



TREATMENT AT THERAPEUTIC COMMUNITIES AND DAY CARE CENTRES

A proposal for an evaluation method and some initial results

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EURO-TC SEMINAR: ADDICTION TREATMENT, STATE OF ART AND OUTLOOK

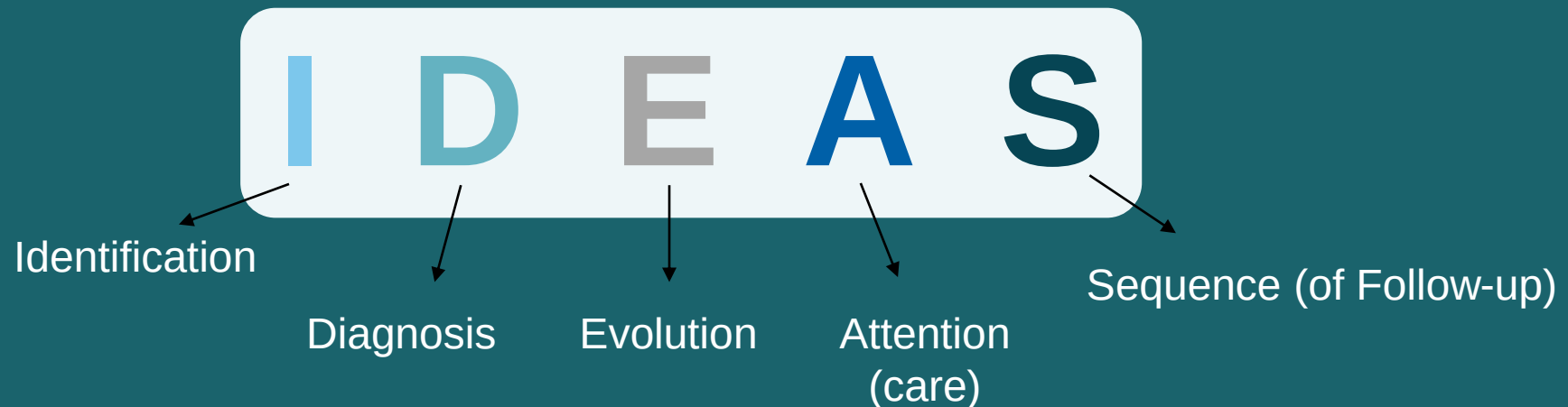
VENEZIA, 5 DECEMBER 2024

WHY THE NEED FOR SUCH A STANDARD EVALUATION METHODOLOGY?

- Verify the efficacy and effectiveness of **psycho-social intensive treatments**.
- Make possible to **combine data** from multiple centres, even from different regions or countries.
- Enable **comparisons** with other intervention methodologies.
- Learn about **best practices**, adapting the intervention to the individuals characteristics.
- **Improve** globally the treatments trough examining the **results** and their **interaction with several person-related variables of interest**.
- Guarantee intervention quality whilst **facilitating an structured daily professional practice** and, at the same time, responding to the specific demands of administrations or funding agencies.
- Because the need to have an evaluation system that allows **evidence-based decision making**.

OUR PROPOSAL:

- Data gathering system **linked-integrated with treatment steps and documents**
 - *Recording data regarding:*
- **I**dentification of the patient / user: name, I.D., age, gender, nationality...
- **D**agnosis: information about the addiction/s, psychosocial and medical precedents and consequences, data from test, evaluation scales, family and environment features...
- **E**volution: along the intervention: adherence, therapeutic alliance, cooperation of the family...
- **A**ttention (care) provided: type of treatment or support centres used, modalities, interventions of all kinds... (everything we can do supposed to influence results!!)
- **S**eguimiento (Spanish for “Follow-up”; may be “Sequence” in English?): Changes in the main results variables along the intervention and time after it.



INFORMATION FIELDS TO BE INCLUDED IN THE SYSTEM?

- Potentially thousands, therefore a **selection** must be made.
- May be structured in “**minimum quality**” / “**medium quality**” / “**High quality**” levels, depending on coverage and accuracy, and be used for different centres according to their possibilities.
- Personal data, sociodemographic data, for the records and to relate with treatments/results (sex / gender, address, relatives or contact persons, origin, cultural and religious background, identity documents, access to the health system, simultaneous treatment in other resources...)
- Medical and psychological data leading to a **comprehensive diagnosis** (not only “labelling”) ; special focus on **variables to be modified along the treatment** (drug use and dependence, quality of life, medical status and behaviour disorders, social integration, family relations, criminality...). Also variables interfering /helping (impulsivity, intellectual impairment...)
- All **significant process** data: types of centres participating in the individual care, length and intensity of treatments, approach used, professionals in charge (names, profession, specialization)

WHO HAS TO CARRY OUT THE EVALUATION PROCESS?

- Responsibility of **each Therapeutic centre / organisation / professional**
- Variable according the staff tasks distribution, but, e. g.:
 - **Administrative staff** gathering address, name, date of birth....
 - **Professional** making the **first contact** gathering main data about the demand, a prospective global diagnosis – orientation for the intervention, main points to have recorded just in case of early dropout...
 - **Health staff** gathering this type of data.
 - **Psychological staff** gathering psycho-social information
 - **Social workers** gathering social inclusion, education, work....
 - But also possible having an individual professional or **case manager** gathering all/almost all these...
- A **dedicated evaluation staff** has to follow up the process and verify that the data is recorded as foreseen, respecting timings, good understanding of criteria and directions...
- An (as much as possible) **automated system** may provide to the professionals feed back along the intervention (e.g., automated calculation of test results), and facilitate routine tasks (e.g., periodical reports may be required by authorities or funders sometimes)
- **Global results must be periodically provided to the centres and teams** about success / difficulties/ possible improvements arising from the data and its statistical analysis.

AN EXAMPLE OF DATA FROM OUR SYSTEM, SIX FIRST YEARS OF USE:

- We have data from our approximately **first 1.000 patients** (but in this analysis cases are only included **up to December 2023**), so around 900.
- Gathered with a **system under current reconsideration and improvements**, but already proved very useful as it is.
- Including both **self-designed** questionnaire/s or items and **international standards**: e.g. WHOQoL (WHO) for Quality of Life, Beck scale for depression, Barratt's inventory for Impulsivity, International Classification of Occupations, WHO ICD-10 Diagnostic labels..
- Initially information was recorded in **writing**, then transposed to data files. Now also **direct recording** through using **computers** and **tablets** (judged less intrusive in the interpersonal relationship).

This is a handwritten form titled "HISTORIAL EVALUACIÓN ESTANDARIZADA FASE FINAL". It contains various fields for patient information, including name, date of birth, and address. There are also sections for clinical history, diagnosis, and a list of symptoms or signs. The form is filled out with handwritten text.

This is a screenshot of a Microsoft Excel spreadsheet. The spreadsheet contains a large table with many columns and rows of data. The data appears to be organized into several sections, with some columns highlighted in yellow. The spreadsheet is titled "base datos EVALUACIÓN CENTROS ADICCIONES FSC".

This is a screenshot of a web application interface titled "FSC-Integración Bases de Datos". The interface shows a search bar and several tabs for different data categories. The main section displays a form for entering patient information, including fields for name, code, date of birth, and address. The form is titled "Personas atendidas por FSC".

