

An Initial Look at the Effectiveness of Treatment for Alcohol and Drug Use Disorders in Wisconsin

Wisconsin Department of Health and Family Services
Division of Supportive Living
Bureau of Substance Abuse Services
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Executive Summary of the “Wisconsin Adult Addictions Treatment Outcomes Measurement Pilot Project”

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Introduction

Many expensive and disturbing social problems can be traced directly to alcohol and drug abuse. Untreated substance abuse results in crime, homicide, unemployment or lowered work productivity, family break-up, child abuse, foster care, excessive health care costs, financial problems, injury and early death. These negative effects tend to shape our thinking about solutions. And so tougher laws, interdiction, and other law enforcement solutions often take precedence over primary prevention and treatment (McLellan, 2000).

Research has shown that treatment is effective and a good investment of public funds resulting in crime reduction, savings in other public and private costs, decreases in threats to public safety, and increases in productivity (Holder, 1992; Langenbucher, 1992; Lewin Group, 1999). On the average, each \$1 invested in treatment yields a \$3 to \$7 return (NEDS #24, 1999; National Opinion Research Center, 1994).

Current treatments for substance use disorders (addictions) are as effective as treatments for other chronic medical illnesses such as hypertension, diabetes, and asthma (McLellan, 1994; see Table 1 on the next page).

Abstract: This document summarizes the results of a project that piloted a measurement system to evaluate the outcomes of treatment for adult substance use disorders in Wisconsin. In general, the findings indicate that available treatments are effective and highly regarded by those clients who were located for a follow-up interview. The findings are presented for use by state, county, and health insurance planners and policy makers for decision making support and treatment program administrators for an outcomes measurement approach.

Table 1: Comparative Treatment Effectiveness

Illness	Compliance With Treatment Regimen	Re-treated Within 12 Months
Insulin-Dependent Diabetes	<50%	30-50%
Medication-Dependent Hypertension	<30%	50-60%
Asthma	<30%	60-80%
Substance Dependence Disorder	<40%	10-30%

This report summarizes a pilot test of a substance abuse treatment outcomes measurement system that can be implemented in treatment facilities statewide for quality improvement. The following ten geographically dispersed Wisconsin substance abuse and dependency treatment agencies participated in the study:

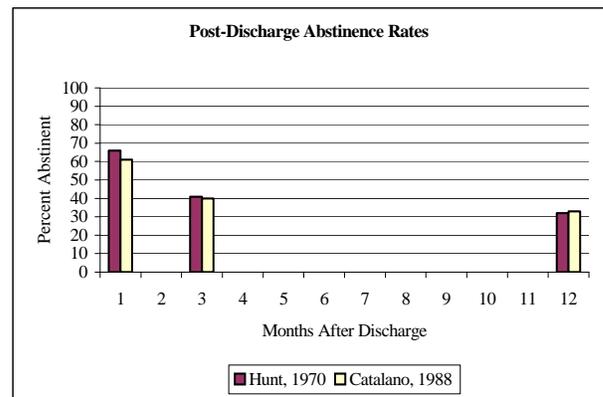
- Arbor Place, Menomonie
- Beacon House, Fond du Lac
- Gundersen-Lutheran Behavioral Health, La Crosse
- Koller Behavioral Health Services, Woodruff
- La Casa de Esperanza, Waukesha
- Mental Health Center of Dane County, Madison
- Oakwood Clinical Associates, Kenosha
- R.E.A.C.H., Wauwatosa
- Waukesha County Health and Human Services, Waukesha
- Wood County Unified Services, Wisconsin Rapids

Client participants were recruited among consecutive admissions to these agencies during the period June 2000 to June 2001. Once an agency's sample quota was obtained (about 30-60 clients), client enrollment in the project was discontinued. These 10 treatment agencies serve a mix of both public pay (tax payer-based funding) and private pay (third party reimbursement such as Medicaid, private health insurance, HMO, and the like) clients. Both public and private pay clients were eligible for participation in the study. About 60 percent of the sample clients were public pay and 40 percent were private pay.

Information for the study was gathered by agency staff via client interviews at admission (face-to-face) and 4 to 6 months post-discharge (telephone interview). Studies (Hunt, 1970; Catalano, 1988) have shown that abstinence

outcomes at about 4 months post-discharge are similar to outcomes found at 12 months post-discharge as depicted in Figure 1.

