

Early Treatment Evaluation as Predictor of Proximal and Distal Post-treatment Recovery Outcomes

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Background

- Participation in addiction treatment has been associated with reduced substance use.
- Outpatient treatment is the most prevalent treatment modality in the US.
- The effectiveness of treatment is in part compromised by drop out rates
- Further, treatment gains are typically short-lived, especially as the intensity and duration of services has decreased.
- Treatment gains can be maintained by engaging in a set of recovery-promoting behaviors and beliefs such as commitment to abstinence and affiliation with 12-step groups (e.g., Narcotics Anonymous).
- The early treatment period is particularly critical to engaging clients.
- Further, there is evidence that patterns established early on in treatment (e.g., 12-step participation) are maintained throughout the treatment period.
- Therefore it is critical to identify factors that predict the establishment of recovery- promoting behaviors.
- One potentially crucial yet under-investigated domain in treatment engagement and outcome research is clients' perceptions of/satisfaction with the treatment program, goodness of fit between client and program, and relationship with counselors.

Study Objectives & Hypothesis

Objective: We previously reported findings from this study whereby clients' early impressions of a treatment program significantly predicted treatment completion, 12-step affiliation and commitment to abstinence at discharge We extend that work to determine whether the relationship holds for more distal outcomes (6- and 12-months post-discharge).

Hypothesis: Early treatment evaluation predict outcomes at 6- and 12 months post-discharge.

Domains Under Study/Measures

Predictor Domain: Clients' treatment evaluation/satisfaction measured within 2 weeks of admission with a 7-item Treatment Evaluation Scale we developed to assess: expectation of help, satisfaction with program overall, counselor/client goal agreement, working as team with counselor, program staff, treatment plan, etc. (alpha =.74).

- **Outcome Domains** assessed at treatment end:
 - Commitment to total, permanent abstinence
 - 12-step affiliation (attendance + involvement):^a
 - Number of AA + NA meetings attended in the past month
 - Considering oneself a 12-step member
 - Doing 12-Step work

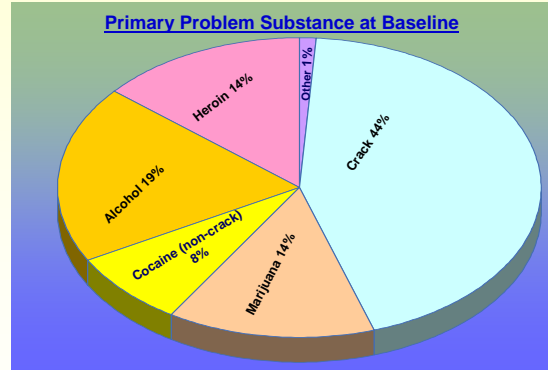
Study Methods

- Data collected in the context of a NIDA-funded investigation of predictors and effectiveness of 12-step participation as an aftercare resource.
- Participants (total N = 314) recruited from two large inner-city, publicly funded outpatient substance abuse treatment facilities within New York City.
- Data gathered at admission to treatment and treatment end (completion or drop-out).
- End of treatment interviews conducted with 250 participants (89% of valid cohort – in treatment >=30 days), re-interview at 6- and 12-months after end of treatment interview (78% retention at both 6- and 12-month points).

Analytic Plan

- Regression analyses were conducted for each outcome domain.
- Linear regressions for continuous outcome domains (number of 12-step meetings and commitment to abstinence).
- Logistic regression for categorical outcome variables (treatment end status (complete/drop-out), 12-step member and step work).
- Previous level (s) of outcome domain was entered in the first step to control for prior outcomes at each follow-up point.
- Early treatment evaluation was entered on the second step.

Description of Sample	
Male	57%
Age (mean)	39 years (range =19-60)
African American	62%
Hispanic	36%
Education	10.6 years (range = 3-16)
Primary income	
Government assistance	75%
Job (on or off the books)	6
Other legitimate income	18
Illegal sources	1
Hepatitis C+	21%
HIV+	8%
Mental Health Problem (ever)	41%
Substance use past month	52%
First time in treatment	21%



Descriptives of Outcome Domains

	6 Months (N=217)	12 Months (N=218)
1. Commitment to abstinence ^b (M, SD)	3.839 (.59)	3.743 (.64)
2. 12-step affiliation		
(a) Attended since last interview(% yes)	38.0%	30%
# meetings, past month (M, SD)	3.022 (8.43)	2.55 (7.22)
(b) Involvement		
12-step member (% yes)	21%	16%
Step work (% yes)	15%	14%

FOOTNOTES

^aCloud et al., (2004) What is Alcoholics Anonymous Affiliation? Substance Use & Misuse, Vol. 39, No. 7, pp. 1119-1138; ^bPossible range=1-5; ^cyes=1

Regression Results

	Early Treatment Evaluation/Satisfaction as Predictor			@ 6 Month Follow-up			@ 12 Month Follow-up		
	B/Beta	Wald	Sig.?	B/Beta	Wald	Sig.?	B/Beta	Wald	Sig.?
Commitment to abstinence	.06	NA	n.s.	.07	NA	n.s.			
[12-step affiliation:]									
Meetings past month	.06	NA	n.s.	-.73	NA	n.s.			
12-step member ^c	.13	0.45	n.s.	.21	.92	n.s.			
Doing step work ^c	-.26	1.37	n.s.	-.19	.69	n.s.			

Summary of Findings

The beneficial role of clients' early treatment evaluation on post-treatment outcomes measured at treatment end does not appear to extend to more distal period several months hence.

Clinical and Research Implications

- "First impressions" play a significant role on proximal addiction treatment outcome, (i.e., at treatment ends).
- Therefore it is critical to *initiate and maintain an ongoing dialogue* with clients **upon admission, with ongoing updates throughout** treatment, about treatment expectations/perceptions/ needs, and client satisfaction with services relative to goals and needs.
- Further, the findings that the beneficial effect of early impression on outcome appear to be limited in time indicates that :
 - Other factors not examined here are at play in predicting distal outcome and need to be examined – substance use quality of social network, stress.
 - The in-treatment period is critical to encouraging clients to establish behavior and cognitive patterns that promote recovery seeking support, expressing feelings, coping with stress, affiliating with 12-step, remaining committed to abstinence and/or.
 - Progress made in treatment related to known recovery-maintenance factors (12 step affiliation, commitment to abstinence, etc.) may supplant early treatment attitudes in the process of recovery maintenance.
 - To date, researchers have underestimated the importance of clients' early perceptions of treatment and their potential influence on subsequent clinical outcome. This study indicates additional research needs to:
 - Identify specific factors that determine clients' early impressions of treatment (e.g., prior exposure to treatment, self-help group membership, etc.)
 - Determine if such factors can be systematically influenced/enhanced, and if so, whether there is a corresponding enhancement of outcomes (proximal and distal).
 - Investigate factors that may interact with client treatment perception variables (e.g., staff attitudes/appraisals/expectations of clients, etc.), and the possible role of such interactions on treatment outcomes (short- and long-term).
 - Determine specific significant factors in the process of transition between clients' early treatment impressions/proximal clinical outcomes and distal outcomes that endure well beyond the end of treatment (e.g., one year or longer).