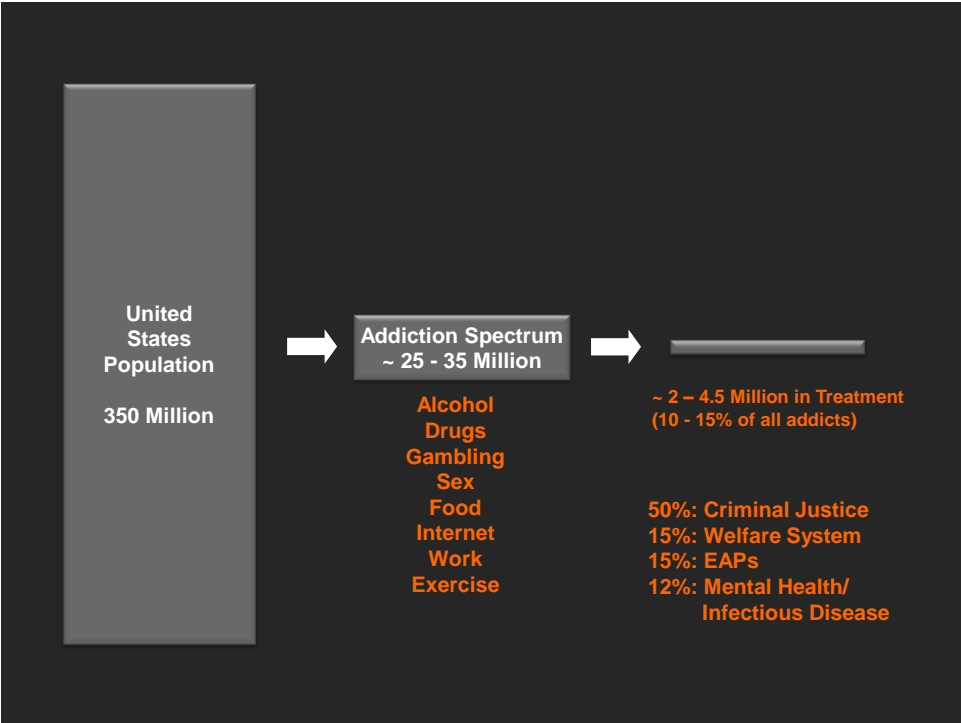


action 2
EVALUATION



When a doctor tells me that he adheres strictly to this or that method, I have my doubts about his therapeutic effect...I treat every patient as individually as possible, because the solution of the problem is always an individual one...

Carl J. Jung
Memories, Dreams, Reflections



Outpatient/Intensive	57.3
Detox	19.7
Residential	17.7
Medication Assisted	5.3



Screening Tools

- CAGE
- AUDIT
- NIDAMED
- DAST-10
- PC-PTSD
- SAST
- SCOFF
- SOGS



Why Evaluate?

- **Insurance requirement**
- **Determine level of care (ASAM)**
- **Treatment matching**
- **Necessary input for adaptive care models**
- **Identify high-leverage points for change**

ASAM Patient Placement Criteria

1. Acute intoxication and/or withdrawal potential
2. Biomedical conditions and complications
3. Emotional, behavioral, or cognitive conditions and complications
4. Readiness to change
5. Relapse, continued use, or continued problem potential
6. Recovery Environment

McKay, et al (1997)	No support found
Chen, et al (2006)	Mixed support
Timko, et al (2004)	Mixed support
Magura, et al (2003)	Some support
Tiet, et al (2007)	Some support

In addiction treatment research, variables assessed at intake may be significant predictors of response to treatment, but they usually account for only a small percentage of the variance in outcome.