SOME EXAMPLES OF VARIABLES WE ASSESS:

IDENTIFICATION variables	TRANSVERSAL variables	BIOLOGICAL variables	PSYCHOLOGICAL variables	SOCIAL variables
Sex and gender	Drug treatment history	Physical health status	Mental health care history	Housing/social support care history
Age	Drugs used	Relevant diseases diagnosed in lifetime	Mental health history and co-occurrent pathology	Social support network
Nationality	Injected consumption and risk practices	STD and other infections	Taking mental health medication	Emotional dependence
Reason of consultation	Pathological gambling	Health checks and vaccination	Mood, depression, bipolar disorder	Housing exclusion and homelessness
Modality of care	Chemsex practices	Taking health medication	Anxiety	Satisfaction with place of residence
Referral source	Route of administration	Allergies and intolerances	Psychotic disorders	Educational level and language skills
Identity documentation and health card	Craving	Special dietary requirements	Impulsivity and ADHD	Employment situation and employability
Contact information	Severity of dependence	Gynaecological health	Risk of suicide and self-harm	Financial situation and poverty assessment
Relatives and contact persons	Taking addiction medication	Relevant surgical procedures	Eating disorders	Socially non-integrated, risky and/or disruptive behaviours
Sexual orientation	Quality of life	Sexual risk practices	Post-traumatic stress disorder	Hazardous activities and accidents
Ethnicity	Stages of change	STI / unwanted pregnancy prevention methods	Personality	Criminality and prosecutions
Cultural and religious background	Treatment adherence	First medical examination	Coping strategies	Violence suffered and perpetrated in life
Simultaneous treatments in other resources	Therapeutical alliance	Personal hygiene	Cognitive impairment	Perceived stigma

OUR SAMPLE (AT PSYCHOSOCIAL INTENSIVE UNITS)

CENTRE	First assessment	Intermediate assessment	Final assessment	Extended assessment
Day Care Centre	150	112	111	-
Therapeutic Comm. (long stay, 6-7 month) – “Can Coll”	409	318	270	-
Therapeutic Comm. (short stay, 3 month) – “Riera Major”	335	-	256	-
<i>Social Inclusion homes post the short-stay T.C. (subjects are already included in the row above)</i>	-	-	100	25

NOTE: 100 patients coming from the short-stay TC went later to social inclusion homes. We have an assessment at their exit from those on 25 cases, recorded as “extended assessment”

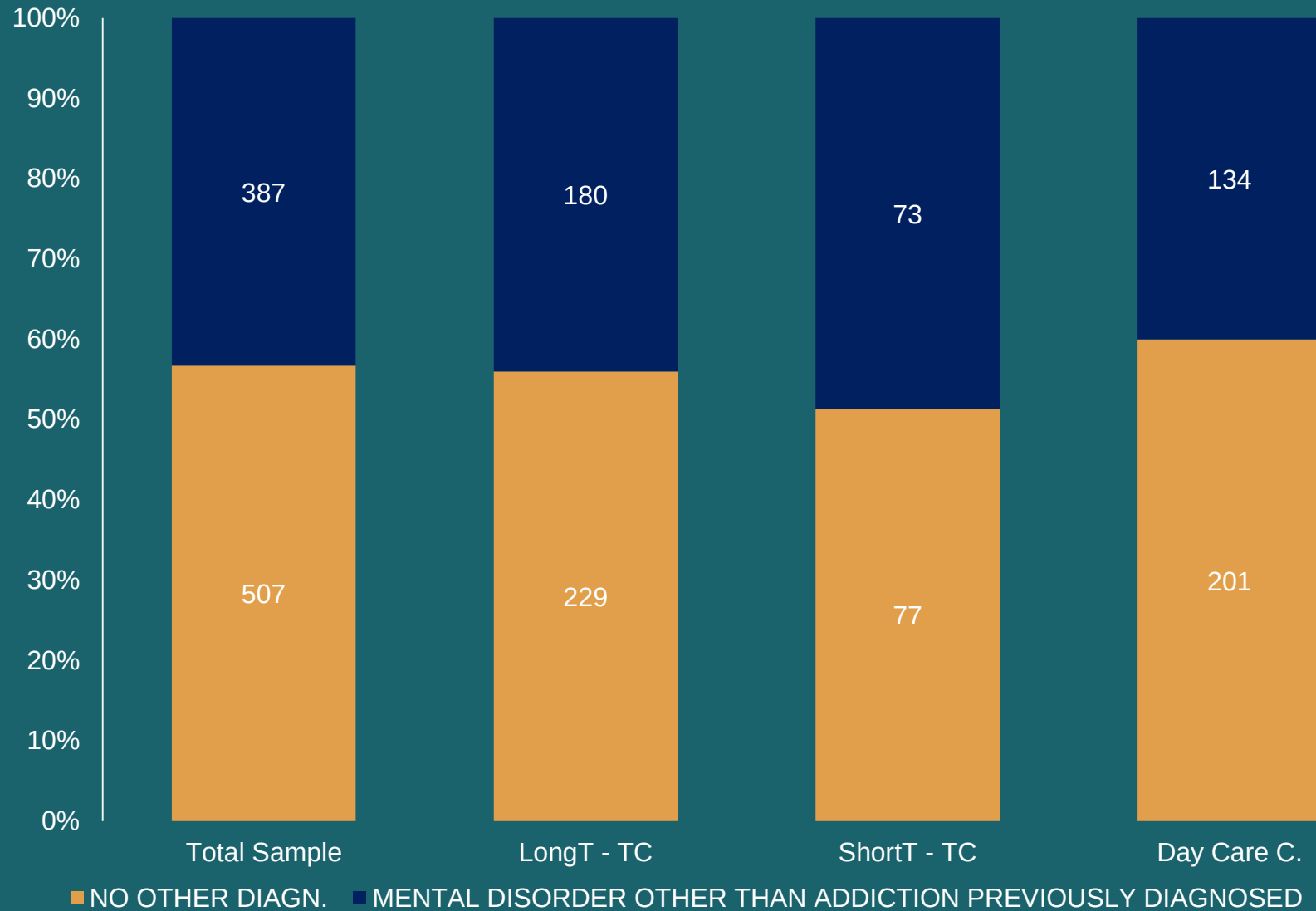
SAMPLE BY AGE

CENTRE	(18-31)	(32-39)	(40-45)	(46-75)	TOTALS
Day Care Centre	30	27	38	55	150
Therapeutic Comm. (long stay)	64	113	126	106	409
Therapeutic Comm. (short stay)	107	84	61	83	335
TOTALS	201	224	225	244	894

