

RESEARCH BRIEF

GETTING PATIENTS THE SERVICES THEY NEED USING CASPAR

Major Findings: Clients whose counselors received training on and used CASPAR's electronic Resource Guide had treatment plans substantially better-matched to their presenting problems, received more and better-matched services, and were significantly more likely to be in treatment at 45 and 90 days post intake.

Practice and Policy Suggestions: Automating the assessment and referral process may improve treatment planning and increase patient referrals to services addressing needs identified in the assessment. The CASPAR process has been listed as an evidence-based practice on SAMHSA's NREPP Registry.

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Technology may help time-strapped treatment counselors use ASI data to prepare better treatment plans and refer patients to the "wrap-around" services that may assist them in recovery, according to findings from a study conducted by TRI investigators.

Deni Carise, Ph.D. added an electronic Resource Guide to the ASI-based DENS™ Software Suite to create "CASPAR," helping clinicians electronically match needs identified from an ASI interview to locally available, free or low-cost services. Carise and her colleagues created a two-hour training on the CASPAR Resource Guide and evaluated the integrated system in a study of nine substance abuse treatment programs in urban Philadelphia. Compared to clients whose counselors received only a standard ASI/DENS training, clients whose counselors also had access to and brief training on CASPAR's Resource Guide (1) had treatment care plans substantially better-matched to their presenting problems, (2) received significantly more and better-matched services and (3) were significantly more likely to be in treatment at 45 and 90 days post intake.

Background: Accurate patient assessment helps substance abuse treatment providers identify and meet patient needs. Yet the time- and labor-intensive assessment process may be one of the most under-utilized elements of contemporary addiction treatment. Using technology to expedite assessment and treatment planning - and refer patients to on- or off-site services meeting their identified needs - increases the potential for problem relief, continued patient participation in the treatment program, and the beginnings of the sustained positive behavioral change referred to as recovery.

Procedures: A Resource Guide (RG) was created for use with the DENS software system, an electronically administered version of the Addiction Severity Index (ASI). The RG was developed by TRI

researchers using an existing database of services available in the Philadelphia area - the United Way of Southeastern Pennsylvania's *First Call for Help* directory. Listings unrelated to the needs of substance abusing patients were eliminated and services were added addressing common problems complicating recovery from addiction (agencies helping deal with suspended or revoked licenses, *e.g.*). Other changes were designed to make the application more user friendly and searchable. Nine substance abuse treatment programs from urban Philadelphia (33 counselors and 131 patients) participated in the study. Fifteen counselors from five treatment programs were randomly assigned to the basic DENS-ASI training and 18 counselors from four treatment programs were randomly assigned to the DENS-ASI training and an additional two-hour training on CASPAR's Resource Guide. All counselors prepared treatment plans, a requirement in the Philadelphia treatment system.

Major Findings: Overall, the treatment plans from counselors who used the integrated CASPAR process were more complete, better matched to needs of patients reported at the ASI assessment and led to receipt of more services. Based on structured ratings by two independent, blinded evaluators, the counselors trained to use the integrated CASPAR listed significantly more problems and planned significantly more targeted services on their treatment plans. Four of the 18 counselors with additional training used the CASPAR RG with all of their patients; five others used it with more than half their patients. Patients of CASPAR-trained counselors received three times as many specialized, referred services off-site from their treatment program. Among the counselors trained on and using the Resource Guide, only 34% of clients left treatment against medical advice compared to 58% of clients from the standard assessment group. Program completion rates in the RG trained group were higher with 53% completing treatment compared with 24% in the group whose counselors were not trained on the Resource Guide.

Limitations: The study was conducted in clinics in predominantly urban areas; rural and suburban clinics where available services may be more widely dispersed were not included. There was no examination of post-treatment patient outcomes to assess whether better retention and needs-to-services matching led to higher client functioning after discharge from treatment. Further evaluation of these and other variables is underway in suburban settings.

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The Treatment Research Institute (TRI) is an independent, non-profit research and development organization specializing in science-driven reform of policy and practice in addiction and substance use. TRI was founded in 1991 by A. Thomas McLellan, Ph.D. and colleagues from the University of Pennsylvania's Center for the Studies of Addiction. To learn more, visit the TRI website at www.tresearch.org or contact Bonnie Catone, Director of Communications, at bcatone@tresearch.org.