Figure 1



Data collected included demographic, service utilization, discharge reason, and a variety of case mix and outcomes items. The baseline sample consisted of 409 clients from the 10 provider agencies, including 48 primary residential clients, 62 halfway house clients, 22 day treatment clients, 10 intensive outpatient clients, 264 regular outpatient clients, and 3 clients that received a mix of services. To be eligible for the study, clients had to be admitted and attend at least one treatment session or day, have a DSM-IV dependency diagnosis, be age 18 or older, and sign the consent form.

Forty-six percent (46%; n=190) of the original 409 clients completed all 4- to 6-month post-discharge follow-up interview questions. An additional twenty-seven (27) clients were located and partially completed the follow-up interview. Five (5) clients refused the interview and 187 of the clients were either not located or were not yet discharged.

Once all the study data variables were finalized, an electronic relational database application was designed by the Center for Health Policy and Program Evaluation (CHPPE). The database application was developed using Microsoft Access. Each provider was given their own version of the database to enter, store, and retrieve their own project data.

Study Limitations

While the project achieved its goal of developing a simple, uniform, inexpensive, and useful outcomes measurement system, there are some limitations in the analysis that should be considered, including:

Sample attrition/sample bias. Agency withdrawals and clients not located at follow-up resulted in a sample smaller than required for statistical representativeness. Although all clients in the sample had a diagnosis of alcohol or drug dependency, an examination of client characteristics showed that the overall sample had slightly less severe symptoms than would be found in a more representative sample of public facilities. Nevertheless, the study's results are considered to be meaningful and useful for drawing general conclusions about publicly supported substance abuse treatment in Wisconsin.

Response bias. While some providers in the study located 60 to 80 percent of their clients at the 4-to 6-month post-discharge follow-up, only 54 percent of the original sample was located, and 46 percent completed all follow-up interview questions. Therefore, the post-discharge data contains some bias since clients located in studies like this tend to be more socially stable and have better outcomes than those not located. Studies have found that clients who are not located have lower rates of employment (about 20 percentage points lower than clients located) and abstinence (about 15 percentage points lower than clients located), and higher rates of arrest (about 20 percentage points higher than clients located).

Self-report bias. During interviews about sensitive subjects such as alcohol and drug use, some respondents will misrepresent themselves and provide inaccurate information, either attempting to put themselves in a good light or thinking that the information they give may harm them socially or legally. In other instances, memory recall may cause inaccuracies. However, the vast majority of

self-report information is reliable when clients perceive no harm will come to them.

Response and self-report bias adjustment factors have been discussed by Norman Hoffmann (Hoffmann, 1992) in his research using the Chemical Abuse Treatment Outcome Registry (CATOR). Dr. Hoffmann found that about 15 percent of difficult to locate clients had poorer alcohol abstinence outcomes than those easier to locate. The CATOR research examined self-report bias as well. CATOR researchers compared the client's self-reported data on abstinence with data from collateral sources (spouse or significant other). They found that in about 10 percent of the cases, the collateral response did not match the client's response. When these factors are applied to the study's data, abstinence rates at follow-up are reduced by about 12 percentage points overall.

Principal Findings: Characteristics of Clients

Sixty-three percent (63%) of the sample clients were male and 38 percent were female. The ethnic subgroups are as follows: Hispanic 9 percent, African-American 7 percent, American Indian and other 4 percent, and Caucasian 80 percent. The mean age for the sample was 37 years. Sixty-one percent (61%) of all clients were age 18 to 39. Thirty-six percent (36%) were between the ages 30 to 39, and 25 percent were between 18 and 29. About 40 percent of clients had never married, 22 percent were formerly married and now divorced, and 24 percent were currently married at the time of admission.

Seventy percent (70%) of the clients were identified as using one drug at admission, 30 percent of the clients were listed as users of a combination of drugs. Alcohol (77%) was the primary substance of abuse among the sample followed by marijuana (8%), cocaine (7%), and opiates (2%). Needle use was reported by 7 percent of clients.

Clients tended to work full or part-time jobs (60%) and 5 percent were on disability

benefits. Thirty-eight percent (38%) of the sample had a co-occurring mental health diagnosis. Thirteen percent (13%) of the clients had a major medical condition as they entered treatment. Nine percent (9%) of the client sample indicated that they were perpetrators of physical abuse. In the 12 months prior to treatment, 18 percent of the clients reported being victims of abuse.