SAMPLE BY GENDER

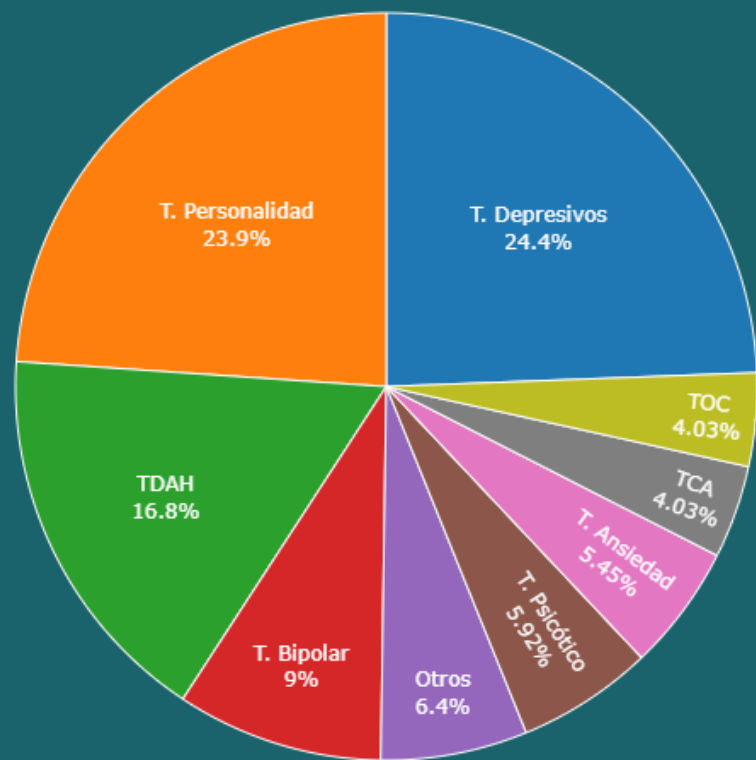
CENTRE	MEN	WOMEN	TOTALS
Day Care Centre	118	32	150
Therapeutic Comm. (long stay)	319	90	409
Therapeutic Comm. (short stay)	240	95	335
<i>Social Inclusion homes post T.C. (a part of those included in the row above)</i>	75	25	100
TOTAL	667	217	894

SAMPLE BY DOUBLE DIAGNOSIS AND CENTRE



MENTAL DISORDERS DIAGNOSED BEFORE ADMISSION

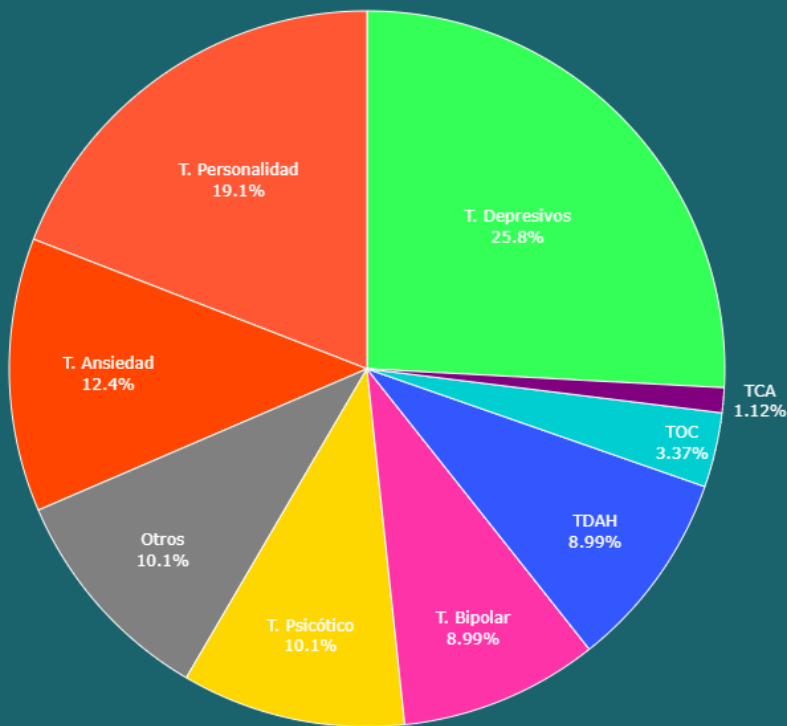
Type of disorder



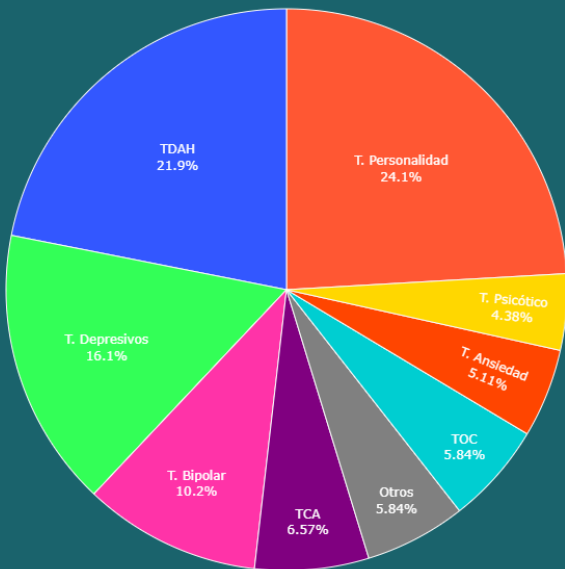
Category	N	(%)
Depressive	103	24.4
Personality D.	101	23.9
DAHD	71	16.8
Bipolar D.	38	9
Other D.	27	6.4
Psychotic D.	25	5.9
Anxiety D.	23	5.45
Anorexia/bulimia	17	4.02
Obsessive-comp.	17	4.02

