

CENTRAL TREATMENT & RECOVERY OUTPATIENT FACILITY: OUTCOME EVALUATION

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PRINCIPAL FINDINGS: Central Treatment & Recovery Outpatient Facility clients, nine months following admission to treatment, are more likely to be alcohol and drug-free, employed, housed, arrest free, and to have improved psychosocial functioning. Although findings indicate some clients return to varying degrees of alcohol or drug use, the overall indicators of treatment outcome are favorable.

The Alcohol and Drug Services Research Institute has completed a follow-up study of the Central Treatment and Recovery Outpatient Facility. A random sample of 176 admissions to Central Treatment and Recovery Outpatient Facility were recruited between April 2000 and October 2001; out of the total of 114 clients agreed to participate in the study. Clients who signed an informed consent were interviewed briefly by a research assistant, at a time that did not interfere with their participation in treatment, to verify management information system data and to collect information useful in tracking them at follow-up.

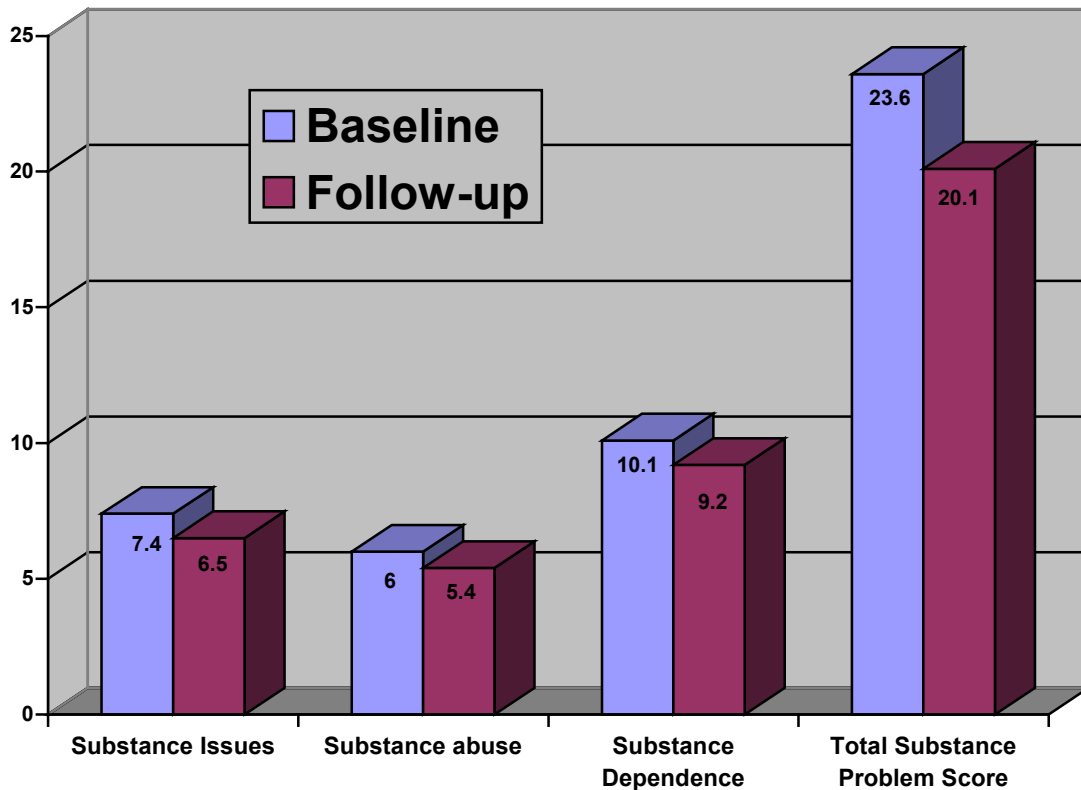
Nine months after their admission, research assistants contacted these clients to administer the same instruments Central Treatment and Recovery Outpatient Facility staff collected during treatment. Ninety-four (82%) of the clients were found and completed the follow-up interview. Nine months is chosen so that clients will have been out of treatment an average of at least six months. The federal government's Center for Substance Abuse Treatment recommends six months post-treatment as the minimum length of follow-up, because clients who have been successful for that amount of time are likely to continue to be successful (CSAT, 1995; see also McLellan et al., 1992; Hoffman and Harrison, 1988). Ninety-four clients (82%) were successfully contacted and completed the follow-up assessment. This is well within the minimum sample size that was our aim. (In order to detect significant changes over time (a "medium" effect size, with reasonable certainty); a completed sample size of about 85 clients is needed (Cohen, 1992).