Forty-eight percent (48%) of the sample population had been arrested in the 12-month period before entry into treatment. Thirty-three percent (33%) had one arrest, 8 percent had two arrests, and 7 percent had 3 or more arrests.

As with other medical illnesses discussed previously alcohol and drug dependency is a chronic disease, not an acute one. Genetics, lifestyle modification, and environmental factors are involved. Recovery is therefore a long journey with unexpected conditions, high-risk situations, and relapse requiring additional assistance. So it follows that 54 percent of study clients reported prior treatment episodes in the past two years.

Client Severity Index Findings

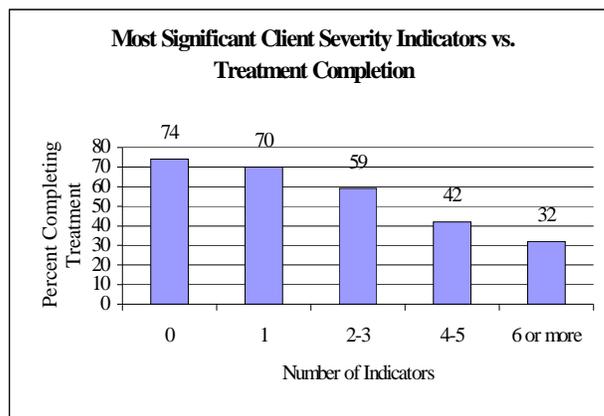
In outcome studies that compare treatment modalities or providers, it is appropriate to take into account or adjust for client differences that may affect the client’s ability to benefit from treatment. Client severity or case-mix adjustment is a method designed to “level the playing field” when comparing agencies’ performances by removing the differences in clients served. That is, the more severe the client’s symptoms (higher severity), the greater the likelihood for poorer outcomes; the lower the severity, the greater the likelihood for better outcomes. Agencies serving clients with higher severity may have poorer outcomes than agencies serving clients with lower severity. Furthermore, agencies serving clients with higher severity may need more resources, residential settings, special skills, and alternative approaches than agencies serving clients with lower severity.

The study affirmed that the following client severity/case mix indicators were strongly associated with noncompletion of treatment. The more of these characteristics there were, the greater the likelihood that the client would not complete the recommended treatment:

- Co-occurring psychiatric diagnosis
- Prior treatment in past two years
- No/low motivation for treatment/treatment resistance
- Current or history of withdrawal symptoms
- Onset of regular use of substances prior to age 15
- Age 18 to 25
- Close friends or immediate family enable addictive behavior
- Uses more than one substance

The figure that follows presents a picture of this finding:

Figure 2



Reason for Discharge

Retention in treatment is a strong predictor of post-discharge recovery and can be considered an outcome of treatment. Sixty-two percent (62%) of the study sample clients who were discharged completed treatment.

Table 2: Reason for Discharge (n=409)

Discharge Reason	Percent of Discharges
Completed treatment	62%
Withdrew	18%
Behavioral termination	9%
Referred/transferred	9%
Funding expired	2%

Another important question that was examined in this study was whether or not reason for discharge was connected to post-discharge outcomes. Table 3 shows that treatment

completers are slightly more likely to be alcohol abstinent than noncompleters. Even noncompleters received some benefit from treatment.

Table 3: Reason for Discharge by Post-Discharge Alcohol Use

	4- to 6-Month Post-Discharge Alcohol Use		Total
	No Use in Past 4 Weeks	Use in Past 4 Weeks	
Completed Treatment	79 (70%)	34 (30%)	113
Did Not Complete Treatment	36 (58%)	26 (42%)	62
Total	115	60	175

Client Satisfaction

The consumer’s perception about their treatment experience may or may not correlate with outcome, but it is important information for clinicians, administrators, and payors. Several client satisfaction questions were included in the 4- to 6-month post-discharge follow-up interview including overall satisfaction with services, service appropriateness, quantity of services, and the extent to which services helped.

