

SYMPOSIUM*Assessment and Treatment Outcome Evaluation of Substance Abusers.*

Chair: *Barry S. Brown*, National Institute on Drug Abuse, Baltimore, MD.

D.C. INITIATIVE TREATMENT OUTCOME ASSESSMENT BATTERY. Jeffrey A. Hoffman. Koba Associates, Inc., Washington, DC.

The Drug Abuse Treatment Research Demonstration Program in the District of Columbia is a major drug treatment outcome study involving comparisons between standard and enhanced outpatient treatment programs, as well as standard and enhanced residential treatment programs. The comprehensive psychosocial assessment battery currently in use begins with a clinical screening interview, the Individual Assessment Profile (IAP). The IAP was developed by the Research Triangle Institute in collaboration with the present author to measure various patient characteristics and variables such as demographic characteristics, previous treatment experience, lifestyle and living arrangements, alcohol and drug use, AIDS risk behavior, illegal activities and criminal justice information, employment, and mental and physical health status. In addition, a battery of tests was chosen to determine cognitive and social functioning abilities and psychopathology, which includes the Beck Depression Inventory, the Functional Assessment Inventory, the Millon Clinical Multiaxial Inventory II, the Shipley Institute of Living Scale, the State-Trait Anger Expression Inventory, the Symptom Checklist 90, and the Trail Making Test. The Structured Clinical Interview for DSM-III (SCID) is also used for a subsample of subjects. This presentation will explain the rationale for selecting these instruments, describe how these instruments are being used, and report some early findings from this project.

DRUG ABUSE TREATMENT FOR AIDS-RISKS REDUCTION (DATAR) ASSESSMENT BATTERY. D. Dwayne Simpson. Texas Christian University, Fort Worth, TX.

The Drug Abuse Treatment for AIDS-Risks Reduction (DATAR) project focuses on the development of improved treatment to reduce client dropouts and relapse rates as well as AIDS-risky behaviors of injection drug users. It includes the use of "cognitive mapping" techniques as part of counseling and a variety of intervention modules such as relapse prevention training, assertiveness training (for women), and social support network training. Particular emphasis is placed on assessing and evaluating treatment process in relation to client background and treatment outcomes. Intake assessment of methadone maintenance clients admitted to treatment sites in Corpus Christi, Dallas, and Houston, TX, addresses the sociodemographic background, family and peer relations, health and psychological status, criminal involvement, drug/treatment history, and AIDS risks. A self-rating form includes short scales on psychological functioning (self-esteem, depression, anxiety, decision-making), social functioning (childhood problems, hostility, risk-taking, socialization), and motivation (drug-related problems, desire for help, and treatment readiness). Other during-treatment process and performance measures are collected using counseling session reports, monthly status reports for each client, monthly counselor evaluations of clients, and client tracking forms. Posttreatment follow-up interviews are also conducted 1 year after termination. Psy-

chometric properties for the assessment battery and selected findings from the first cohort ($N = 311$) will be reported, including early treatment dropout and performance predictors.

YALE SUBSTANCE ABUSE TREATMENT UNIT PSYCHOTHERAPY RESEARCH BATTERY. Kathleen Carroll. Yale University School of Medicine, New Haven, CT.

The Yale Substance Abuse Treatment Unit is conducting a number of randomized clinical trials evaluating psychotherapy and pharmacotherapy, alone and in combination, as treatment for a variety of types of drug abusers. The assessment battery used in these studies was selected with the following principles in mind: a) the need to assess multidimensional aspects of functioning, b) the need to assess outcome from a number of perspectives (blind evaluators, patient, therapist, significant others), c) the need to address treatment specificity and differences in time course of different treatment types (e.g., psychotherapy versus pharmacotherapy), d) the need to anticipate substantial sample attrition and to assess outcome at several time points, e) the need to address the process of psychotherapy and to relate process to outcome, and f) the need for linkage with previous studies. Advantages and disadvantages of the battery's components are discussed.

ASSESSMENT AND TREATMENT OUTCOME EVALUATION: THE CATOR APPROACH. Norman G. Hoffmann, CATOR/New Standards, Inc., St. Paul, MN.

CATOR (Comprehensive Assessment and Treatment Outcome Research), of New Standards, Inc., is an independent evaluation service that provides assessment and treatment outcome evaluation information to contracting treatment programs. CATOR provides standardized data collection forms, questionnaires and interview schedules, conducts post-treatment telephone interviews with patients who consent to follow-up at 6-, 12-, 18-, and 24-month intervals after treatment; analyzes program level and aggregate data; and reports program level and aggregate information to individual programs. In 1979, Dr. Hoffmann developed the original adult registry, which was revised most recently in 1986. In 1984 he started an adolescent registry. By 1990 over 100 adult treatment programs of various types from 35 states had used CATOR services. Baseline information from the data base includes demographic characteristics, drug and alcohol history, previous treatment, antisocial behavior, family participation treatment, psychiatric diagnostic criteria, life stress, and DSM-III-R substance use disorder diagnostic criteria. CATOR/New Standards, Inc. also has developed independent assessment tools such as the Substance Use Disorders Diagnostic Schedule (SUDDS) to obtain DSM-III-R substance use disorder diagnoses, and the Recovery DSM-III-R substance use disorder diagnoses, and the Recovery Attitude and Treatment Evaluator-Clinical Evaluator Questionnaire (RAATE-CE and QI) to assess a patient's severity profile in five different dimensions (resistance to treatment, resistance to continuing care, biomedical acuity, psychiatric/psychological acuity, and social/family environmental support). The RAATE-CE and QI were designed to assist the clinician in the placement of patients into the appropriate level of care (as determined by the ASAM Criteria) and to measure pre-, post-, and follow-up change from treatment. Preliminary reliability

and validation studies have been conducted on the RAATE-CE, QI, and SUDDS, and field trials are ongoing. CATOR inpatient and outpatient outcome data comparisons, as well as RAATE-CE, QI, and SUDDS data will be presented.