OUTPATIENT TREATMENT REDUCES DRUG USE AND CONSEQUENCES

Sixty-nine percent of the clients interviewed nine months after treatment intake reported that they had not used since being discharged from treatment. Of those who continued to use, however, 12 percent were using their primary substance daily.

Clients were administered the GAIN-S9 (Chestnut Health Systems, 1999) at admission and again nine months later. This 16-item instrument incorporates DSM IV dimensions of alcohol and other drug abuse and dependence as well as more general substance issues. Clients who exhibit signs of dependence are generally assessed as needing treatment or relapse prevention. A global or summary score, the Substance Problem Index (SPI) is calculated by adding up scores from all 16 GAIN questions. A total of 55 study participants (48%) had both GAIN measures (at baseline and follow-up) available for analysis. As shown in the graph, by follow-up all scale elevations had subsided.

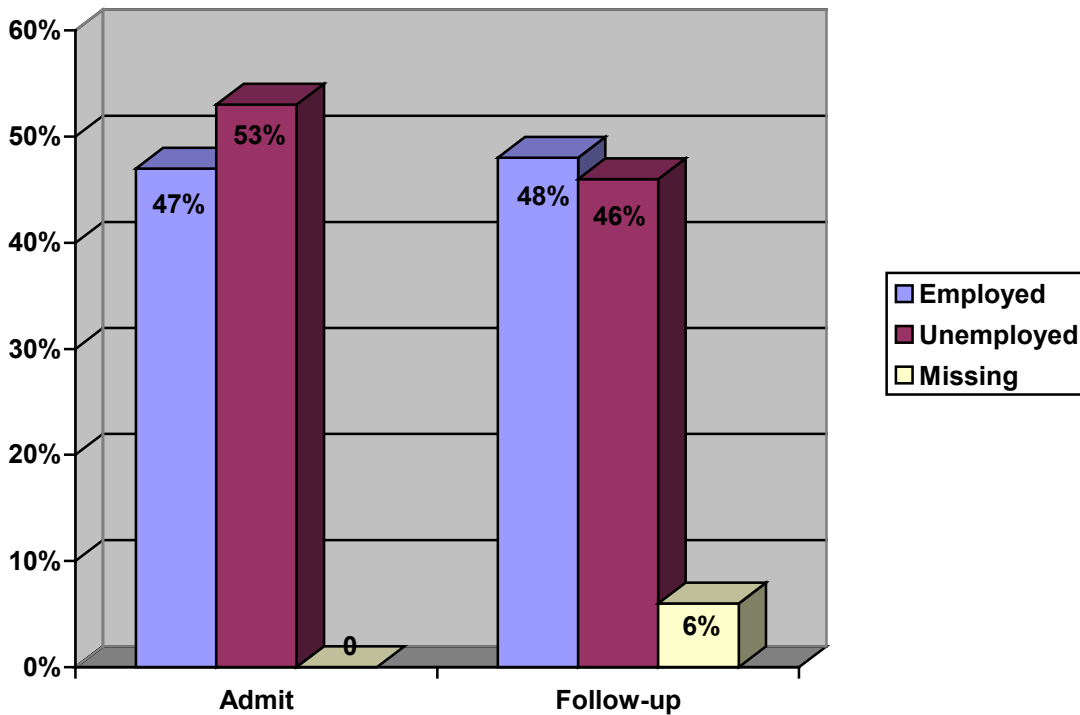
Figure 1: Changes in substance abuse problems, issues, abuse & dependence past month



EMPLOYMENT INCREASES FOLLOWING RESIDENTIAL TREATMENT

Forty seven percent of the clients were employed when they entered Central Treatment and Recovery Outpatient Facility for treatment. Among those who were followed, forty eight percent were employed nine months following their treatment entry. This is a small increase but it indicates that the clients were able to maintain their employment after receiving treatment.

