

# Treatment Research Institute

## Annual Progress Report: 2008 Formula Grant

### Reporting Period

July 1, 2010 – December 31, 2010

### Formula Grant Overview

The Treatment Research Institute received \$158,950 in formula funds for the grant award period January 1, 2009 through December 31, 2010. Accomplishments for the reporting period are described below.

### **Research Project 1: Project Title and Purpose**

*Program Quality Measures for a Consumer Guide to Adolescent Addiction Treatment* - Parents of adolescents needing treatment for substance abuse have few resources to describe available options. A Consumer Guide could educate parents about evidence-based clinical practices available in treatment programs. In turn, educated parents could demand better care and improve overall quality. Toward this end, the purpose of this project is the development of three measures to collect and report on quality features (evidence-based practices) within adolescent programs. This project will create and test a written questionnaire and follow-up interview survey with program directors (Drug Strategies Interview-Directors; DSI-D) regarding available evidence based practices. A parallel adolescent patient survey (Drug Strategies Interview-Patient; DSI-P) will measure the evidence based practices actually received during treatment. Next we will adapt the existing Treatment Services Review (TSR) for use with adolescents. This second adolescent patient interview will be used to provide concurrent validity data for the first interview. Finally, parents will be interviewed regarding their experiences and needs in seeking treatment for their adolescent.

### Duration of Project

1/1/2009 - 12/31/2010

### Project Overview

The project goal is to develop a standardized data collection protocol, using the instruments developed and tested within this project, to ultimately guide production of an updatable Consumer Guide for parents of adolescents needing addiction treatment. An original guide was developed over 10 years ago and remains popular, but it is in need of updated methods and content. Accordingly, this proposal is designed to collect preliminary reliability and validity data on three standardized measures of empirically-based practices (EBPs) within programs serving adolescents. The principles and practices measured for the original guide will be the starting point for this project.

The specific aims of this project are to use current best practices research to create and test: a) an updated interview with treatment program directors (DSI-D) tapping the number and type of services available within their programs; and b) a parallel adolescent interview for patients (DSI-P), measuring the number and types of quality features actually received by adolescent patients. A third measure, the Treatment Services Review (TSR), will be adapted for use with adolescents to measure care received to inform the validity of the new measures (DSIs). Finally, parents of adolescents are invited to participate in a brief interview to learn more about their experience seeking treatment and what they believe would be important and helpful in a Consumer Guide.

This project will be accomplished in three stages. Stage 1 adapts the original DSI-D. First, new EBPs will be incorporated into the existing structure of the DSI-D. Next, an expert panel will review the edited DSI-D and identify additional items aimed at providing more information about the integrity and fidelity of any EBPs offered. Finally, the updated DSI-D will be tested for item stability. Stage 2 will create and test the parallel, DSI-P. First we will conduct an adolescent patient focus group to determine best ways of phrasing questions. Next, we will perform cognitive testing procedures with two waves of adolescent patients to assure common understanding of the intent of the questions. Finally, the DSI-P will be tested for item stability. In Stage 3, the TSR, widely used with adults to measure the number and nature of services received during addiction treatment, will be adapted for use with adolescents using parallel procedures, as described in developing the DSI-P.

### **Principal Investigator**

John S. Cacciola, PhD  
Director, Center on the Continuum of Care  
Treatment Research Institute  
600 Public Ledger Building  
150 S. Independence Mall West  
Philadelphia, PA 19106

### **Other Participating Researchers**

None. However, this project is leveraged by funds from the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA). As such consultation to this Formula Grant project have been provided by Dr. Michael J. Mason, an adolescent specialist, and Mathea Falco, Esq., Executive Director of Drug Strategies which developed the original “Treating Teens: Guide to Adolescent Drug Programs” (2003). CSAT has additionally funded expert review of materials developed for the Consumer Guide using a Scientific Advisory Group including: Amelia Arria, PhD, Doreen A. Cavanaugh, PhD, Gayle Dakof, PhD, Michael L. Dennis, PhD, Nancy Jainchill, PhD, Kathleen Meyers, PhD and Ken C. Winters, PhD. These additional experts have enhanced the quality of the literature review and provided valuable feedback on the measures as they have been developed.