McKay (2009)

Patient Treatment Matching

Project MATCH (1997)

- Compared MET, TSF, CBT for alcohol dependent patients
- N=1700, 9 sites, 80 therapists
- Only match was TSF at 9 months, but not sig. at 15 months

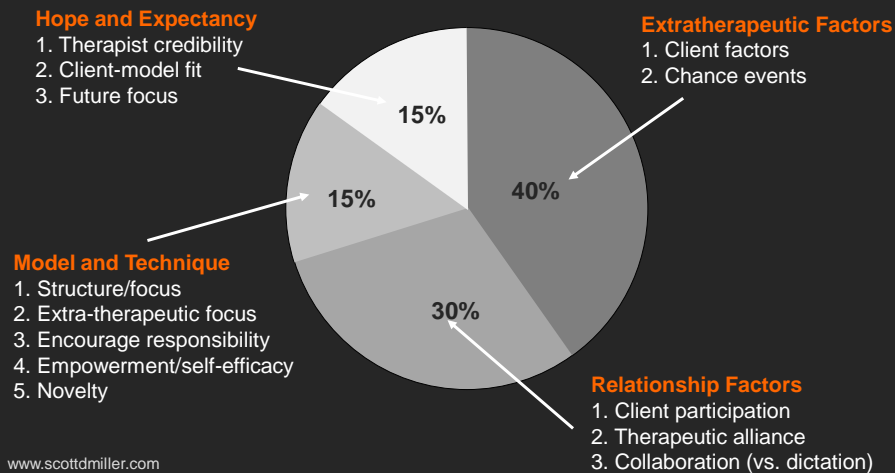
Project COMBINE (2006)

- Compared naltrexone, acamprosate, combined with CBI
- N=1383, 11 sites
- All groups showed significant reductions in drinking
- No combination produced better efficacy than naltrexone or CBI alone, acamprosate showed no positive effect

The search for best treatments has failed



50 Years of Outcome Data



Adaptive Models of Treatment

Approaches to the treatment of medical and behavioral disorders in which changes in symptoms or status are monitored over time and used to adjust the treatment protocol according to well-specified guidelines have been labeled adaptive treatment protocols (McKay,2009)

Also go by: *Stepped care, treatment algorithms, dynamic treatment regimes*

Main Components

Tailoring variables: measures used to monitor patient progress and outcomes

Decision Rules: if-then statements that link responses on a tailoring variable to specific changes in therapeutic components/procedures

Therapeutic Components or options: medications, behavioral treatments...EBPs

High Leverage Points for Change

- **Ready, willing, able**
- **Link with many issues**
- **Optimize use of resources**
- **Not obvious**



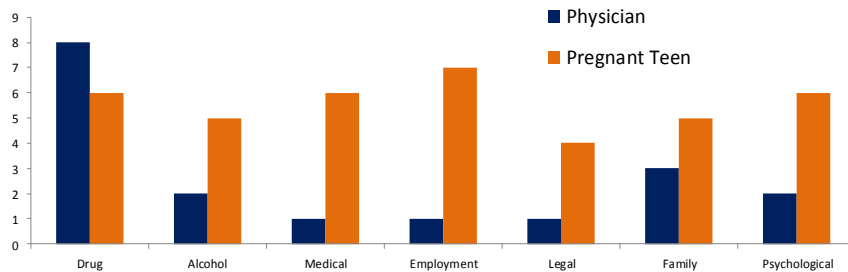
evaluate

Key Points

- Treatment begins when the client first makes contact with the treatment agency or provider.
- Assessment is a continuous process that occurs from the first contact, throughout treatment, and after discharge.
- Establishing a therapeutic relationship before formal assessment increases the reliability of the data.
- Evaluation process can be therapeutic.

Evaluation Modules
Abuse/Addiction
Cognitive Functioning
Education
Emotional Development
Employment/Career
Family
Financial
Legal
Living Environment
Military
Physical/Medical
Positive Strengths/Values
Psychological/Emotional
Relationships (non family)
Sexual
Spiritual
Treatment History

ASI profiles of two patients admitted for drug abuse treatment



Source: Treatment Research Institute

CASPAR

- Computer assisted system for patient assessment and referral
- Start with computer assisted ASI
 - Reduced training and admin time
 - Generates state forms, JCAHO narrative and treatment plan
- Add free or low cost service referral
 - United Way's First Call for help
 - Easy match of services to problems

Source: Treatment Research Institute

Problem-Services Linkage

- Alcohol
 - Drugs
 - Medical
 - Employment
 - Family
 - Psychiatric
 - Legal
-
- The diagram shows a list of problem areas on the left and a list of services on the right. Five arrows originate from the 'Employment' problem area and point to the following services: GED Training, Resume Development, Job Finding, Mentoring Sessions, and Training Loans. The text 'From United Way' is positioned above the first three services.
- From United Way
 - GED Training
 - Resume Development
 - Job Finding
 - Mentoring Sessions
 - Training Loans

