

FRN Research Report July 2011: Patient Improvements in the Addiction Severity Index after Treatment: A Study of Life Progress after Integrated Rehab at Foundations Recovery Network

Background

Foundations Recovery Network (FRN) is a rehab industry leader in integrated treatment for addiction and mental health issues. Foundations Recovery Network conducts independent research in an effort to improve patient care. This work is not just compiled for FRN use, but to help improve treatment planning and effectiveness for all Dual Diagnosis patients as an effort to expand independently upon the ongoing research by the National Institute on Drug Abuse.¹

After treatment completion, FRN asks each former patient to participate in a completely anonymous follow-up survey. This particular study followed patients for six months after they completed treatment over the years 2008-2010. By using the Addiction Severity Index (ASI) and extensive interviewing, FRN learned more about patient improvement after treatment.

Our Findings

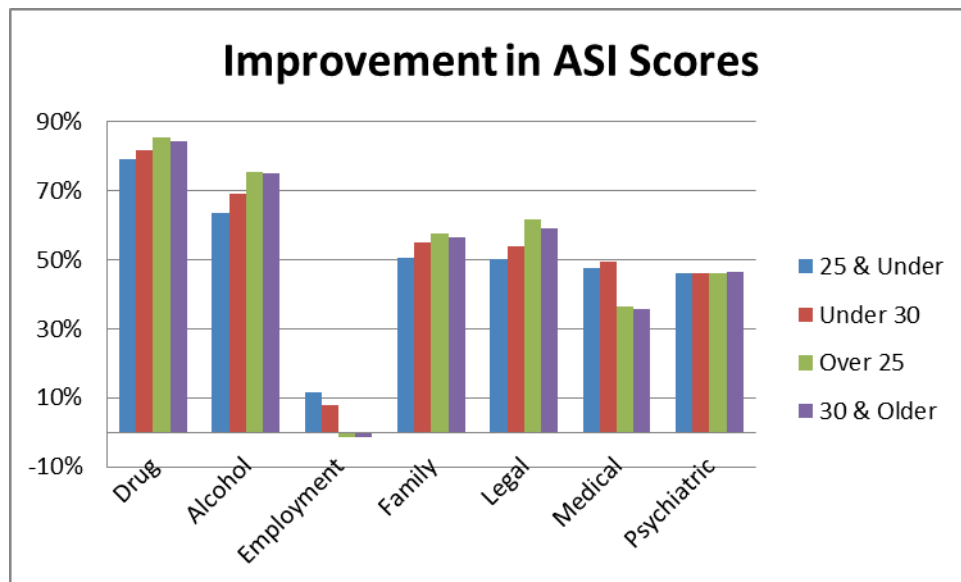
Every patient in this study attended one of Foundations Recovery Network's integrated treatment programs for both substance abuse and mental illness. Each patient completed a prescribed rehab plan that included a minimum of 30 days and a maximum of 90 days of inpatient rehab.

All patients agreed to participate in post-treatment phone interviews at specified times for six months after leaving treatment. Subjects were divided into age groups (25 and under, under 30, over 25, and 30 and older).

Each patient was given the Addiction Severity Index (ASI) inventory at set time intervals. The ASI helps researchers monitor substance abuse problems by measuring six key areas:

1. Medical/Physical Health
2. Drug Use
3. Alcohol Use
4. Legal Status
5. Psychiatric Status
6. Family and Social Status

Each area is self-reported by former patients and is designed to measure the severity, frequency and duration of symptoms to create a full picture of patient wellness.² Below, you will find a breakdown of each area of patient progress as measured by ASI interviews along with information and analysis on each area.