### **Expected Research Outcomes and Benefits**

The measures developed in this project are designed as part of a larger plan to develop an

Internet-based Consumer Guide to Adolescent Addiction Treatment programs. The Guide will provide parents and caring others a comparison of the types of evidence-based practices available in community outpatient treatment programs. This research will test the reliability and validity of the procedures used to record those practices in treatment programs. Stage 1 will result in an interview for treatment program directors updated to reflect new best practices and able to assess each program's provision of those practices and the adequacy with which they are implemented (DSI-D), and will assure that the new director interview produces reliable and consistent information. Stage 2 will create and test a second, corroborating measure of treatment services actually received during treatment, from direct interviews with samples of adolescent patients in treatment. This adolescent patient survey (DSI-P) will parallel the director survey in covering the same Key Elements of quality care. Stage 3 will adapt and test the Treatment Services Review (TSR), a widely used measure of adult services received during addiction treatment. The TSR will be edited for use with adolescent patients and tested for clarity and item stability (TSR-A). Finally, parents of adolescents entering treatment will be interviewed on their process of accessing care and their preferences regarding content and format of an internet-based guide. The DSIs and TSR-A will provide complementary and corroborating perspectives on the services provided at treatment centers while the parent interviews will provide valuable information regarding the format for the proposed Consumer Guide.

This project does not provide services or involve new or different treatments. However, adolescents and parents may experience satisfaction in having their experiences heard and knowing that their information may help others in their situation. A longer term benefit for program directors may be better understanding about new evidence-based practices that treatment programs may include or parents may request. A second longer term benefit will be input from a large, diverse parent and patient population about treatment needs. This information will help shape the format and content of the Guide. An updatable web-based Guide will offer parents and other referral sources (e.g., counselors, health care professionals, social workers) information about the quality features available within community treatment programs. Ultimately, providing parent consumers with this information may help to create an important market force demanding more quality features in community addiction treatment programs.

## **Summary of Research Completed**

*Research activities conducted during this reporting period have included:* 1) continuation of Stage 1 initial stability testing of the Drug Strategies Interview-Director (DSI-D); 2) securing of parent and adolescent recruitment sites; 3) Treatment Research Institute (TRI) Institutional Review Board (IRB) and Philadelphia Health Department IRB approval of parent telephone consent process; 4) recruitment of parent and adolescent participants; 5) the hiring of a new senior scientist, adolescent expert Kathleen Meyers, PhD; 6) further editing of the Drug Strategies Interview-Patient (DSI-P) to include Treatment Services Review-Adolescent (TSR-A) items; 7) cognitive testing of the DSI-P draft with adolescents in drug treatment and resulting revision of sections of the DSI-P; 8) TRI IRB and Philadelphia Health Department IRB approval of continuing this research under National Institute on Drug Abuse (NIDA) funding.

1. Stage 1 initial stability testing of the DSI-D: This stage involves program director completion of a written questionnaire followed by a telephone interview; both are repeated. Since last

report, four more directors consented to Stage 1 participation, for a total of seven director participants. Of the seven, five completed the test-retest stability testing. It became apparent that the DSI-D questionnaire and phone interview was too labor/time intensive for the program directors, as program directors overall were slow to return the completed questionnaires as well as emails/phone calls regarding the phone interview, and two directors never completed the process.

2. Securing of parent and adolescent recruitment sites: Four more directors agreed to let us recruit parent and adolescent participants from their program, for a total of five programs from Philadelphia County, Delaware County and Bucks County. Ultimately, recruitment was successful at three of these programs (located in Philadelphia County and Delaware County). We were unable to establish successful recruitment procedures at two of the smaller programs.