PREVIOUS MENTAL DISORDERS, BY CENTRE

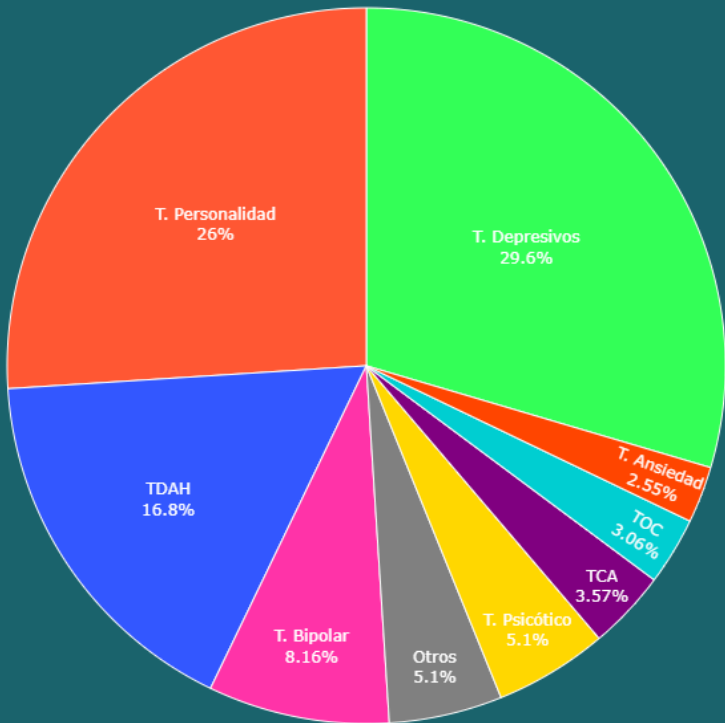
Day Care centre



Short Term TC

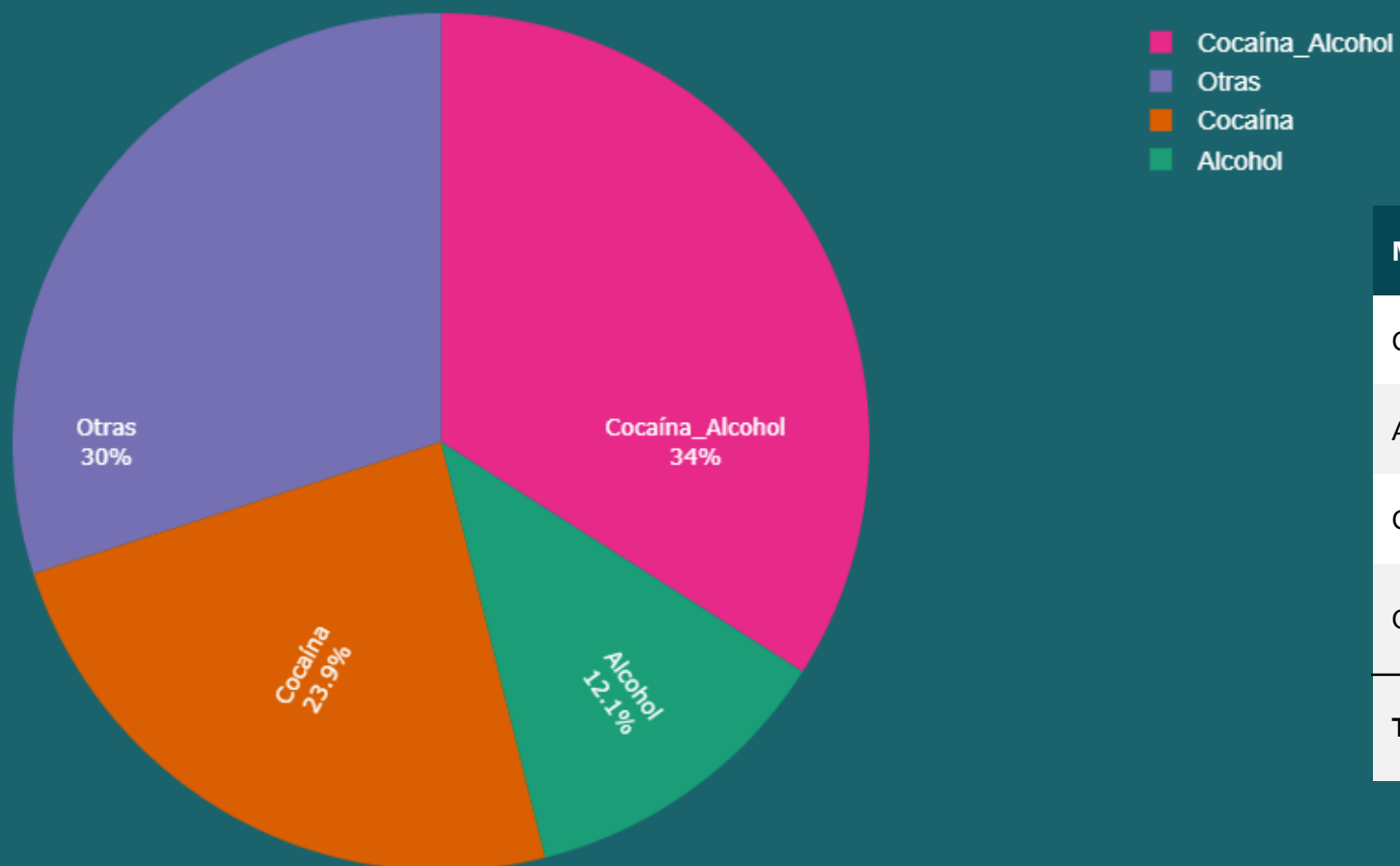


Long Term TC



SAMPLE BY “MAIN PROBLEMATIC DRUG”

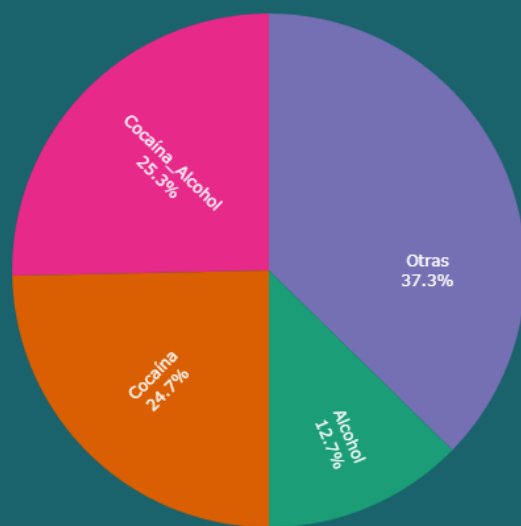
Main Drug Dependence originating treatment demand was /were...



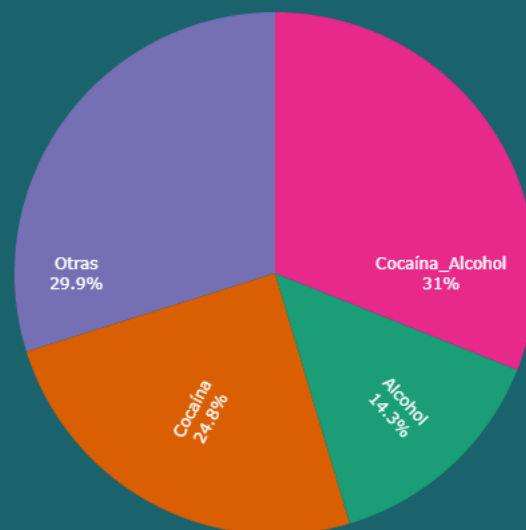
Main dependence/s	N	%
Cocaïne	214	23.9%
Alcohol	108	12.1%
Cocaïne and Alcohol	304	34%
Other	268	30%
TOTALS	894	100%

SAMPLE BY “MAIN” DRUG AND CENTRE

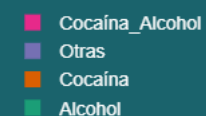
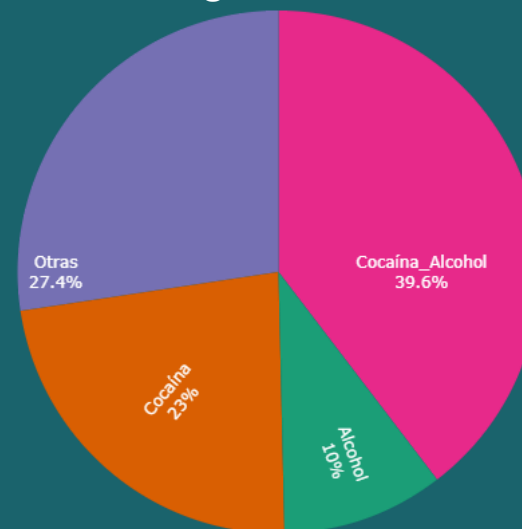
Day Care centre