Table 4: Consumer Perceptions of Care Received (n=180)

Criterion	Percent
Overall Satisfaction	
Very satisfied	65%
Somewhat satisfied	25%
Somewhat dissatisfied	6%
Very dissatisfied	4%
Received the Right Kind of Services	
Yes	88%
No	12%
Received the Right Amount of Services	
Yes	71%
Too little	22%
Too much	7%
Helped by Services	
Considerably	60%
Moderately	25%
Slightly	11%
Not at all	4%

While the vast majority of clients indicated satisfaction (90%) with the services received

and that the services helped them (85%), there is room for improvement particularly in the area of the amount of services received. Twenty-two percent indicated that they didn’t receive enough services. This feedback may be the result of insufficient public funding or insurance coverage for services.

Post-Discharge Findings

Three of the ten providers had follow-up interview completion rates of under 25 percent, and so these three providers’ data were eliminated from the post-discharge analysis. Table 5 depicts a reduction in homelessness among the sample clients from admission to 4 to 6 months post-discharge. Furthermore, there was an improvement of 16 percentage points in the proportion of clients with a permanent living situation after treatment. The study data also indicate that clients had relatively good satisfaction with their post-discharge living situation.

Table 5: Living Situation Outcomes (n=180)

Criterion	Percent
Living Situation – Admission	
Apartment or home – Permanent	72%
Temporary – with others	8%
Group quarters	18%
Homeless	2%
Living Situation - 4 to 6 Months Post-Discharge	
Apartment or home – Permanent	88%
Temporary – with others	3%
Group quarters	9%
Homeless	0%

Overall employment (full- or part-time) improved from 58 percent just prior to admission to 62 percent 4 to 6 months post-discharge (see Table 6).

Table 6: Employment Outcomes (n=180)

Criterion	Percent
Current Employment – Admission	
Full-time	45%
Part-time	13%
Odd jobs	1%
Not employed due to...*	14%
Unemployed	27%
Current Employment - 4 to 6 Months Post-Discharge	
Full-time	50%
Part-time	12%
Odd jobs	4%
Not employed due to...*	21%
Unemployed	13%

*retired, disability, student, homemaker, or institutionalized

Alcohol and drug use post-discharge is displayed in Table 7 below. Sixty-seven percent (67%) of the clients interviewed at follow-up had not used alcohol and 89 percent had not used drugs in the 30 days preceding the 4- to 6-month post-discharge follow-up interview. Studies of response and self-report bias suggest that the reported rate of abstinence from alcohol (67%) should be reduced by about 12 percentage points to 55 percent to take into account these sources of error.

Table 7: Alcohol/Drug Use at 4 to 6 Months Post-Discharge (n=180)

Criterion	Percent
Any Alcohol Use in Past 4 Weeks	
No	67%*
Yes	33%
Any Drug Use in Past 4 Weeks	
No	89%
Yes	11%

*55% after adjustment is made for response and self-report bias.

Having persons upon whom clients can rely for recovery support after discharge is an important ingredient for sustained recovery. Sixty-five percent of the clients reported having at least 3 supportive persons at follow-up. Formal support groups (Alcoholics Anonymous, Narcotics Anonymous, etc.) were attended by 52 percent of clients (see Table 8).

Table 8: Support System at 4 to 6 Months Post-Discharge (n=180)

Criterion	Percent
Has at Least 3 Supportive Persons to Rely on - 4 to 6 Months Post-Discharge	
Yes	65%
No	35%
Attended a Formal Support Group Meeting in Past 4 weeks - 4 to 6 Months Post-Discharge	
Yes	52%
No	48%

Forty-six percent (46%) of the sample clients had an arrest in the 12 months prior to admission. Since admission to 4 to 6 months post-discharge, 18 percent had an arrest. There were 0.7 arrests on the average per client before admission and 0.3 arrests per client after admission to follow-up (see Table 9 below).

Table 9: Arrests Before and After Treatment (n=180)

Criterion	Percent/#
At Least One Arrest in 12 Months Before Admission	
No	54%
Yes	46%
At Least One Arrest Since Admission to 4 to 6 Months Post Discharge	
No	82%
Yes	18%
Average Arrests in 12 Months Before Admission	
Average # Arrests	.7
Average Arrests Since Admission to 4 to 6 Months Post Discharge	
Average # Arrests	.3

Recommendations

Citizens, professionals, administrators, boards, and public officials in Wisconsin are concerned about the effectiveness of publicly funded substance abuse treatment. While there were some biases in the study data, nonetheless, this pilot study documents the general effectiveness of treatment in Wisconsin.

The project succeeded in developing and testing a case-mix, client severity measure.

