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► [The effect of using assessment instruments on substance-abuse outpatients' adherence to treatment: a multi-centre randomised controlled trial.](#)

Raes V., De Jong C.A.J., De Bacquer Dirk. et al.

BMC Health Services Research: 2011, 11:123.

[Request reprint](#) using your default e-mail program or write to Dr Raes at veerle.raes@fracarita.org

Young adult multi-drug users in Belgium who often soon dropped out of treatment were much more likely to stay in counselling when their therapists structured sessions by feeding back assessments of their motivation and recovery resources.

Summary At issue in this Belgian study was whether offering regular feedback on assessment results to inform and structure counselling means patients stay for more sessions, the presumption being that if they do, they will also benefit more. The study was conducted at five outpatient drug treatment centres from the same parent organisation which treat people commonly using several drugs and who often attend treatment patchily. In this trial the researchers provided a manual for the feedback programme and trained the centres' staff in its use, but had no direct influence over the intended or actual duration of treatment, which was left to the discretion of staff and patients.

For all patients, initial assessment of the severity of drug and related problems was measured by the [European Addiction Severity Index](#) (EuropASI) interview schedule, covering: physical and psychological health; , education, work, and income; drinking and drug use; and legal and relationship problems. Patients randomly allocated to the [control](#) group simply carried on with treatment as usual, not [even](#) being asked to participate in the trial. The other roughly half of the patients were asked to join the trial and allocated to the feedback programme, involving making assessments and feeding the results back at the next counselling session, procedures which replaced the usual content of the sessions. Assessments were made of the patient's readiness to change their substance use, and later of the [resources](#) available to them (assessed by both counsellor and patient) to improve their lives, akin to the 'recovery capital' thought important in overcoming addiction. Also assessed were their wishes to change these areas of their life.

Assessments and feedback were repeated over treatment, offering opportunities to promote and assess therapeutic and personal progress.

In all 111 control group patients attended for initial assessment and 116 in the feedback programme, but 16 of the latter refused to participate in the feedback programme. Nevertheless their outcomes were included in the main analyses. Patients were typically young single men in their late twenties using cannabis, stimulants, and/or opiates, nearly half of whom were living with their parents.

In theory all the feedback assessments could be completed at least once in seven sessions, so the first yardstick was how many patients stayed for at least one further session – eight in all, not counting the initial assessment. In practice however, 90% of the assessment and feedback activities took place within the first 12 sessions, so completion of at least this number was chosen as the second outcome measure.

Main findings

On both yardsticks, 60% more feedback than control patients (53% v. 34% for eight sessions; 34% v. 21% for 12) were retained in treatment. For eight sessions this was also the case when the 16 who refused the feedback option were excluded from the calculations; for 12 sessions, excluding these patients meant feedback's advantage rose to 70%. All these differences were statistically significant.

The authors' conclusions

The use of assessment instruments with feedback directly to patients enhanced adherence in routine practice in the treatment of substance use disorder. Especially in the care of chronic conditions and mental health, this finding may inspire the broader field of health care to further elaborate continued measurement and outcome-feedback in daily practice.

FINDINGS It is not clear whether in order to complete the feedback programme, counsellors extended treatment and/or took more care to retain patients, or whether the impact of the feedback programme meant patients were keener to attend further sessions. Either way, the result was a substantial increase in the treatment 'dose' which together with a focus on personal and social resources had the potential to improve the young patients' prospects of overcoming their drug use problems.

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