Short Term TC



Long Term TC

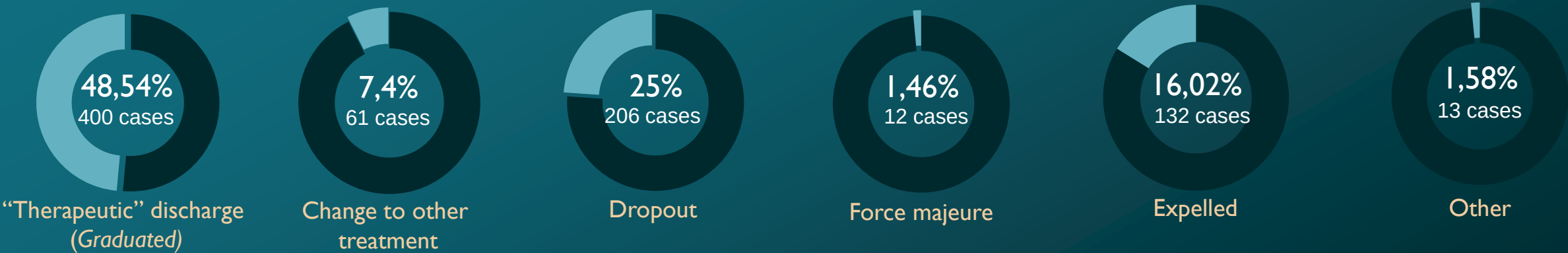


“Main” Drug	Frequency_DC	Frequency_ST_TC	Frequency_LT_TC
Cocaïne	37	83	94
Alcohol	19	48	41
Cocaïne + Alcohol	38	104	162
Other	56	100	112

REASONS FOR DISCHARGE - EXIT

By centre and treatment - assessment step

Total N with a recorded reason for exit-discharge : 824



Reason for exit	From admission to first complete assessment					From first assessment to Intermediate assessment					From intermediate assmt. to final/ discharge assessment				
	Day C	Long Term TC	Short Term TC	Sh-Term TC + inclusion home	TOT	Day C	Long Term TC	Short Term TC	Sh-Term TC + inclusion home	TOT	Day C	Long Term TC	Short Term TC	Sh-Term TC + inclusion home	TOT
Therap. discharge	7	-	6	3	16 5,61%	10	10	-	6	26 21,67%	19	130	196	13	358 85,44%
Changing treatment	8	9	7	6	30 10,53%	2	8	-	-	10 8,33%	1	3	14	3	21 5,01%
Dropout	18	84	39	13	154 54,03%	2	34	-	4	40 33,33%	1	2	9	-	12 2,86%
Force majeure	-	2	5	-	7 2,46%	-	-	-	-	0 0%	-	-	5	-	5 1,19%
Expelled	5	46	21	3	75 26,32%	2	35	-	2	39 32,5%	-	1	17	-	18 4,3%
Other	-	2	1	-	3 1,05%	1	4	-	-	5 4,17%	1	3	1	-	5 1,19%
TOTAL	38	143	79	25	285 100%	17	91	-	12	120 100%	22	139	242	16	419 100%

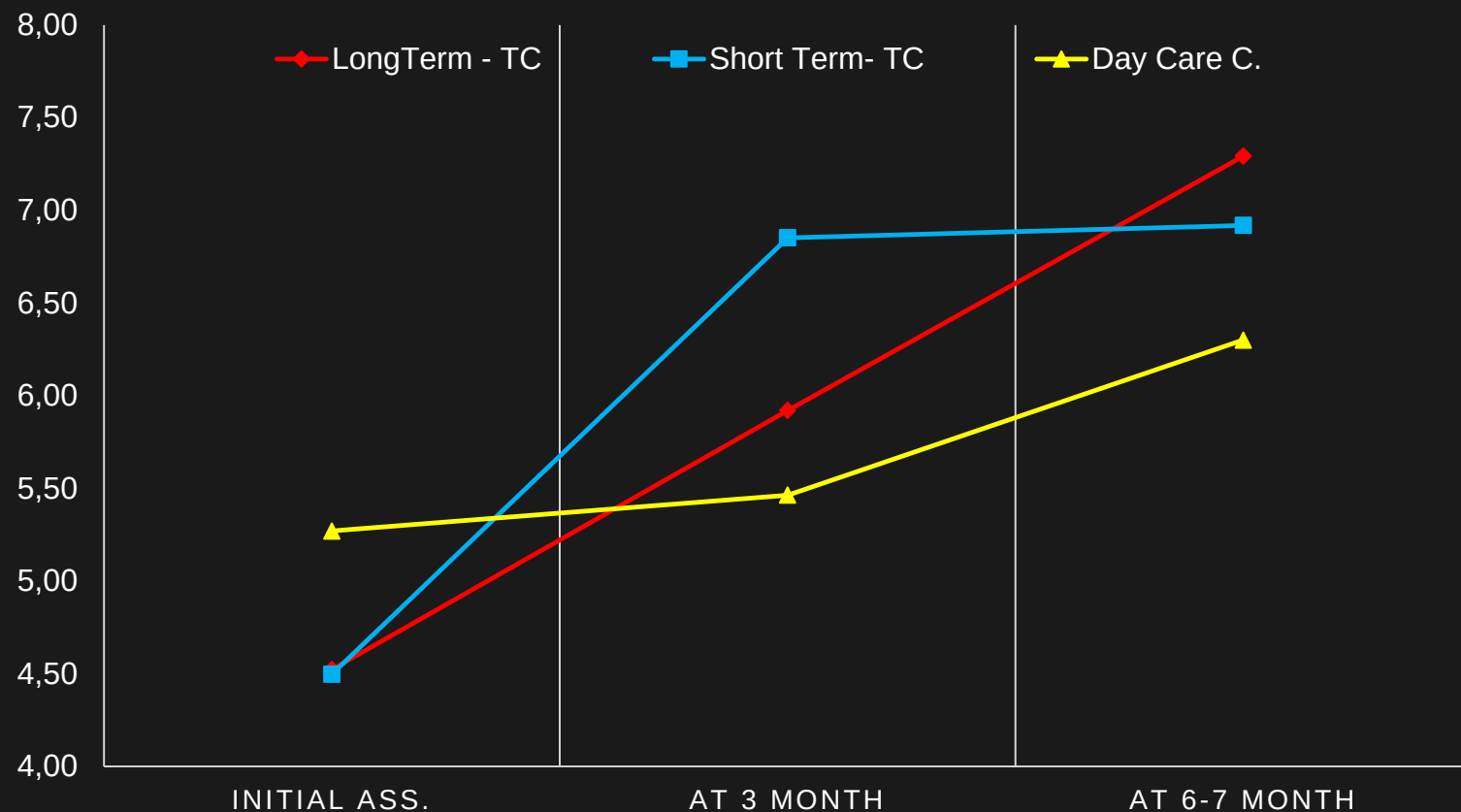
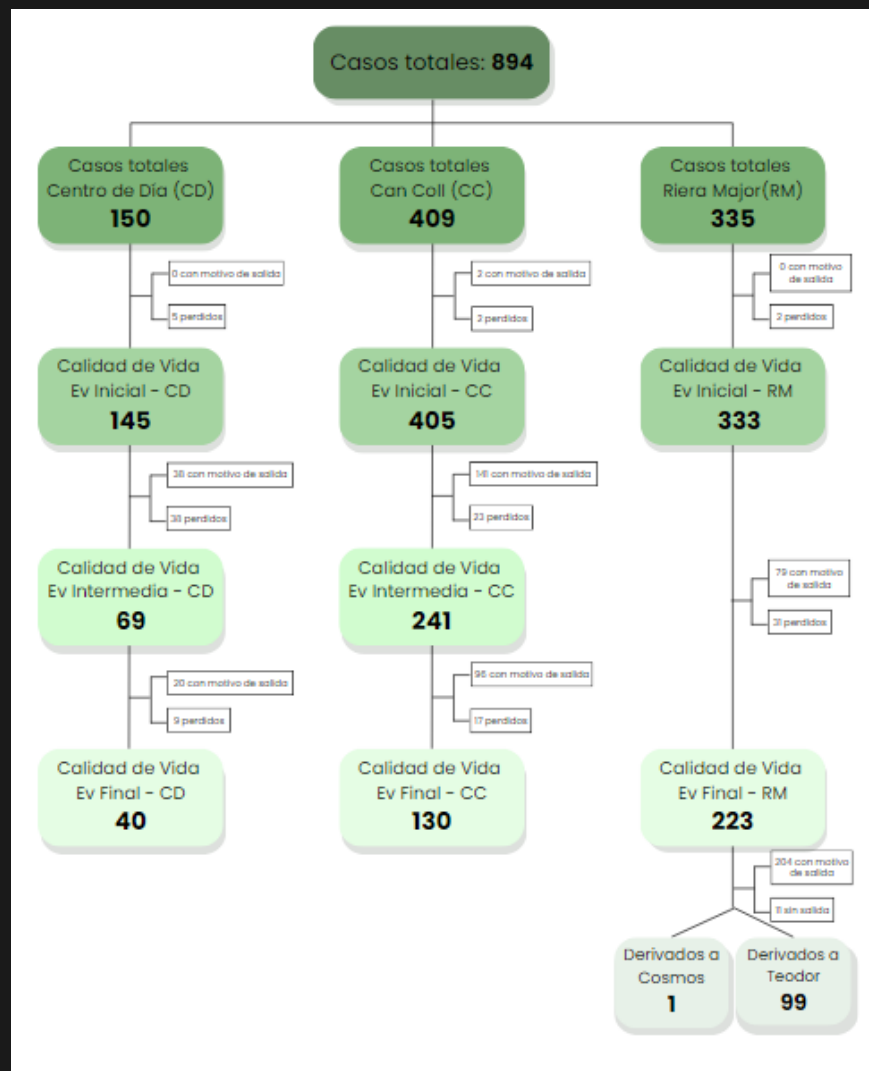
REASONS FOR DISCHARGE PER YEAR