While a complete scale could not be validated due to the sample size, 8 of the measure's 16 original indicators were found to be predictive of completion/noncompletion of treatment. Treatment agencies serving clients with four or more of the 8 significant client severity indicators should consider developing alternative approaches to keeping clients engaged in treatment.

The study findings point to a need to address clients' perceptions that they are not receiving enough treatment. Clinicians, administrators, policy makers, and payors should take careful note of this finding.

From a procedural standpoint, it is recommended that a check-off type outcomes measurement tool (see attached outcomes profile and progress in treatment scale) be used in the future instead of the project's questionnaire version. This will better facilitate the gathering of complete data from the most reliable and accurate source whether it be the client, collateral, a professional, or a records source.

The project produced an electronic database with some capability for the production of output reports. It is recommended that a more useful output report program with graphics and statistics capabilities (such as StatPac – simpler, MINITAB, or SPSS – more advanced) be used. Database or spreadsheet files containing the raw data can easily be imported into these programs for reporting purposes.

This project has demonstrated the approach, utility, and value in outcomes measurement and the obstacles that can be encountered. The value of any outcomes measurement system rests in representative samples (not necessarily large samples), and uniform, accurate, and complete data collection. Sufficient commitment and resources will be necessary to achieve this end.

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Bureau of Substance Abuse Services
1 W. Wilson St. #437
P.O. Box 7851
Madison, WI 53707

SAMPLE OUTCOMES PROFILE FOR SUBSTANCE ABUSE TREATMENT PROGRAMS

Agency: _____

Client ID # _____

Instructions: Using legitimate, verifiable information from record sources, drug testing, the client, family, significant others, or professionals, record the following for the time period just prior to admission, at discharge (or shortly thereafter), and six months post-discharge. Unless otherwise indicated, check only 1 box. Outcomes should be recorded as the client's current status.

Outcome	Staff _____ Admission Date ____/____/____	Staff _____ Discharge Date ____/____/____	Staff _____ 4 to 6 Months Post Discharge ____/____/____
Complete Treatment		[1] Completed service/treatment [2] Withdrew [3] Transfer to another AODA prog [4] Referred to non-AODA prog [5] Behavioral [6] Funding/authorization expired [7] Hospitalized [8] Incarcerated [9] Death [10] Other _____ [99] Unknown	
Achieve Maximum Benefit From Treatment		[1] Major improvement [2] Moderate improvement [3] Slight improvement [4] Unchanged [5] Worsened [9] Unknown	[1] Maintaining recovery/sobriety [2] Some use of substance(s) but with no interference in functioning [3] Some use of substance(s) with moderate interference in functioning [4] Using with major interference in functioning [9] Unknown
Permanent, Independent, Recovery-Appropriate Living Situation	[1] Permanent place to live that is a positive influence on recovery [2] Permanent place to live [3] Temporary or transitional place to live [4] Jail, prison, detention [5] No fixed address, homeless, or shelter [6] _____ [9] Unknown	[1] Permanent place to live that is a positive influence on recovery [2] Permanent place to live [3] Temporary or transitional place to live [4] Jail, prison, detention [5] No fixed address, homeless, or shelter [6] _____ [9] Unknown	[1] Permanent place to live that is a positive influence on recovery [2] Permanent place to live [3] Temporary or transitional place to live [4] Jail, prison, detention [5] No fixed address, homeless, or shelter [6] _____ [9] Unknown
Self-Sufficient and Productive	Check up to 2 boxes: [1] Paid employment w/ health ins [2] Paid employ w/out health ins [3] Job training [4] Homemaker with children [5] Student [6] Other (retired, disabled, incarcerated, etc.) _____ [7] Unemployed [9] Unknown Check 1 box: [1] Income sufficient to meet family's basic expenses [2] Income insufficient [9] Unknown	Check up to 2 boxes: [1] Paid employment w/ health ins [2] Paid employ w/out health ins [3] Job training [4] Homemaker with children [5] Student [6] Other (retired, disabled, incarcerated, etc.) _____ [7] Unemployed [9] Unknown Check 1 box: [1] Income sufficient to meet family's basic expenses [2] Income insufficient [9] Unknown	Check up to 2 boxes: [1] Paid employment w/ health ins [2] Paid employ w/out health ins [3] Job training [4] Homemaker with children [5] Student [6] Other (retired, disabled, incarcerated, etc.) _____ [7] Unemployed [9] Unknown Check 1 box: [1] Income sufficient to meet family's basic expenses [2] Income insufficient [9] Unknown
School Participation (for youth up to age 18 or other full-time students)	Check up to 2 boxes: [1] Enrolled, compliance with attendance requirements [2] Enrolled, noncompliance with attendance requirements [3] Academic probation [4] Suspended [5] Expelled/disqualified [6] Dropped out [7] Recently graduated [8] _____ [9] Unknown	Check up to 2 boxes: [1] Enrolled, compliance with attendance requirements [2] Enrolled, noncompliance with attendance requirements [3] Academic probation [4] Suspended [5] Expelled/disqualified [6] Dropped out [7] Recently graduated [8] _____ [9] Unknown	Check up to 2 boxes: [1] Enrolled, compliance with attendance requirements [2] Enrolled, noncompliance with attendance requirements [3] Academic probation [4] Suspended [5] Expelled/disqualified [6] Dropped out [7] Recently graduated [8] _____ [9] Unknown
Positive Support System	[1] Regular or frequent contact with individuals committed to supporting client's recovery [2] Irregular or infrequent contact	[1] Regular or frequent contact with individuals committed to supporting client's recovery [2] Irregular or infrequent contact	[1] Regular or frequent contact with individuals committed to supporting client's recovery [2] Irregular or infrequent contact

