

*“Shifting the Focus of Addiction Treatment from an Acute to Chronic Care Model”*

*IntNSA 35<sup>th</sup> Annual Educational Conference  
September 8, 2011*

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**DEFINITION OF ADDICTION**

Addiction is a primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations.

American Society on Addiction Medicine (2001)

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2

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**CHRONIC CARE PERSPECTIVES**

- Interactions among multidisciplinary team members and clients
  - assuring productive interactions
  - continuous relationships
  - individualization of care
  - anticipate needs
  - evidence-based services/interventions

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3

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## CHRONIC CARE PERSPECTIVES

Chronic care model emphasizes maintaining wellness or keeping symptoms in remission rather than a cure

- Within a chronic care model, a family member is as important as the individual in both treatment and continuing care phases.

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## ACUTE CARE PERSPECTIVE

- Brief and time limited
- A cure is expected
- Limited follow-up
- Client is primary recipient of care
- Driven by managed care criteria

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## ACUTE VERSUS CHRONIC CARE PERSPECTIVES

In addiction treatment...  
“Get ‘em in and Get ‘em out”

Paradox exists

- Addiction field states addiction is a primary, chronic, neurobiological disease, but
- Traditional addiction services are offered within an acute care model

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## ACUTE VERSUS CHRONIC CARE PERSPECTIVES

Acute care model welcomes family members  
but client is the primary recipient of care

Chronic care model supports partnering with  
clients, family members, and multidisciplinary  
services to create a synergistic interaction  
that continually adjusts to ongoing changes in  
the chronic conditions

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7

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## FAMILY INVOLVEMENT IN ADDICTION

No other chronic disease operates its treatment  
services within an intensive environment and  
excludes family members as in the traditional  
avenues for the treatment of addictions.

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8

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## FAMILY INVOLVEMENT IN ADDICTION

- Active involvement of families often falls short  
of expectations

*and*

- Excluding or peripheral family involvement  
precludes family members from developing  
new behaviors to support and promote  
sobriety and creation of a safe and sober  
environment

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9

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## PURPOSE OF THIS STUDY

The primary purpose of this study was to determine if family-centered home based services resulted in different outcomes than traditional addiction treatment.

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## FAMILY-CENTERED HOME BASED SERVICES

- A behavioral health program (in SE PA) recognized a need to offer an approach for persons abusing substances with nested and tenacious substance abuse-related problems *and* their families
- A family-centered home based treatment approach (Rehab at Home) commenced in 2002

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Focus of RAH and Traditional Treatment Aspects of Treatment

	<i>RAH</i>	<i>Traditional</i>
<b>Recipient(s)</b>	Client and Family	Client
<b>Interactions with Addiction Professionals</b>	24 hours per day, seven days per week in home, office and other settings	Set hours in office
<b>Goal of treatment</b>	Improve functioning of family	Improve functioning of client

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## DEFINITIONS

Engagement (Y/N)

Family Involvement (# of contact minutes)

Intensity (# of contact minutes ÷ duration [length of stay])

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## DEFINITIONS

Traditional (Yes/No)

- Outpatient,
- Partial Hospital, and
- Short-term Residential

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## RESEARCH DESIGN

- Quantitative
  - Causal comparative, quasi-experimental design

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## SAMPLE

- 82 archived case records of clients who received AOD treatment from 2005 to 2008.
- Half were in the RAH group that participated in RAH while simultaneously participating in various traditional modalities such as, outpatient, partial hospital, and residential.
- The remaining half was part of the Conventional group that participated in traditional modalities only.

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## SAMPLE

- RAH and Conventional groups were matched using five characteristics:
  - Gender
  - Age Range
  - Drug of choice
  - Co-occurring diagnosis
  - Prior AOD treatment

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## METHODOLGY

The case review process encompassed four steps.

1. Panel members reviewed the guideline, "*Recovery Behaviors Indicative of Action Stage of Change*" prior to reviewing case records.
2. Together, panel members reviewed approximately 25% of the case records.