Year of admission	Therap. discharge	Changing treatment	Voluntary Discharge	Dropout	Force majeure	Expelled	Other	TOTAL
2018	46 (37,1%)	8 (6,45%)	43 (34,7%)	2 (1,61%)	-	20 (16,1%)	5 (4%)	124 (100 %)
2019	71 (39,9%)	12(6,7%)	46 (25,8%)	5(2,8%)	4 (2,3%)	38 (21,4%)	2 (1,1%)	178 (100 %)
2020	74 (56,9%)	10 (7,7%)	23 (19,2%)	-	2 (1,5%)	19 (14,6%)	-	130 (100 %)
2021	81 (54,36%)	9 (6%)	27 (18,8%)	-	-	24 (16,1%)	5 (3,4%)	149 (100 %)
2022	63 (46,67%)	10 (5,18%)	35 (24,4%)	1 (0,74%)	3 (2,22%)	22 (16,29%)	6 (4,44%)	135 (100 %)
2023	65 (53,7%)	12 (8,8%)	23 (17,03)	1 (0,74%)	2 (1,48%)	16 (11,85%)	2 (1,48%)	121 (100 %)
TOTAL	400 (48,5%)	61 (7,4%)	197 (23,9 %)	9 (1,1%)	12 (1,5%)	132 (16%)	20 (2,4%)	824 (100 %)