	with supportive individuals [3] No supportive contact [9] Unknown	with supportive individuals [3] No supportive contact [9] Unknown	with supportive individuals [3] No supportive contact [9] Unknown
Abstinent or Reduced Use of Substances	<p>_____ # days drinking or using drugs in past 30 days (or prior to controlled setting)</p> <p>Check up to 2 boxes: Substance(s) Used: [1] alcohol [2] marijuana [3] cocaine [4] heroin [5] amphetamine [6] other _____ [9] unknown</p>	<p>[1] Abstinent, not using [2] Decreased use [3] Relapse (after 4-6 months of sobriety) [4] Use unchanged [5] Use increased or worsened [9] Unknown</p> <p>_____ # days drinking or using drugs in past 30 days</p> <p>Check up to 2 boxes: Substance(s) Used: [1] alcohol [2] marijuana [3] cocaine [4] heroin [5] amphetamine [6] other _____ [9] unknown</p>	<p>[1] Abstinent, not using [2] Decreased use [3] Relapse (after 4-6 months of sobriety) [4] Use unchanged [5] Use increased or worsened [9] Unknown</p> <p>_____ # days drinking or using drugs in past 30 days</p> <p>Check up to 2 boxes: Substance(s) Used: [1] alcohol [2] marijuana [3] cocaine [4] heroin [5] amphetamine [6] other _____ [9] unknown</p>
Restored Family Functioning and Support	<p>_____ # Children under age 18 _____ # Children under age 18 in client's legal custody</p> <p>Serious conflicts or quarrels with immediate family members: [1] Rarely or not at all [2] Sometimes, on a few occasions [3] Often, on many occasions [8] Does not apply [9] Unknown</p>	<p>_____ # Children under age 18 _____ # Children under age 18 in client's legal custody</p> <p>Serious conflicts or quarrels with immediate family members: [1] Rarely or not at all [2] Sometimes, on a few occasions [3] Often, on many occasions [8] Does not apply [9] Unknown</p>	<p>_____ # Children under age 18 _____ # Children under age 18 in client's legal custody</p> <p>Serious conflicts or quarrels with immediate family members: [1] Rarely or not at all [2] Sometimes, on a few occasions [3] Often, on many occasions [8] Does not apply [9] Unknown</p>
Mental Health	<p>Receiving mental health care? [1] Yes [2] No [9] Unknown</p> <p>[1] Psychologically stable [2] Client exhibits some psych distress (1 or 2 occasions/month) [3] Client exhibits a lot of psych distress (3 or more occasions/month) [9] Unknown</p>	<p>Receiving mental health care? [1] Yes [2] No [9] Unknown</p> <p>[1] Psychologically stable [2] Client exhibits some psych distress (1 or 2 occasions/month) [3] Client exhibits a lot of psych distress (3 or more occasions/month) [9] Unknown</p>	<p>Receiving mental health care? [1] Yes [2] No [9] Unknown</p> <p>[1] Psychologically stable [2] Client exhibits some psych distress (1 or 2 occasions/month) [3] Client exhibits a lot of psych distress (3 or more occasions/month) [9] Unknown</p>
Law Abiding	<p>Under supervision? [1] Yes [2] No [9] Unknown</p> <p>Within past 6 months: [1] No trouble with the law and/or fulfilling all legal conditions [2] Citation for breaking the law [3] Violation of legal conditions such as supervision, restitution, child support, alimony, fines [4] Arrested and charged with a crime/illegal activity # _____ [5] _____ [9] Unknown</p>	<p>Under supervision? [1] Yes [2] No [9] Unknown</p> <p>Since admission to treatment: [1] No trouble with the law and/or fulfilling all legal conditions [2] Citation for breaking the law [3] Violation of legal conditions such as supervision, restitution, child support, alimony, fines [4] Arrested and charged with a crime/illegal activity # _____ [5] _____ [9] Unknown</p>	<p>Under supervision? [1] Yes [2] No [9] Unknown</p> <p>Since discharge from treatment: [1] No trouble with the law and/or fulfilling all legal conditions [2] Citation for breaking the law [3] Violation of legal conditions such as supervision, restitution, child support, alimony, fines [4] Arrested and charged with a crime/illegal activity # _____ [5] _____ [9] Unknown</p>