Source: Treatment Research Institute

Problem-Services Linkage

- Alcohol
 - Drugs
 - Medical
 - Employment
 - Family
 - Psychiatric
 - Legal
- From United Way
Domestic Violence
Parenting Skills
Specialized Babysitting
Safe Housing
Legal Aid
- 

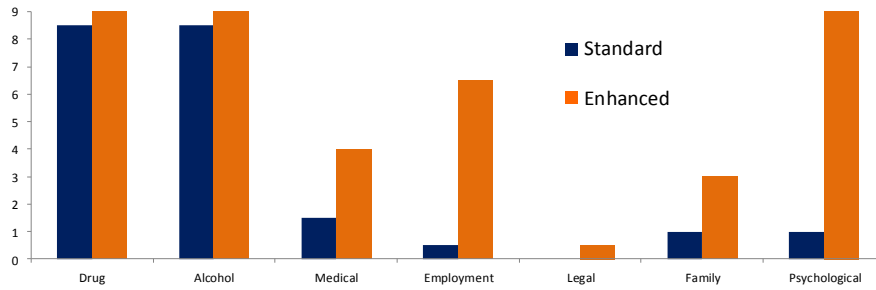
Source: Treatment Research Institute

Results of CASPAR Training

- Counselors now “get” the ASI
 - Very few ASI errors
 - Now seen as part of engagement
- They love United Way services
 - Most counselors use for most patients
 - Patients who get more services stay longer

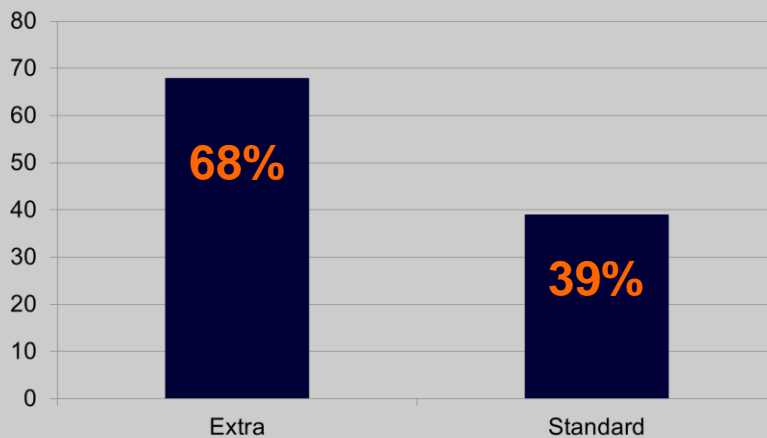
Source: Treatment Research Institute

Mean Number of Services Received



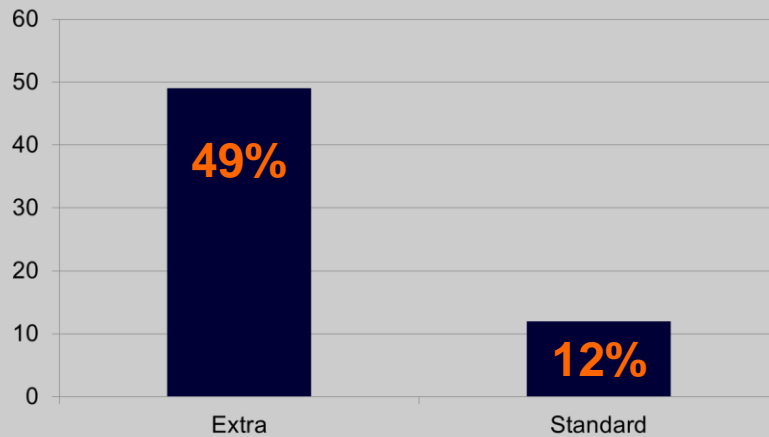
Source: Treatment Research Institute

Percent Retained at 30 Days



Source: Treatment Research Institute

Percent Retained at 30 Days



Source: Treatment Research Institute

Summary Points

1. No one perfect evaluation method – individualize for patient population
2. Evaluations should link with treatment planning and services over time (adaptive)
3. We need to think systemically and outside the box