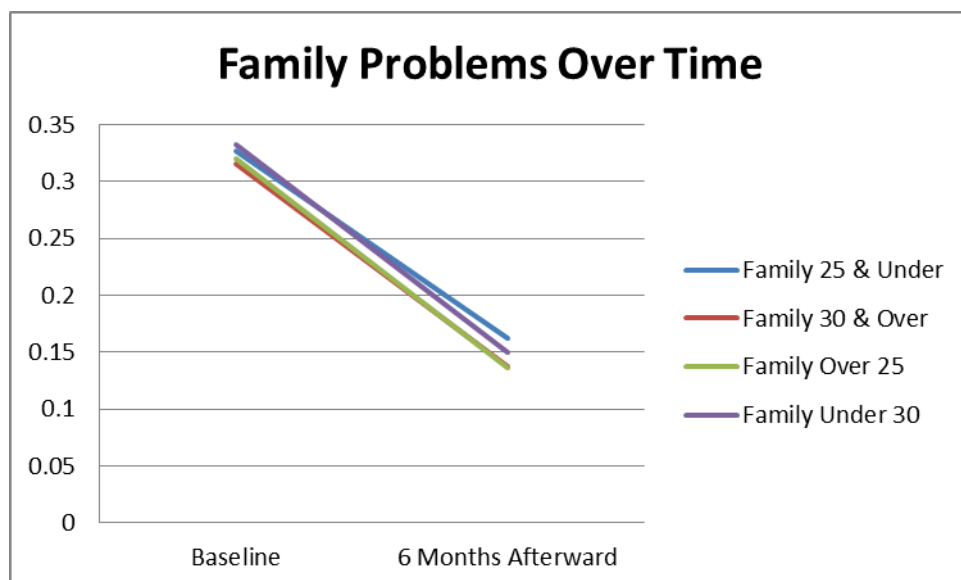
ASI Scores for Family Issues

Family conflict and addiction often occur at the same time. Furthermore, family and friend relationships can be based on a recovery and abstinence lifestyle, or they may be based around substance use, enabling, stress and other high risk factors. Family conflict is triggered by drug relapse, and in turn, drug relapse may be triggered by family conflict.

Previous studies indicate that a patient's perceived level of family assistance can greatly improve treatment outcomes.³ Foundations Recovery Network offers family support through family and couples counseling, family weekends and family outreach services. Family services have been shown to improve family relations and patient relapse rates.⁴

In our study, addiction severity decreased as family conflict decreased. Those who experienced family problems before treatment (i.e., serious family conflict) improved family cohesion by 55% after treatment.

At the same time, the ASI scores for both drug abuse and alcohol abuse improved as family cohesion increased. This positive correlation could suggest that the mental health and sobriety coaching that individuals receive in integrated treatment allows them to repair their home lives.

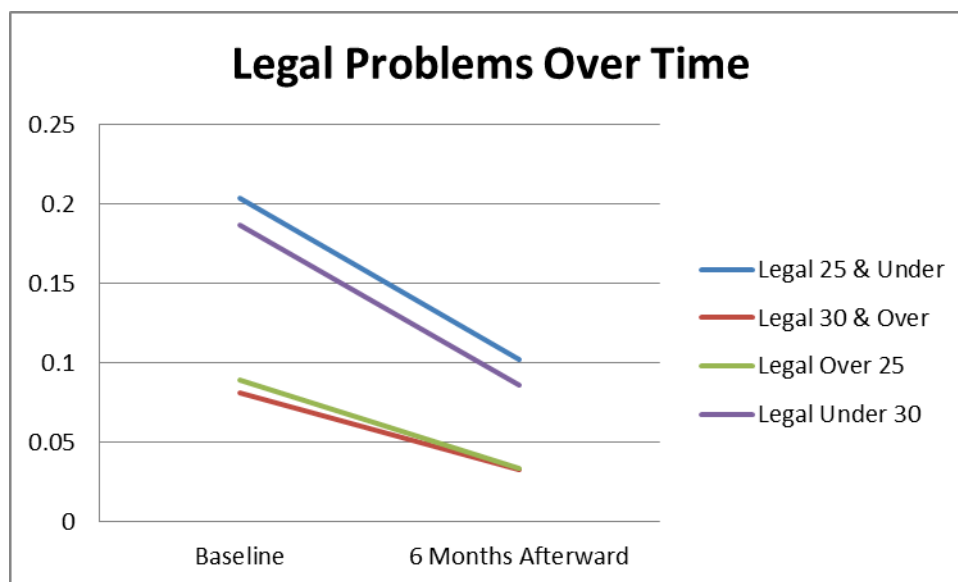


ASI Scores for Legal Issues

Legal issues and substance use also often occur at the same time. Driving while intoxicated, drug possession, theft and other crimes often accompany addiction. Legal concerns six months post treatment were improved by 55%, the same rate gain as those experiencing family problems.

