



Assessing Predictors of Treatment Retention in a Community Outpatient Substance Abuse Clinic

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BACKGROUND

Substance use disorders are a major health problem, and concentrated efforts are being made to improve access and effectiveness of treatment.

Positive treatment outcomes have been shown to improve as a function of treatment duration, however, many who enter treatment drop out early.

One approach to improving retention is to identify patient characteristics that predict treatment completion, and to provide more intensive or specialized treatment for those with poor prognosis for retention.

Demographic characteristics such as gender, ethnicity, and SES/employment status have not consistently been predictive of treatment retention in prior research.

Drug use severity at intake and early engagement in treatment have more consistently predicted treatment success (longer retention and/or reduced drug use).

The limitation of this prior research is that it has largely been restricted to the study of select populations (e.g. methadone patients, stimulant abusers) enrolled in trials at academic research clinics. Thus, the generality of these findings is uncertain.

AIM

We sought to identify demographic and behavioral predictors of 90-day treatment retention in clients enrolled in treatment at an outpatient community drug treatment center.

CLINIC

The site of the research was the Harbel Prevention & Recovery Center (Harbel) located in Baltimore, MD, a drug-free (no methadone or other pharmacotherapies provided), outpatient clinic with 4 full-time and 6 part-time counselors

Harbel carries an adult census of about 125 clients, and clients have variable drug use histories and referral sources.

The clinic employs a psychosocial treatment plan that consists of regularly scheduled individual and group counseling sessions.

METHODS

A sample of 200 consecutively enrolled clients was selected for this study. Of those, 184 attended at least one appointment following intake assessment and are included in study analyses.

Independent variables included: age, gender, ethnicity, treatment referral source, drug(s) of abuse, current poly-drug use status, result of first urine drug screen, counselor assignment, early treatment engagement (number of counseling sessions attending during first month of treatment).

A Forward Stepwise Logistic Regression analysis was conducted to identify independent variables that predicted retention for at least 90-days (dichotomous variable).

SAMPLE DEMOGRAPHICS

Age: 35 +/- 11 years (mean +/- SD)
 Gender: 76% Male
 24% Female
 Ethnicity: 76% African American
 20% Caucasian
 4% Other
 Referral: 71% Criminal Justice
 29% Other (self, family, etc.)
 Drug Use: 61% Alcohol, Marijuana, or Both
 39% Cocaine, Opiates, Other Drug/Combo
 59% Poly-Drug Users
 28% Drugs + Domestic Violence

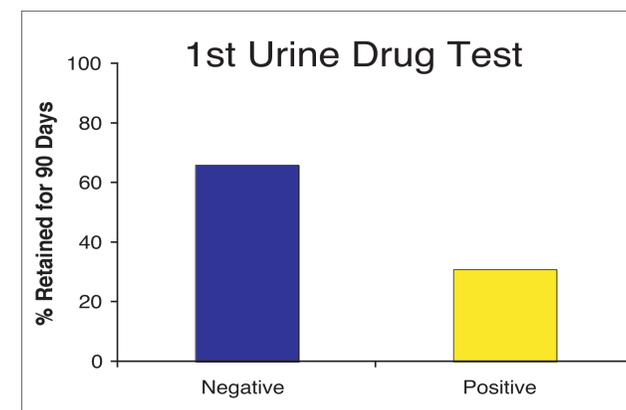
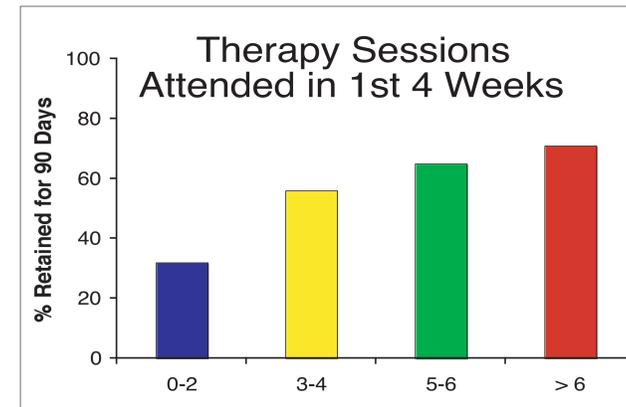
RESULTS

Variables Entered in the Regression Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1(a)	FIRSTUA(1)	1.456	0.332	19.184	1	0.000	4.290
	Constant	-0.788	0.270	8.548	1	0.003	0.455
Step 2(b)	FIRSTUA(1)	1.455	0.345	17.779	1	0.000	4.284
	TOTALWKS14	0.267	0.080	11.265	1	0.001	1.307
	Constant	-1.826	0.426	18.348	1	0.000	0.161

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	230.624(a)	0.107	0.143
2	218.521(b)	0.164	0.220



SUMMARY/DISCUSSION

Significant predictors of retention identified were:

1) The result of first urine toxicology test (conducted at the time of first therapy session). Step 1 Wald statistic = 19.184; $p < .001$.

2) Early engagement in treatment (group and individual counseling sessions attended in first 4 weeks of treatment). Step 2 Wald statistic = 11.265; $p < .001$.

Replicates and extends prior studies in which early negative urine samples predicted positive treatment outcome in stimulant, opiate, or cannabis users.

Replicates some studies in which typical demographic variables do not predict treatment outcomes.

Drug testing early in treatment may help identifying clients who require more intensive treatment interventions.

- Use of abstinence-based incentives (CM)
- Evidence-based motivational interviewing
- More frequent contact/counseling

Modification of clinic services to help improve early client engagement in counseling services may help improve client outcomes.

- Conduct first counseling session as soon as possible after intake
- Use of appointment reminders (written, verbal, phone, text, e-mail) prior to scheduled sessions/groups
- Provide incentives for attendance (snacks, certificate/recognition among peers, small prizes).

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