

Developing a Consumer Guide to Adolescent Substance Abuse Treatment: Where We Are, Where We Are Going

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Adolescent Substance Abuse Treatment: Quality Is a Concern

- **The quality of adolescent treatment has generated broad concern.**
- **Despite significant advances in the field, there is wide variability in the availability of commonly accepted elements of effective adolescent treatment (Mark et al, 2006).**
- **At the federal level, NIDA, NIAAA, and CSAT have initiated efforts to increase the numbers of Evidence Based Principles & Practices (EBPs) offered in community-based programs.**
- **At the local level, many states require evidence-based quality features as a condition of Block Grant funding.**
- **EBPs are considered indicators of, or proxies for, treatment quality.**

Adolescent Substance Abuse Treatment: How to Choose

- **There are few resources to help parents select appropriate care for their substance-abusing adolescent.**
 - **A consumer guide to adolescent treatment could be useful for parents of substance-abusing teens.**
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- **Consumer guides offer comparative information on features associated with relevance, quality and value; inform and direct an individual consumer's purchase (short-term); and improve the service marketplace (long-term).**

The First Consumer Guide: The Drug Strategies Study

- First comparative study of EBPs in 144 highly regarded adolescent treatment programs completed in 2004 by Mathea Falco and colleagues

Phase 1

- Expert panel of adolescent clinicians and treatment researchers
- Literature reviews

(Brannigan, et al., 2004)

The First Consumer Guide: The Drug Strategies Study

Panel reached consensus on 9 Key Elements
(5 components w/in each)

- Assessment & Treatment Matching
- Comprehensive Integrated Treatment Approach
- Family Involvement
- Engage and Retain Teens in Treatment
- Qualified Staff
- Gender and Cultural Competence
- Continuing Care
- Treatment Outcomes

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Key Element #1: Assessment & Treatment Matching

- In its screening and assessment process, does the program use either a standardized substance abuse instrument or a structured clinical interview?
- In its screening and assessment process, does the program use a standardized mental health instrument?
- Beyond routinely updating the treatment plan, does the program reassess clients at some point during treatment?
- Is the client's physical health addressed in the assessment?
- Does the program specify that the treatment plan addresses mental health issues?

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Key Element #2: Comprehensive, Integrated Approach

- Does the program either provide mental health services for clients onsite or coordinate their care with community mental health providers?
- Does the program address physical health issues by providing medical services either onsite or by referral?
- Does the program provide sexual health services, such as testing for STDs, either onsite or by referral?
- Does the program maintain communication with the client's home school system regarding academic issues?
- Does the program maintain contact with juvenile justice officials regarding clients who have been referred by the juvenile justice system?

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Phase 2

- Program directors interviewed using standard questions

Results and Utility

- EBPs counted and summed by program. Highest scoring program reported only 33 of the 45 EBPs; the average score was 23 (mode = 22)
- *Treating Teens: A Guide to Adolescent Drug Programs Developed*
 - Key elements described in an easy to understand narrative; program descriptors and program-specific availability of the key elements listed by program

Our Project :

Develop a comparative evaluation protocol for use by others

Update the Drug Strategies approach and the original list of KEs & Cs

- Review significant research in this area since 2002
 - Organize the data into specific suggestions for the updated listing of KEs & Cs
 - Send updated KEs & Cs to Scientific Advisory Board for consensus
 - Revise and pilot revised director interview
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- **Develop coding strategy to more precisely measure Components beyond the original Drug Strategies presence/absence coding system, for example:**
 - 0 - not present/poor 1 - present /fair 2 - present /excellent
 - **Develop and pilot youth interview to measure the EBPs patients *actually receive* in treatment**
 - **Ascertain whether EBPs are related to clinical performance**

Work Accomplished: Literature Review

- PsycINFO: 2002-Present
 - 176 abstracts pulled
 - 46 articles (relevant w/agreement between 2 Ph.D. raters)
 - Coded these for contributions to KE/C revisions or additions
- Drug Strategies *Bridging The Gap*
- National Registry of Evidence-based Programs and Practices (NREPP)
- Selective State approved EBPs
- NIDA Principles of Drug Addiction Treatment

Work Accomplished: Updating KEs & Cs; Developing DSI-D/DSI-P

- KEs & Cs revised for clarity, precision, additions, deletions and reviewed twice by an Expert Panel
- Current Draft has 10 KEs and 59 Cs / Possibility of EBT list as a KE & C
- DSI-D (including program descriptor form) and DSI-P drafted
- DSI-D reviewed by expert panel and piloting in process

Examining whether EBPs are related to clinical performance

- Measures of the nature and number of EBPs have never been directly related to standard measures of clinical performance.
- Test predictive validity of the two-interview measurement protocol against:
 - patient-level changes during treatment (e.g., drug use);
 - program-level performance indicators (e.g., time in treatment).

Short-Term Testing

- Recruit 20 adolescent outpatient treatment program directors; administer director measurement battery
 - From these 20 programs, recruit 30 adolescents and administer adolescent measurement battery at baseline and months 1,2,3
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- Examine the relationships between the DSI scores and rates of drug use for the adolescents during their second 2 months of treatment

Long-Term Testing

- Return to same 20 programs *6-months* following the completion of patient recruitment
 - Conduct 6-month chart reviews of standard patient performance measures: time in treatment, sessions attended/missed, type of discharge
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- Examine the longer-term predictive value of the program-level DSI interviews

Work Accomplished: Program Selection

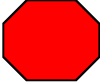
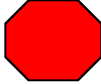
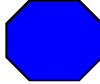
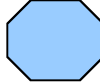
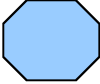
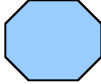
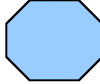
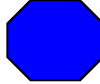
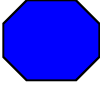
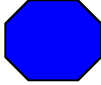
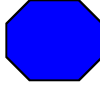
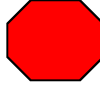

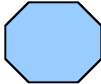
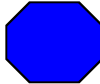
Program Recruitment and Participation

- Identified 145 outpatient substance abuse treatment providers in Philadelphia + 3 contiguous counties (SAMHSA locator & PA Department of Health)
- Of the 135 reached:
 - 55 treated adolescents
 - 40 treated ≥ 5 adolescents
 - 10 randomly selected for pilot participation

New Consumer Guide

- In conjunction with Partnership and Parent Advisory Boards, design presentation format loosely based *Consumer Reports*
- **Initial thinking on content:**
 - ***EBP Descriptors:*** the rationale (evidence basis) for why the practice was included; and how it was measured/scored
 - ***EBP Scores:*** within every cell of the grid, there will be two scores – one for each of the Director and Patient answers on that item, reflecting the reported *availability* and the *likelihood of receipt*
 - ***Program Descriptors:*** standard, verifiable data on the organizational features of the program (e.g., slots, age ranges, types of insurance or payment accepted, accreditation information, admission process)
 - ***Patient Comments:*** opportunity for open ended comments regarding the experience of care, anonymously reported by the patients interviewed at the site

New Consumer Guide

	Assessment	Comprehensive Treatment	Family Involvement	Continuing Care
A				
B				
C				
	Not Present / poor 	Present / fair 	Present / excellent 	

Measurement Protocol

- Finalize comparative evaluation protocol and dissemination plan for a *Consumer Guide* protocol suitable for use in other cities and counties



QUESTIONS?

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