Figure 2: Comparison of Employment Status at Admission and Follow-up

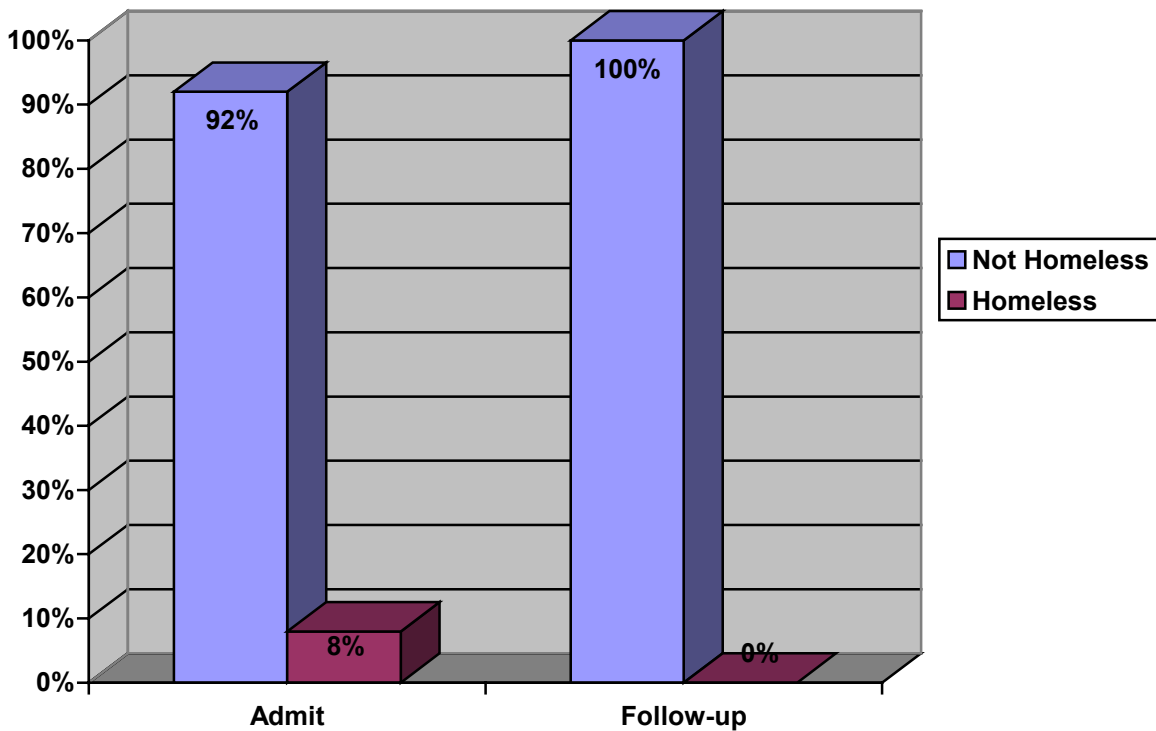


These findings are consistent with the Services Research Outcomes Study, the first nationally representative study of substance abuse treatment outcomes surveying 1800 clients five years following discharge. There was no appreciable change in the rate of full-time employment.

THE LIKELIHOOD OF STABLE HOUSING IS SIGNIFICANTLY GREATER AT FOLLOWUP

Only 8 percent of the clients were homeless at admission, however, at follow-up none of the clients were homeless. There are some biases in this number as clients who have a permanent residence are easier to find. However, since 82 percent of the baseline clients were found for follow-up, it does seem that the clients were able to maintain a study residence.