Because drugs are illegal, individuals who use them may be exposing themselves to a broader set of illegal activities that jeopardize their family and work relationships, resulting in a high ASI score for legal problems. In comparison, the ASI score for alcohol use did not have this high correlation, which may reflect the fact that alcohol is legal to purchase for adults over 21.

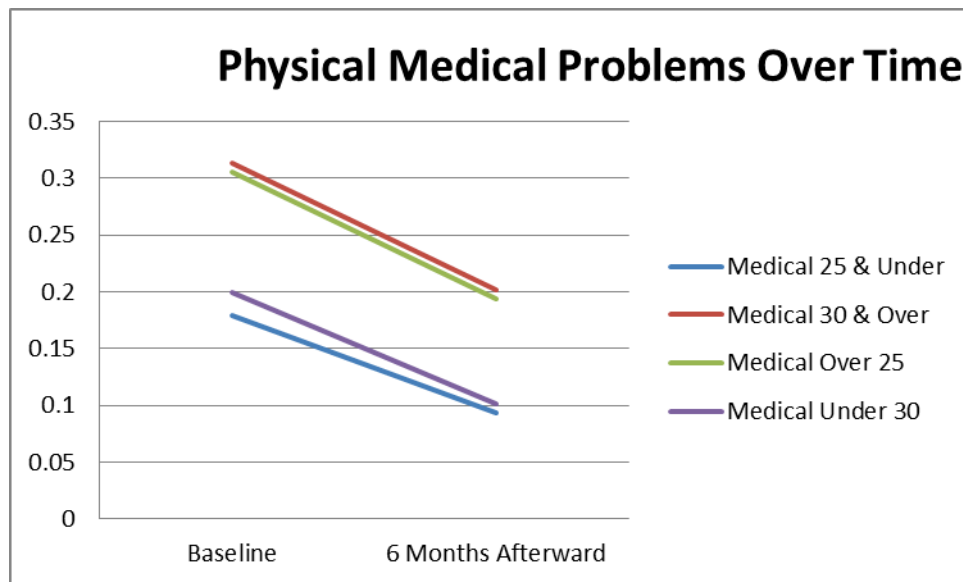
As drug and alcohol use decreased, legal issues also decreased. Similarly, the longer a former patient remained sober, the longer that patient remained free from legal concerns. This information lines up with previous research that indicates that integrated treatment helps patients improve decision-making skills, which in turn, helps reduce criminal behavior.⁵



ASI Scores for Physical Medical Issues

Among those individuals who use both alcohol and drugs, increased sobriety strongly correlates with improved ASI scores for improved medical concerns. As integrated treatment helps patients make better life decisions, they are also less likely to engage in risky behaviors such as exposure to HIV transmission, drinking and driving, overdose concerns or body poisons.⁶

Persons who entered treatment for alcohol dependence tended to be older than persons who entered treatment for drug addiction. As a result, alcoholic patients tended to have greater medical issues on admission to treatment than drug abuse patients. Consequentially, persons in recovery for alcohol experienced greater improvements in medical health as a result of integrated treatment.