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## METHODOLOGY

3. Separately, each panel member reviewed an assigned list of case records over a course of three weeks.
4. Together, when a panel member was unsure about deciding engagement or no engagement, the other two panel members reviewed the case record.

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## STATISTICAL ANALYSIS ENGAGEMENT

Logistic regression

Engagement: Dependent variable (outcome)

Nine Independent (Explanatory) Variables

1. Intensity
2. RAH
3. Family Involvement
4. Gender
5. Age Range
6. Drug of Choice (Marijuana yes/no)
7. Co-occurring disorder (yes/no)
8. Prior treatment (yes/no)
9. Residential (yes/no)

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## FINDINGS

Statistically Significant at the  $p < .05$  level

1. Intensity
2. RAH
3. Family Involvement
4. Gender
5. Marijuana
6. Prior Treatment

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## FINDINGS

Using logistic regression, the odds ratio was calculated.

In other words, "What are the odds that an individual demonstrates engagement when family are involved or in RAH?"

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## FINDINGS

### Family Involvement

For every 30 minutes the odds of engagement increased by 3.30% or **1.03 times**.

### HOWEVER...

### RAH

Odds of engagement for clients in the RAH were **6.30 times** greater than Conventional.

***Something different is happening in RAH***

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## FINDINGS

### ■ GENDER

- Odds of engagement for women were 6.6 times greater than men despite that the ratio of men to women in the sample was 3:1

### ■ INTENSITY

- At lower levels of intensity individuals were statistically more likely to demonstrate engagement

### ■ PRIOR TREATMENT

- Individuals who had no prior treatment were statistically more likely to demonstrate engagement

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Graphically, the results look like...

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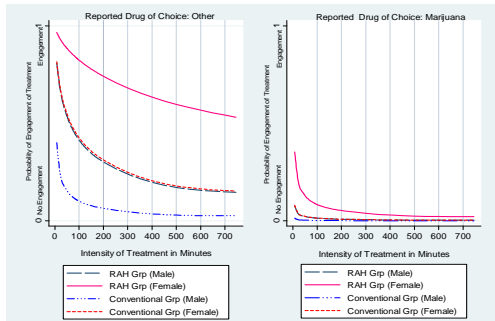
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## PROBABILITY OF ENGAGEMENT



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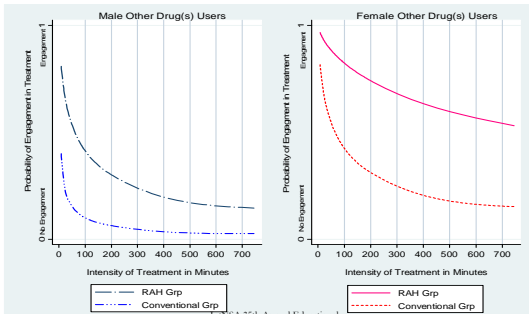
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## PROBABILITY OF ENGAGEMENT Other Drugs by Gender



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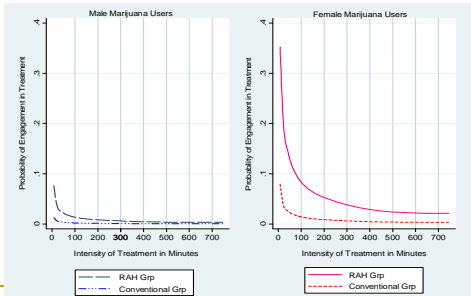
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## PROBABILITY OF ENGAGEMENT MARIJUANA by Gender



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28

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## DISCUSSION

- Lower levels of intensity supports chronic care model, which is briefer periods of interactions over a longer period of time
- Chronic illness affects everyone, hence family involvement is crucial

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29

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## IMPLICATIONS

- Findings support investigating available grants to pilot RAH
- Shift in addiction treatment paradigm—from an acute care to a chronic care model

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**QUESTIONS?**

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**CONTACT INFORMATION**

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