SYMPOSIUM

*Washington, DC, Metropolitan Area Drug Study (DC*MADS): Initial Findings.*

Chair: *Robert M. Bray*, Research Triangle Institute, Research Triangle Park, NC.

Discussant: *Pamela J. Fischer*, The Johns Hopkins University School of Medicine, Baltimore, MD.

THE WASHINGTON, DC, METROPOLITAN AREA DRUG STUDY: OVERVIEW AND CHALLENGES. Elizabeth Y. Lambert. National Institute on Drug Abuse, Baltimore, MD.

Most major surveys about drug abuse, such as the National Household Survey on Drug Abuse and the High School Senior Survey, tend to exclude persons from nonhousehold and hard-to-reach populations (e.g., homeless persons, institutionalized persons, criminal offenders, pregnant women, and school dropouts). In contrast, the National Institute on Drug Abuse's DC*MADS project is a first effort to systematically access all types of people in one metropolitan area and to characterize the nature and extent of drug abuse among them using an integrated, systematic approach.

DC*MADS is a large-scale comprehensive research effort comprised of 16 related studies that focus on different population subgroups (e.g., homeless and institutionalized people) or different aspects of the drug abuse problem (e.g., economic and psychosocial costs of drug abuse). Together, these studies are designed to a) examine and characterize the epidemiology of drug abuse and its correlates and consequences among the variety of population subgroups residing in the metropolitan area, and b) develop a research model for systematic collection of similar data from hard-to-reach populations in other urban centers of the country.

This presentation will provide an overview of DC*MADS and examine some of the major challenges the researchers have encountered. The overview will specify the studies included in DC*MADS, note the relationships among them, describe the data collection methods, and give a status report on the project. Some of the major challenges encountered include: persuading the local communities to "buy in" to the research, conducting successful negotiations with gatekeepers, addressing quid pro quo issues, meeting confidentiality requirements, and ensuring interviewer security.

Some of these challenges are typically encountered in field studies, but all were heightened by the nature of the populations studied and the large number of jurisdictions in the metropolitan area.

DRUG USE AND RELATED PROBLEMS AMONG HOUSEHOLD RESIDENTS. Robert M. Bray* and Mary Ellen Marsden.† *Research Triangle Institute, Research Triangle Park, NC, and †Brandeis University, Waltham, MA.

The burden that drug abuse poses for communities across the nation is also notable in the Washington, DC, metropolitan area and requires reliable data to guide policy decisions and resource allocation. This presentation will report DC*

MADS findings about the use of illicit drugs, alcohol, and tobacco and related problems among members of the household population aged 12 and older.

Data were drawn from interviews with a representative sample of 1,931 persons in the DC metropolitan area. The metropolitan area was oversampled as part of the 1990 National Household Survey on Drug Abuse, sponsored by the National Institute on Drug Abuse. The drugs or classes of drugs examined included marijuana, cocaine (including crack), inhalants, hallucinogens, heroin, nonmedical use of prescription-type psychotherapeutic drugs (stimulants, sedatives, tranquilizers, and analgesics), alcohol, cigarettes, and smokeless tobacco.

Prevalence of drug use will be examined for three time periods: lifetime, past year, and past month. Rates of use will be presented overall and by the demographic correlates of age, sex, race/ethnicity, location within the DC metropolitan area, and socioeconomic status. Data will be related to residents' perceptions of the harmfulness of drug use and opportunities to use drugs. Problems attributed to drug use and alcohol use will also be presented, along with symptoms of dependence. The presentation will conclude with a discussion of the implications of the findings for other analyses and drug prevention policies.

DRUG USE AMONG RESIDENTS OF INSTITUTIONS.

Gregory H. Gaertner and Linda J. Keil. Westat, Inc., Rockville, MD.

Much is known about substance use and abuse by persons living in households. The National Household Survey on Drug Abuse provides an excellent data series on rates of use of licit and illicit drugs in the noninstitutionalized, household population of the United States. Less, however, is known about substance abuse by people residing for weeks, months, or years in the care and custody of institutions—in prisons, jails, psychiatric facilities, homes for the handicapped and disabled, homes for abused or delinquent children, or psychiatric or correctional halfway houses. This presentation will report on the results of the National Institute on Drug Abuse's DC*MADS project in a probability sample of institutional residents in the Washington, DC, metropolitan area.

Data were gathered through in-person interviews with 1,250 residents of institutions and group homes located in and around the District of Columbia. The interviews were conducted in 46 institutions and group homes selected with probabilities proportional to size from a list of all institutions and group homes in the DC metropolitan area. Information was collected on current and past use of licit and illicit drugs (tobacco, alcohol, marijuana, crack and other cocaine, opiates, amphetamines including "ice," depressants, inhalants, and psychotherapeutics) using a monthly calendar covering the previous 3-year period. The interview was structured around a life-calendar approach recording changes in residential, employment, and marital statuses; criminal involvements; treatment experiences; and other life events. Additional questions were asked regarding physical and psychological health, risk behaviors, context of drug use, and characteristics of the institutions. The data allow a rich, detailed portrait of drug use etiology and consequences.

The presentation has three aims. First, the institutionalized population of the metropolitan area will be described in terms of the characteristics of institutions and of residents. Second, rates of current use of licit and illicit drugs will be presented,