

CASPAR: A Computer Assisted System for Patient Assessment and Referral

For Information on Creating a CASPAR with an Electronic Resource Guide for your locality, Contact Meghan Love, Treatment Systems Section Coordinator, at MLove@tresearch.org.

Technology may be the way to help time and cash-strapped counselors use ASI information to prepare better treatment plans and refer patients to the “wrap-around” services that may assist the m in recovery, according to early 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 a system, “CASPAR,” that allows clinicians to 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 new CASPAR Resource Guide and conducted a pilot study to assess what happened when it was made available to clinicians as part of the assessment/treatment planning process.

That study, completed in 9 substance abuse treatment programs in Philadelphia, found that in comparison 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 that were 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 than patients whose counselors did not receive the additional training or resource guide.

What is CASPAR?

CASPAR is an integrated system combining the DENS Software Suite, an electronically administered version of the Addiction Severity Index (ASI), with a simple, easy-to-use “Resource Guide” of locally available wrap-around services often needed by substance abuse patients to aid in their recovery. In the Philadelphia study, the CASPAR Resource Guide was adapted from the Electronic Edition of the United Way of Southeastern Pennsylvania’s First Call for Help (FCH) directory.

For CASPAR to be of maximum usefulness to clinicians and their patients, the Resource Guide had to be user-friendly, directly tied to ASI assessment questions, and require no more than brief (2-hour) training for proficiency. Toward those ends, Carise and her staff began with the electronic version of the FCH and updated and synthesized its more than 5,900 human services agencies, sites, and programs into a more

manageable, clinically relevant directory. Listings unrelated to the needs of substance abusing patients were eliminated (4-H clubs, animal control agencies, e.g.) and services were added addressing common problems complicating recovery from addiction (agencies assisting with obtaining driver's licenses, or dealing with suspended or revoked licenses, e.g.). The application became more user friendly when TRI created a short on-screen orientation and basic operating instructions; refined the search engine; and reorganized key words.

The result is a Microsoft Access database which includes the names, addresses and other location information for 971 Philadelphia-based agencies and parent organizations and 1,525 programs, sorted into 14 problem categories (including all the ASI problem areas). There are two search methods: by Agency Name and by Program Services. The latter searches by 131 key words electronically displayed on the monitor. A zip code feature allows clinicians to choose agencies closest to patients' homes, work or the treatment program. Also included is a Program Information Screen with extensive information on each agency, including address, description of services, hours of operation, languages spoken, and directions via public transportation.

NIDA-Funded Pilot Study of CASPAR Conducted in Philadelphia, PA.

Nine substance abuse treatment programs from predominantly impoverished areas of Philadelphia (33 counselors and 131 patients) participated in a small pilot study of CASPAR funded by NIDA. 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.

Overall, the treatment care plans from counselors who used the CASPAR Resource Guide were more complete, better matched to the reported needs of the patients 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 CASPAR listed significantly more problems and planned significantly more targeted services on their treatment care plans - particularly in the family/social (51 %), psychiatric (45 %), employment (41 %), medical (30 %), and legal (23 %) problem areas.

Three of the 18 counselors with additional training used CASPAR with **all** of their patients; seven others used it with more than half their patients. More than 50% of patients (37 of 75) received services via referral to at least one provider listed in the database.

Among the counselors trained on and using the Resource Guide, only 12% of clients left treatment against medical advice compared to 57% of clients from the standard assessment group. Also, program completion rates in the RG trained group were higher with 66% completing treatment compared with 11% in the group receiving counseling by staff not trained on or using the Resource Guide module.

As in all pilot evaluations, limitations apply to these promising findings. The study was conducted in clinics located in predominantly impoverished urban areas; rural and suburban clinics where available services may be more widely dispersed were not included. And 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. To continue its evaluation of CASPAR, TRI has recently received funding from NIDA and NIAAA to broaden the evaluation to include clinics outside an impoverished, metropolitan area and to evaluate post-treatment outcomes.