CORRESPONDENCE BETWEEN SHORT AND LONG MEASUREMENT OF SOME VARIABLES

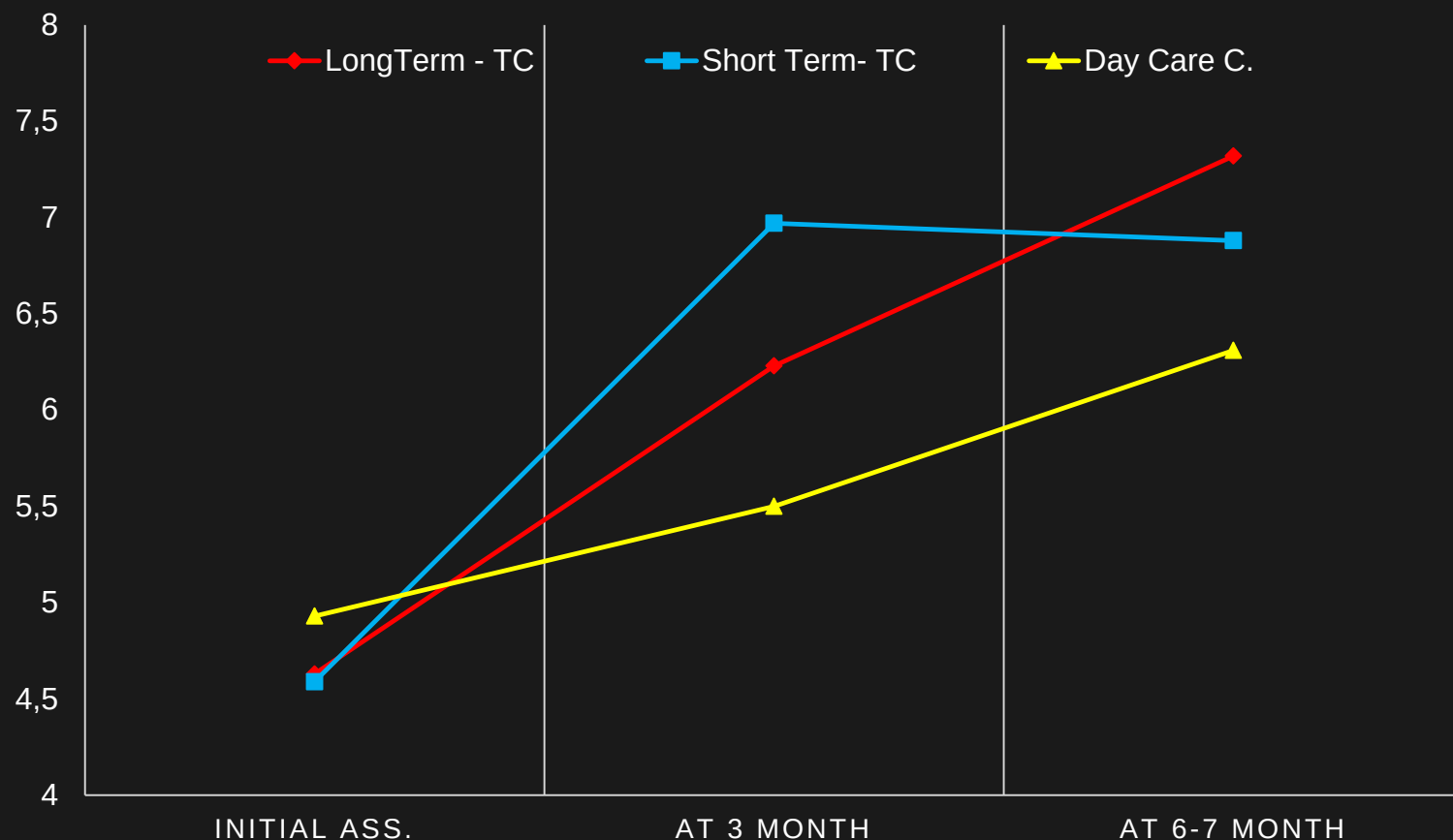
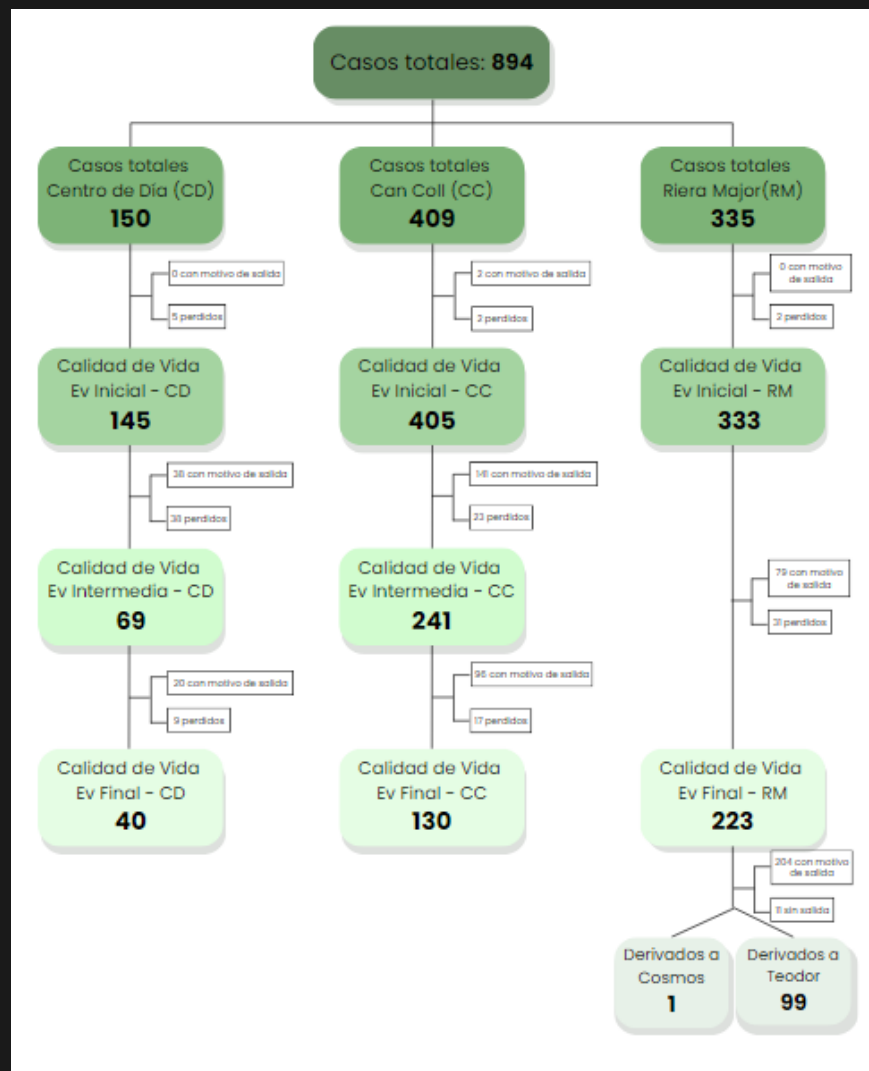
Short scales	Long test or scales	Pearson correlation	Significance
Quality of life	WHO-QoL- BREF	0.446	<0.01***
Mood	Beck Depression Inventory	-0.529	<0.01***
Anxiety	STAI (State-Trait Anxiety I.)	0.486	<0.01***

QUALITY OF LIFE (SHORT SCALE) ALONG THE TREATMENT PROCESS



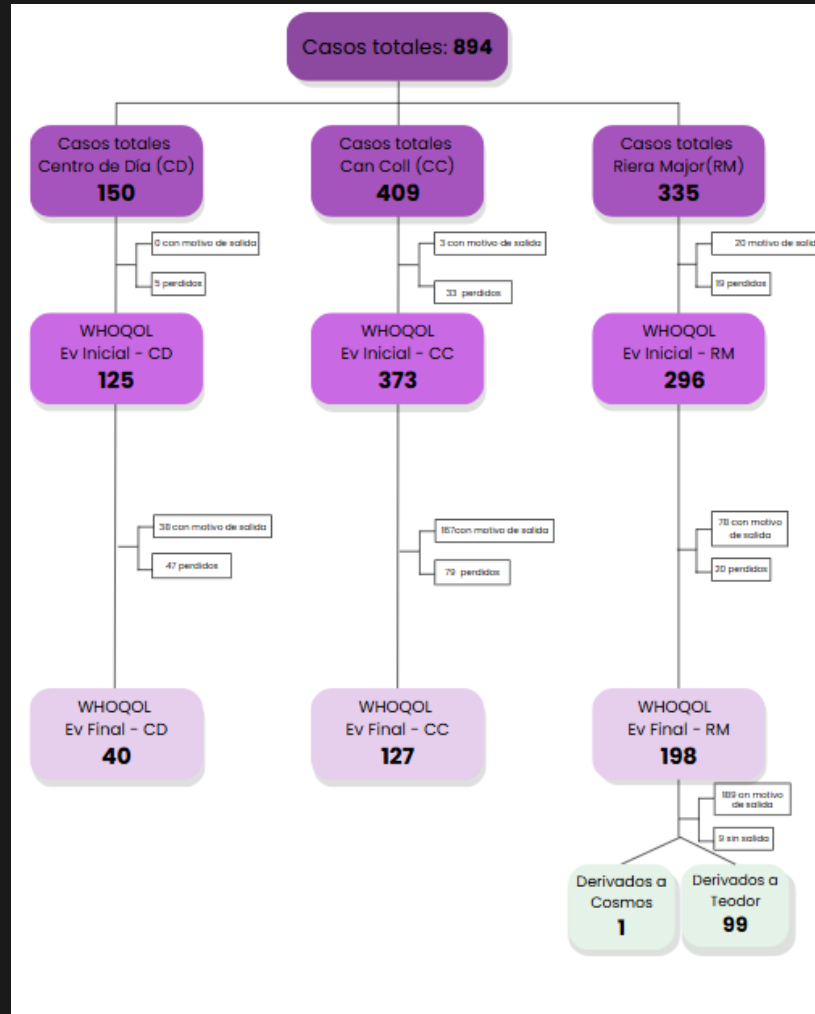
INITIALLY, at Day Care Centre patients better QoL; Later changes favour TCs; all differences significant

