

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