

Monitoring and Feedback in Substance Abuse Treatment

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Substance abuse treatment (SAT) programs have been repeatedly called upon to institute outcomes monitoring (OM) to justify their effectiveness and improve their performance. OM in SAT has typically focused on aggregate post-treatment outcomes. Consequently, OM systems have had little direct clinical value and been burdensome to implement. TRI's Concurrent Recovery Monitoring model contends that during-treatment outcomes are appropriate to evaluate the effectiveness of outpatient SAT and fit a chronic care model where ongoing patient monitoring and adaptation of type and intensity of treatment are necessary. Thus, during-treatment monitoring creates the opportunity for improved clinical decision-making on an individual patient basis and for obtaining credible outcomes. The challenge is to develop a flexible and user-friendly system that has clinical value and addresses the needs of management and funding agencies by integrating the appropriate data elements, and useful reporting and database capabilities.

In SAT, although monitoring and feedback approaches have been recommended and many lines of evidence support their potential value, none has been formally evaluated in standard outpatient treatment. The specific aims of this project are to conduct a three-staged study to develop and evaluate a monitoring instrument and associated intervention, as follows: Stage 1 - Develop and determine the reliability, validity, and sensitivity to change of a brief Multidimensional Monitoring Instrument (MMI) for clients in substance abuse treatment; Stage 2 - Develop a Monitoring and Feedback Intervention (MFI) and treatment manual/training materials that use the MMI, and conduct a feasibility study to refine the intervention; Stage 3 - Conduct a randomized clinical trial to determine the preliminary efficacy of the MFI compared to treatment as usual (TAU). The intervention (MFI) is an approach that counselors can easily incorporate into their usual practice with minimal training. The MFI has the potential to be portable, practical and sustainable. Future work could establish benchmarks and data could be fed back to supervisory personnel as well as to the treating clinician, and quality improvement efforts could be initiated and evaluated. Finally, the monitoring instrument (MMI) could aid evaluators and researchers in evaluating the course of clients' change during treatment and their discharge status across treatment organizations or experimental conditions.