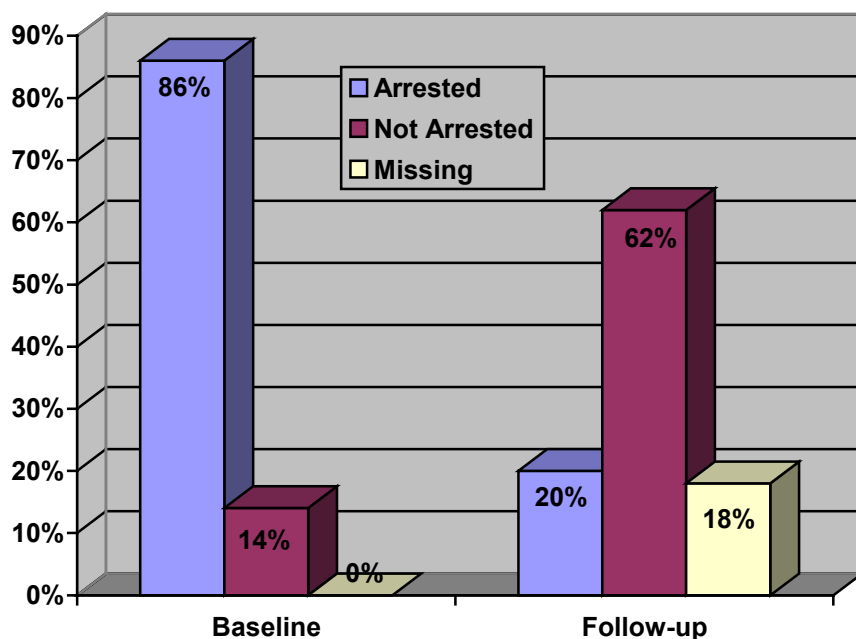
Figure 3: Comparison of Homelessness at Admission and Follow-up



ARRESTS DECLINE FOLLOWING OUTPATIENT TREATMENT

Prior to starting treatment 86 percent of the clients in the study reported that they had been arrested at least once in the past two years. In the period since that time, arrests have declined; 20 percent had been arrested at least once after treatment.

Figure 4: Comparison of Arrest Before and After Treatment



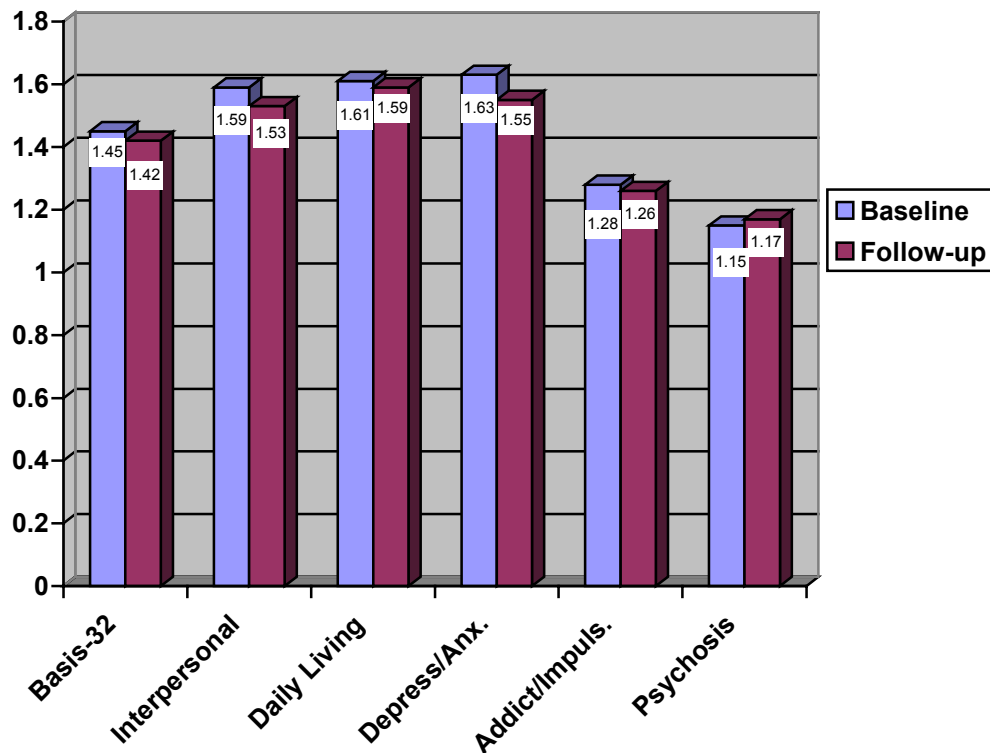
This is a significant decline in the number of arrests for the sample. However note that the time period varies; the length of time available for arrests is shorter following treatment.