NOTES:

Interview Guide for Substance Abuse Treatment Programs Outcomes Profile

In the past 30 days, where has client been living most of the time?

Where does the client currently live?

Does the client have a fixed address?

Is the client's current living situation permanent (1 year or longer)? Can they continue to stay there?

Has the client's living situation caused them to be troubled or bothered about staying sober or drug-free?

Is the client living with someone who is using or where there is pressure to use?

In the past 30 days, what has been the client's employment status most of the time?

Is the client currently working at a paid job?

Does the client have health insurance through their employer?

Is the client currently enrolled in and attending school or a job training program?

What is the client's status regarding school? Has there been any (skipping or cutting of classes, unexcused absences, tardiness, leaving school early, truancy, causing trouble, complaints from teachers)? Is the client able to keep up with school work?

Does the client have children to take care of?

Has the client been troubled or bothered about meeting basic expenses like housing, food, clothing, utilities, etc.?

Is the client receiving any kind of public assistance?

Has the client been attending AA, NA, or some other support group?

Who are client's companions (people they see socially; do things together with; visit with; hang out with)?

Does the client have a family member, relative, close friend, sponsor, mentor, or minister that they can count on and is supportive of their recovery?

Does the client have regular contact with supportive persons?

In the past 30 days, has the client drunk alcohol or used drugs?

On about how many days did they drink or use drugs in the past 30 days?

Is the client currently drinking or using drugs?

Which substance(s) did/is the client use/using?

Has the client's use of substances interfered with their physical, psychological, social or vocational functioning? That is have they been injured, overdose, drunkenness, binge use, had health or medical problems, had emotional problems, trouble with the law, relationship problems, financial problems, legal problems, or problems at work, home, or school?

Is the interference persistent (continuing) or intermittent (on and off)?

How motivated or willing is the client to embrace recovery?

Does the client have a definite plan to change?

Is the client following their personal recovery plan?

Does the client avoid relapse situations?

Does the client ask for help when they need it?

How many children under age 18 does the client have?

How many children are in the legal custody of the client?

Does the client live with his/her family or otherwise have ties to his/her immediate family?

How does the client get along with spouse, children or other family members?

Have there been any serious conflicts, arguments or quarrels? How often?

Has the client experienced depression, anxiety, hallucinations, trouble concentrating, trouble controlling anger, thoughts of harming herself, an eating disorder, or a hospitalization for an emotional problem? How often?

Is the client on medication for a psychiatric condition?

Is the client under the care of a psychiatrist or psychologist?

How much have psychological problems interfered in client's life? Significant psychological distress, pain, misery, or injury to self or others? Caused client to miss work or appointments or neglect other important responsibilities? Caused client to stay in bed? Caused problems with relationships?

Is the client under supervision (includes P&P/Community Corrections or juvenile court)?

Has the client gotten into any trouble?

Has the client had any recent contact with law enforcement?

Has the client gotten any citations? Moving traffic violations? What for?