3. TRI IRB and Philadelphia Health Department IRB approval of parent telephone consent: We found not all parents were accessible during the intake process, nor did parents attend the program on a regular basis, if at all. We requested and obtained permission from both the TRI and Philadelphia Health Department IRBs to verbally consent parents via telephone (we retained the written consent process as another option). Additional minor changes were made to the protocol and other study materials and were accepted. The ability to verbally consent parents over the telephone allowed us to successfully recruit eight parents and four adolescents.

4. Recruitment of parent and adolescent participants: Recruitment of parents and their adolescents was less than projected. This was due to difficulty in reaching program directors during the recruitment process (which was also started a few months late due to the development of the DSI-D taking longer than anticipated), as well as delays in completing the entire DSI-D testing process with program directors. In this regard, we planned to approach directors about site participation in Stages 2 and 3 only after the director had completed his/her individual participation. When it became apparent that the majority of directors were unable to complete the Stage 1 DSI-D stability testing within the window initially allotted them, we began to discuss potential Stage 2 and 3 participation with the directors recruited for DSI-D testing following their consent so that we could move things forward more quickly.

We also experienced delays at the first two sites that agreed to let us recruit parents and adolescents, as we had not foreseen that not all parents are accessible during the intake process, nor do parents uniformly attend the programs on a regular basis. We worked around this issue by asking for and receiving permission from the TRI and Philadelphia Health Department IRBs to verbally consent parents over the telephone. While this gave us much needed flexibility to recruit parents for their own and/or their adolescent's participation, we continued having difficulty reaching parents via mailings and telephone calls. We attempted to contact parents at multiple times during day time hours as well as evenings and weekends. Despite leaving messages with other people who answered the phone, on voicemails, and on multiple lines (cell phone, home phone, and "other" phone), and despite mailing out follow-up letters asking for the parent to contact us, we continued to experience recruitment difficulty.

In total, we were able to consent eight parents for the Parent Needs Interview and all eight also allowed us to approach their child. Two adolescents were not approached as they had not been

in treatment long enough to participate (>30 days), one adolescent agreed to participate but never was available to meet with us (always too “busy” at the moment), and one was unable to be scheduled until after the grant was closed. All of the remaining four adolescents consented to individual DSI-P cognitive testing interviews.

5. Hiring of new senior scientist, adolescent expert Kathleen Meyers, PhD: Kathleen Meyers, PhD, an adolescent expert who developed the Comprehensive Adolescent Severity Inventory (CASI) joined TRI as a Senior Scientist on October 25, 2010 after serving on this project’s Scientific Advisory Panel. Her extensive knowledge of the field of adolescent substance abuse treatment has been of great benefit to this specific project.

6. Further editing of the DSI-P to include TSR-A items: The overlap of the TSR-A service items with the DSI-P draft questions proved to be too great to justify the development of two separate measures. Thus, the DSI-P was edited to include the service items, and this final draft was used during cognitive testing with the adolescent participants. While focus groups with adolescents were proposed for item development work, focus groups were not held given the continuing difficulty in reaching parents of adolescents for permission to approach their son/daughter.

7. Cognitive testing of the DSI-P draft with adolescents and resulting revisions: The DSI-P draft measure was administered to four adolescent participants in individual interviews with Dr. Meyers. The cognitive testing revealed areas where youth had difficulty understanding the concepts behind the items. The measure has been revised and is currently being tested with more adolescents under new funding.

8. TRI IRB and Philadelphia Health Department IRB approval of continuing this research under new funding: We received funding from NIDA to further test the DSI-D and DSI-P measures as well as create a web-based Consumer Guide. As recruitment of parents and adolescents at the three programs was increasing and this pilot work is yielding important data, we requested and obtained approval from both IRBs to continue conduct of the current protocol under new funding after Commonwealth of Pennsylvania CURE Program funding ended on 12/31/2010.