibility for the organization and delivery of 'comprehensive' alcoholism services to a target population" (P.195-196).

For the present purposes, the governmental approach is of most relevance. Biegel states that a commitment by local and State governments of long-term funding and coordination of services very much depends on the ability of interested citizens to actively lobby for these purposes in the appropriate offices and legislatures. He also states that the success of such a shared responsibility by government and the community requires an openness from government that has not previously existed. This openness would make government not only responsible to certain aspects of the alcoholic community with which it is directly concerned, such as public intoxicants and drunken drivers, but also to the spectrum of existing needs as posed by the local citizenry. It would also allow the system to move into areas of service not previously associated with government involvement, such as industrial programs.

•

Biegel's discussion of the other three approaches holds some additional points of relevance for the present purposes. Regarding the single community agency approach, he points out the difficulty that competing agencies within a single community have in accepting a single facility as the prime decision maker and coordinator of services for the area. He poses the consortium model as addressing this problem through the use of a governing board which is comprised of citizens without vested interests. This approach however is susceptible to the danger of diffusion of responsibility and a tendency to "pass the buck" regarding specific problematic issues.

Biegel discusses Continuity of Care as a major component of the comprehensive system. He states that "if this comprehensive system... has not developed a system of Continuity of Care and records, it is very likely that the individual who requires the aid of more than one service will not receive the one that he needs (P.198). The comprehensive program must have a system of priorities of movement between services and must have in operation "a record-keeping system which brings together all available treatment information for a particular client and makes the data available to those responsible for the client's treatment planning". Biegel also stresses that Continuity of Care concerns require the treatment system to maintain relations with other service systems such as welfare, mental health, social services, and law