Has the client been arrested and charged with a crime or taken into custody for some other illegal activity (runaway, truancy, delinquency)? How many times?

Has there been a violation of any legal conditions such as supervision, child support, restitution, warrants, fines?

Sample Progress in Treatment Scale

ID #: _____

Admit date: _____

Primary therapist: _____

Discharge date: _____

Note: This tool should be used during formal client staffings when the client and treatment team are present to provide a means for documenting progress in treatment. The assessment of progress should combine client self-report and clinical judgement and take into consideration the past 30 days. Rate (a) thru (i) using the rating scale key below with scores of 1 to 4.

Rating scale key:

4 = Very good, very satisfactory or exceeds plan or expectations

3 = Good, satisfactory, in step with or according to plan or expectations

2 = Fair, somewhat less than satisfactory or somewhat less than plan or expectations

1 = Needy, unsatisfactory or much less than plan or expectations

Date(s): _____

- | | | | | |
|--|-------|-------|-------|-------|
| <p>a. Relationship with primary counselor/therapist; therapeutic alliance (to what extent does this client have rapport and openness with counselor/therapist, trusts counselor/therapist, and views treatment as a positive experience?)</p> | _____ | _____ | _____ | _____ |
| <p>b. Motivation (client views treatment/recovery as important/unimportant; is engaged/resistant; committed/uncommitted; participates for the right/wrong reasons)</p> | _____ | _____ | _____ | _____ |
| <p>c. Attendance at scheduled sessions, appointments, or length of stay</p> | _____ | _____ | _____ | _____ |
| <p>d. Quality of participation (self-disclosure, openness, honesty, completion of assignments/homework; meets other expectations)</p> | _____ | _____ | _____ | _____ |
| <p>e. Progress on the individualized treatment or care plan (evaluate the things achieved, effort put forth, and timeliness)</p> | _____ | _____ | _____ | _____ |
| <p>f. Alcohol/drug use in past 30 days (evaluate use/nonuse in terms of the goal of treatment: abstinence, reduced harm/use, etc.)</p> | _____ | _____ | _____ | _____ |
| <p>g. Observed reduction/remission of symptoms (degree to which alcohol/drug use interferes with, impairs, or harms physical, psychological, or social functioning; DSM-IV identified symptoms)</p> | _____ | _____ | _____ | _____ |
| <p>h. Support system (including family, concerned others, friends, sponsor, mentor, support groups, and others as applicable; uses support appropriately)</p> | _____ | _____ | _____ | _____ |
| <p>i. Overall capacity for self-directed recovery/harm reduction (thinking, attitudes, belief system, coping/problem solving/relapse prevention skills, lifestyle modification, environment, and aftercare plan)</p> | _____ | _____ | _____ | _____ |

Total score _____

Rate overall improvement or progress since admission:

Major improvement (very much improved; significant progress; low risk for relapse/harm; good prognosis for sustained recovery)

[4] [4] [4] [4]

Moderate improvement (somewhat better; visible progress; medium risk for relapse/harm; fair or guarded prognosis)

[3] [3] [3] [3]

Unchanged (no noticeable change or progress; continued impairment; high risk for relapse/harm)

[2] [2] [2] [2]

Regressed (worsened; decompensated or

deteriorated; serious impairment)

[1] [1] [1] [1]

CLIENT SATISFACTION SURVEY EXAMPLE

It is our goal to provide the best care possible. Please take time to fill out this short form and return it to our receptionist. Thank you.

What are your own opinions about the following:

1. Overall, do you think the services here are:

- Very good
- Good
- Fair
- Poor

2. Overall, how satisfied are you with the services you are receiving?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

3. Did you receive services in a timely manner?

- Yes
- No

4. Are you treated with respect by staff?

- All of the time
- Most of the time
- Some of the time
- None of the time

5. Are you being treated fairly?

- Yes
- No

6. Are the services you are receiving right for you?

- Yes
- No

7. Do staff answer your questions?

- Yes
- No

8. Do staff here treat you like you are an individual with unique needs and concerns?

- Yes
- No

9. Were your opinions and ideas considered in the development of your treatment plan?

- Yes
- No

10. Do staff keep things about you and your life confidential?

- Yes
- No

11. Have you been informed about how to file a complaint?

- Yes
- No

12. Do you feel you would be listened to if you filed a complaint?

- Yes
- No

