

More Evidence that Chronic Disease Management is Clinically Feasible in Substance Abuse Treatment

TRI Study of Betty Ford Center Program Suggests that Telephone-Based Continuing Care following Residential Treatment is Feasible, although Sustaining Contact with Patients Remains an Important Challenge

August, 2008: Using the telephone to continue supporting patients after they've been discharged from residential substance abuse treatment appears to be a feasible therapeutic option, according to a study in *Addictive Behaviors* by researchers from the Treatment Research Institute in Philadelphia. The researchers also found preliminary evidence that greater participation in the program yielded more positive outcomes for patients.

John Cacciola, Ph.D. and a group of TRI investigators in collaboration with staff from the Betty Ford Center ("Center") evaluated the "Focused Continuing Care" (FCC) program initiated in 1996 by the Center. FCC offers continued support to ease patients' transition to everyday life through a series of telephone sessions twice monthly in the first months following discharge, and once a month thereafter for the next year. The FCC sessions were conducted by trained Center counselors whose assessments of patients' psychosocial status and recovery behaviors were intertwined with problem-solving, motivational and service referral discussions.

The authors examined the participation of 4094 patients and found they completed an average of 5.5 (40%) of 14 scheduled calls; 58% completed 5 or more calls, and 85% were participating in FCC two months post-discharge or later. Patient participation generally diminished over time during the one-year post-discharge period. There was preliminary evidence that greater participation in FCC yielded more positive outcomes (e.g., greater 12-Step attendance, sobriety). Additionally, early post-discharge outcomes were predictive of later outcomes suggesting that early challenges to recovery warrant clinical intervention.

The findings may represent one more clue to addiction researchers seeking cost-effective, workable strategies for implementing a chronic care model. Under that model, the more intensive (and costly) substance abuse treatment is followed by ongoing support for patients to help them cope and maintain a pro-recovery lifestyle. It is similar to that followed in general medicine for chronic medical conditions like hypertension and Type II diabetes where patients are continually monitored and treatment adjusted as clinically warranted.

The study findings are consistent with telephone-based interventions studied by James McKay, Ph.D. on short-term continuing care strategies for outpatient treatment patients, and by Robert Hubbard, Ph.D. on linking residential patients to outpatient care. Like the Betty Ford evaluation, both the McKay and Hubbard studies showed a decline in participation as time went on – a continuing challenge for researchers and practitioners.

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