PSYCHOSOCIAL FUNCTIONING HAS IMPROVED SINCE OUTPATIENT TREATMENT

The BASIS-32 has been used in DADS outcomes monitoring program to measure psychosocial functioning. Developed for psychiatric treatment populations, it consists of 32 questions that measure 5 domains: interpersonal skills, daily living skills, depression/anxiety, impulsive/addictive behavior and psychosis. The total BASIS score assesses overall dysfunction as measured by these five 'sub-scales.'

A total of 62 study participants (53%) had both BASIS instruments (baseline and follow-up) available for analysis. Figure 5 presents the results. The mean BASIS score measures overall dysfunction while each of the five scales measures the level of dysfunction for each of the five domains discussed above.

Figure 5. BASIS-32 Scale Scores



The mean BASIS score declined between entry into treatment and follow-up, which is in the expected direction. Scores on the five domains also declined between treatment entry and follow-up. A decline in BASIS scores indicates an improvement in psychosocial functioning. There were small, though statistically not significant, declines in the level of psychosocial dysfunction among these clients. The mean BASIS score declined (from 1.45 to 1.42). It should be noted, however, that statistically significant

differences are not always clinically significant or vice versa. A small change in the aggregate scores from one time period to the next for the total sample may not be significant, however, that same change observed by a clinician in a single client may make a significant difference in the client's ability to function. It should also be noted that clients in the study did not report high levels of distress even at entry into treatment, so there was very little room for change.

HOW REPRESENTATIVE ARE THESE STUDY CLIENTS OF THE ELIGIBLE TREATMENT POPULATION AT CENTRAL TREATMENT AND RECOVERY OUTPATIENT FACILITY?

Clients who agreed to participate in the study (N=114) were compared to all the clients who were eligible to participate in the study (N=176) and all admissions (N=951) during the 18-month recruitment period at Central Treatment and Recovery Outpatient Facility. Table 1 presents the results. There were no statistically significant differences.

Table 1. Comparison of Central Treatment and Recovery Outpatient Facility study clients to eligible participants and all admissions, April 2000 – October 2001

	In Study	Eligible	All Admissions
Number of unduplicated clients	114	176	951
Median Age	35	36	35
Median Length of Stay	102	80	84
Percent Currently Married	18%	18%	15%
Median Years of Education	12	12	12
Ethnicity			
Non-Hispanic White	40%	41 %	40%
Non-Hispanic Black	5%	6%	8%
Amer. Indian/Alaskan	1%	1%	2%
Hispanic	47%	46%	46%
Asian/Pacific Islander	3%	3%	2%
Other	4%	3%	3%
Criminal Justice Involvement	87%	87%	87%
Unemployed at admission	57%	54%	61%
Median Number of Arrests in Prior 2 Years	1	1	1
Homeless at admission	5%	8%	8%
Past Year Needle Use	11%	9%	10%
Primary Problem			
Heroin	6%	4%	6%
Alcohol	29%	31%	30%
Methamphetamine	43%	40%	40%
Cocaine	7%	9%	8%

Marijuana	4%	9%	10
PCP	6%	4%	2%
Polydrug use	39%	38%	39%

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