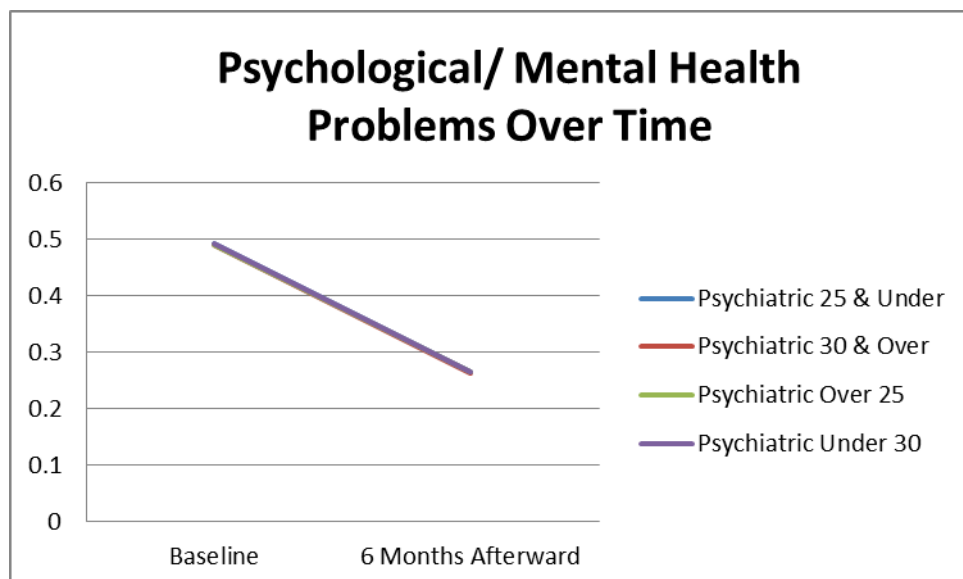


ASI Scores for Psychiatric/Mental Health Issues

Those with mental health problems (i.e., those reporting depression, mania, violent behavior or high levels of anxiety) also saw improvement as the ASI rating for psychiatric issues fell by 46% in the six months after treatment.

Many patients with Dual Diagnosis issues such as depression, bipolar disorder, schizophrenia and other chronic mental illnesses will require ongoing treatment. Psychiatric scores tended to increase at a different rate than drug sobriety. In other words, patients with underlying psychological issues require ongoing treatment even after rehab is complete in order to continue improving. This may be achieved by referrals for continuing patient care, sober living and outpatient treatment.

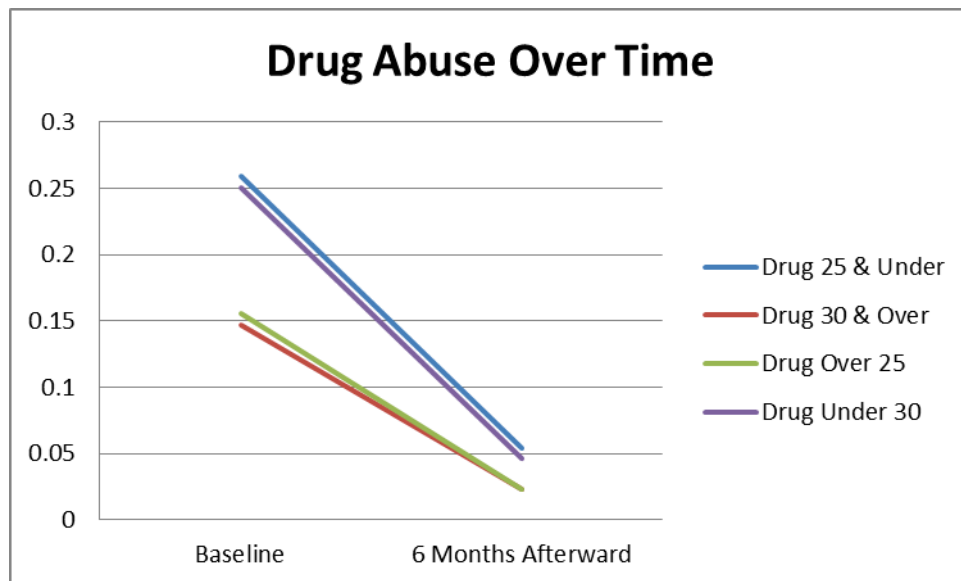
Part of the FRN discharge process includes connecting patients with sober living, ongoing counseling services or outpatient treatment. However, this study did not measure whether patients attended and actively participated in ongoing treatment. The patient's ability to participate in ongoing mental health therapy may be a vital part of maintaining psychological wellness.



ASI Scores for Drug Use

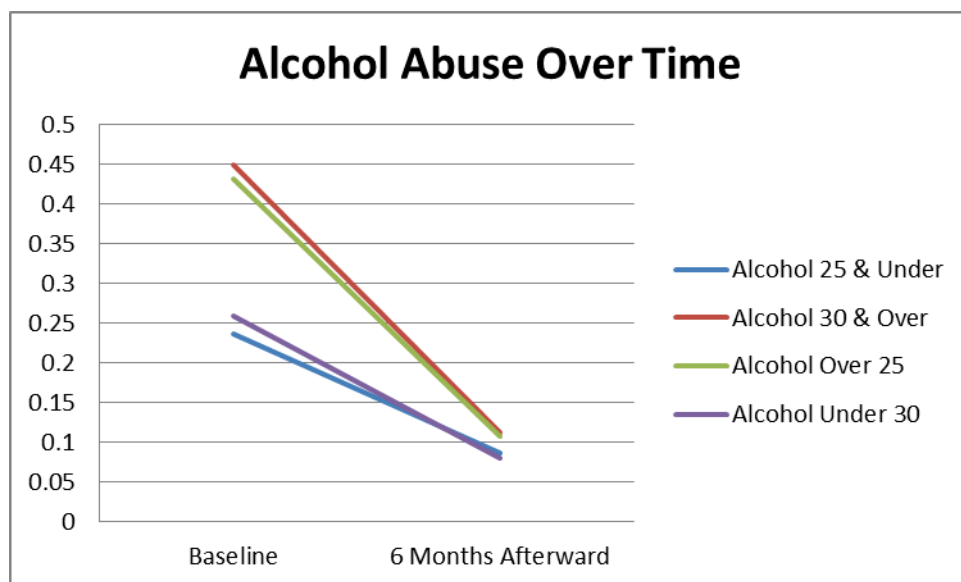
Overall, patient drug use decreased by an average of 82% across all subgroups after integrated treatment. Sobriety from drugs presented the strongest correlation in improved issues with outside problems as compared with alcohol.

At the point of admission, the ASI score for drug use was highly and positively correlated with problems with employment, family, legal and psychiatric issues (i.e., a high ASI score for one accompanied a high ASI score for another measure).



ASI Scores for Alcohol Use

Alcohol scores for these groups improved an average of 72% over six months while drug scores improved an average of 82%. It is notable that older adults dropped their alcohol use by a greater percentage than younger adults.



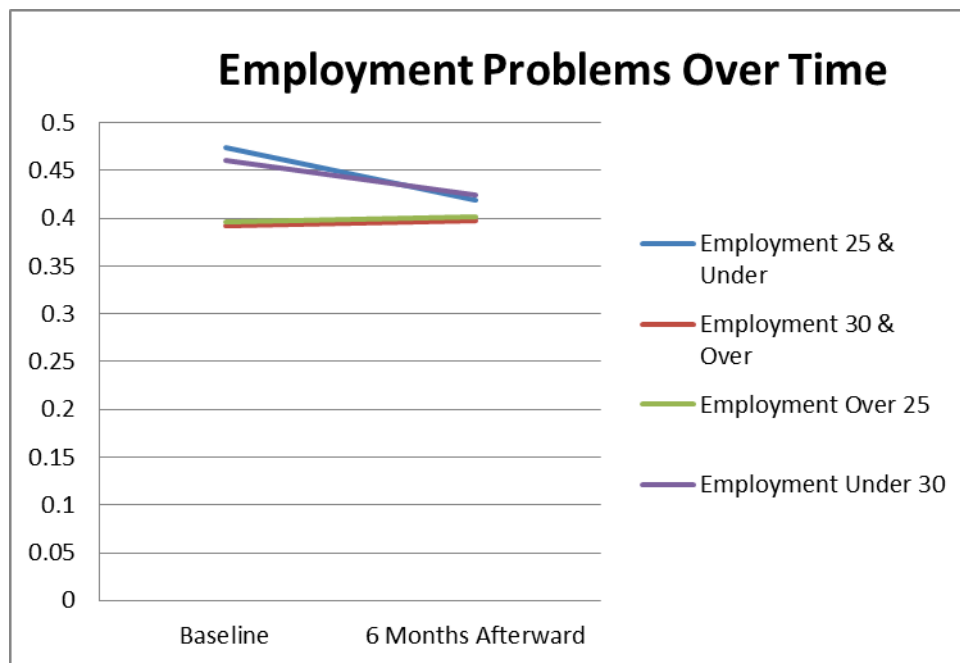
ASI Scores for Employment Improvement

Employment lags behind sobriety. It is possible that employment is one of the final steps to total wellness, and sustained employment may take longer than six months post-treatment.

There are several reasons why employment may not have improved as well as expected. Some studies indicate that several extra services are needed to help patients improve employment in the long-term. Additional services required to improve employment outcomes may include:

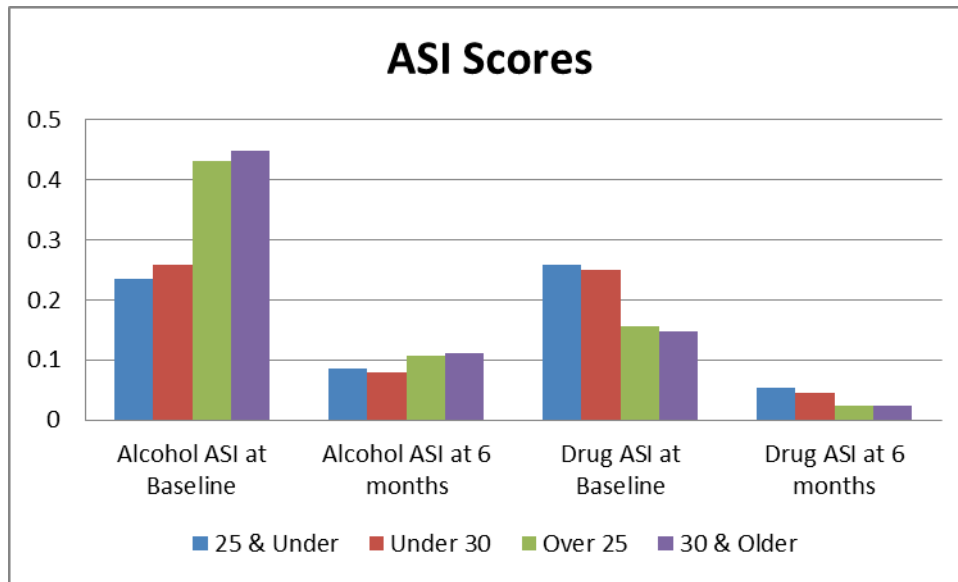
- Ongoing stable housing
- Legal aid services to clear any existing legal records
- Job training and vocational services
- Remedial or postsecondary education⁷

Employment assistance or a referral to employment assistance services may improve employment outcomes in both short-term and long-term situations.⁸



Discussion

These findings emerge from the Addiction Severity Index subscale ratings among four sets of FRN clients – those 25 and younger, those over 25, those 30 and younger, and those over 30. Among these four groups, overall ASI scores increased from the time of admission to six months post-discharge. The table below illustrates these scores.



Individuals who completed treatment in an FRN facility reported greatly improved rates of legal, family and mental health issues tied to improved sobriety from either drugs or alcohol.

Most interesting is the idea that all areas of life tend to work together to improve sobriety. Patients who fail to succeed in one ASI test area tend to score poorly in sobriety as well. Sobriety and improved life satisfaction are tied together and integrated treatment may be more effective because it addresses all areas of patients' lives.

References

- 1 Tai, B., Straus, M., Liu, D., Sparenborg, S., & Jackson, R. (2010). The first decade of the national drug abuse treatment clinical trials network: bridging the gap between research and practice to improve drug abuse treatment. *Journal of Substance Abuse Treatment, 38*(1), S4-13.
- 2 McLellan, A.T., Cacciola, J.C., Alterman, A.I., Rikoon, S.H., & Carise, C. (2010). The addiction severity index at 25: origins, contributions and transitions. *The American Journal on Addictions, 15*(2), 113-124.
- 3 Gordona, A.J., & Zrullb, M. (1991). Social networks and recovery: one year after inpatient treatment. *Journal of Substance Abuse Treatment, 8*(3), 143-152.
- 4 Copello, A.G., Velleman, R.D., & Templeton, L.J. (2005). Family interventions in the treatment of alcohol and drug problems. *Birmingham and Solihull Substance Misuse Services and School of Psychology, University of Birmingham, UK, 24*(4), 369-385.
- 5 Feltz-Cornelis, C.M. (2011). Ten years of integrated care for mental disorders in the Netherlands. *International Journal of Integrated Care, 11*, Epublication 2011 Apr 18.
- 6 Kalichman, S.C. (2008). Co-occurrence of treatment nonadherence and continued HIV transmission risk behaviors: implications for positive prevention interventions. *Psychosomatic Medicine, 70*(5), 593-597.
- 7 Cook, J.A. (2006). Employment barriers for persons with psychiatric disabilities: update of a report for the president's commission. *Psychiatric Services, 57*(10), 1391-1405.
- 8 McIntosh, J., Bloor, M., & Robertson, M. (2008). Drug treatment and the achievement of paid employment. *Centre for Drug Misuse Research, University of Glasgow, 16*(1), 37-45.