QUALITY OF LIFE ALONG THE TREATMENT PROCESS – PAIRED DATA

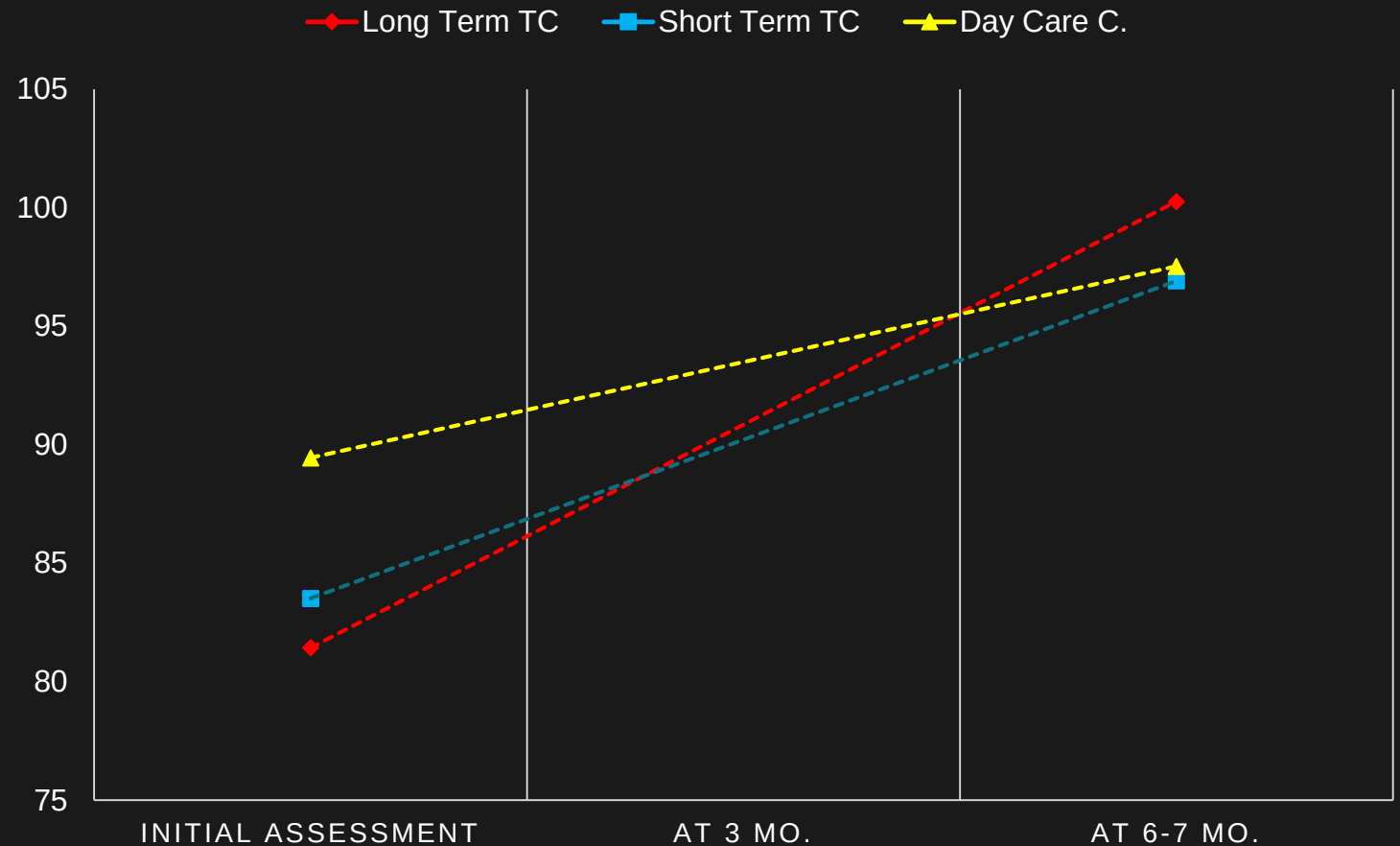


Analysis INCLUDING ONLY **paired data** at onset and 6-7 month (N=265) yield small differences, but trends are similar. Our short scale is used here.

WHOQOL ALONG THE TREATMENT PROCESS



WHOQOL MEAN SCORES



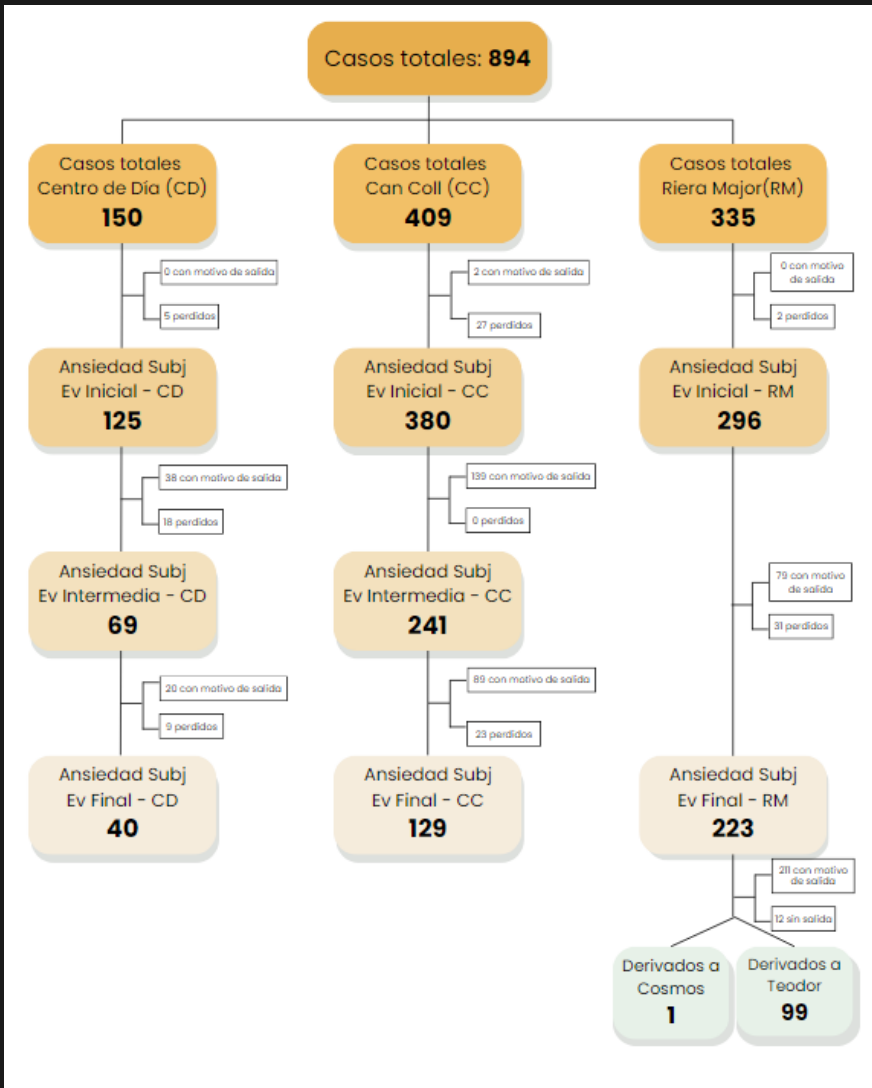
QoL in the initial assessment is better for the Day Care centre, further treatment at TCs balances results

QUALITY OF LIFE (SHORT SCALE) AND WHOQOL - EXAMPLE OF STATISTICAL ANALYSIS

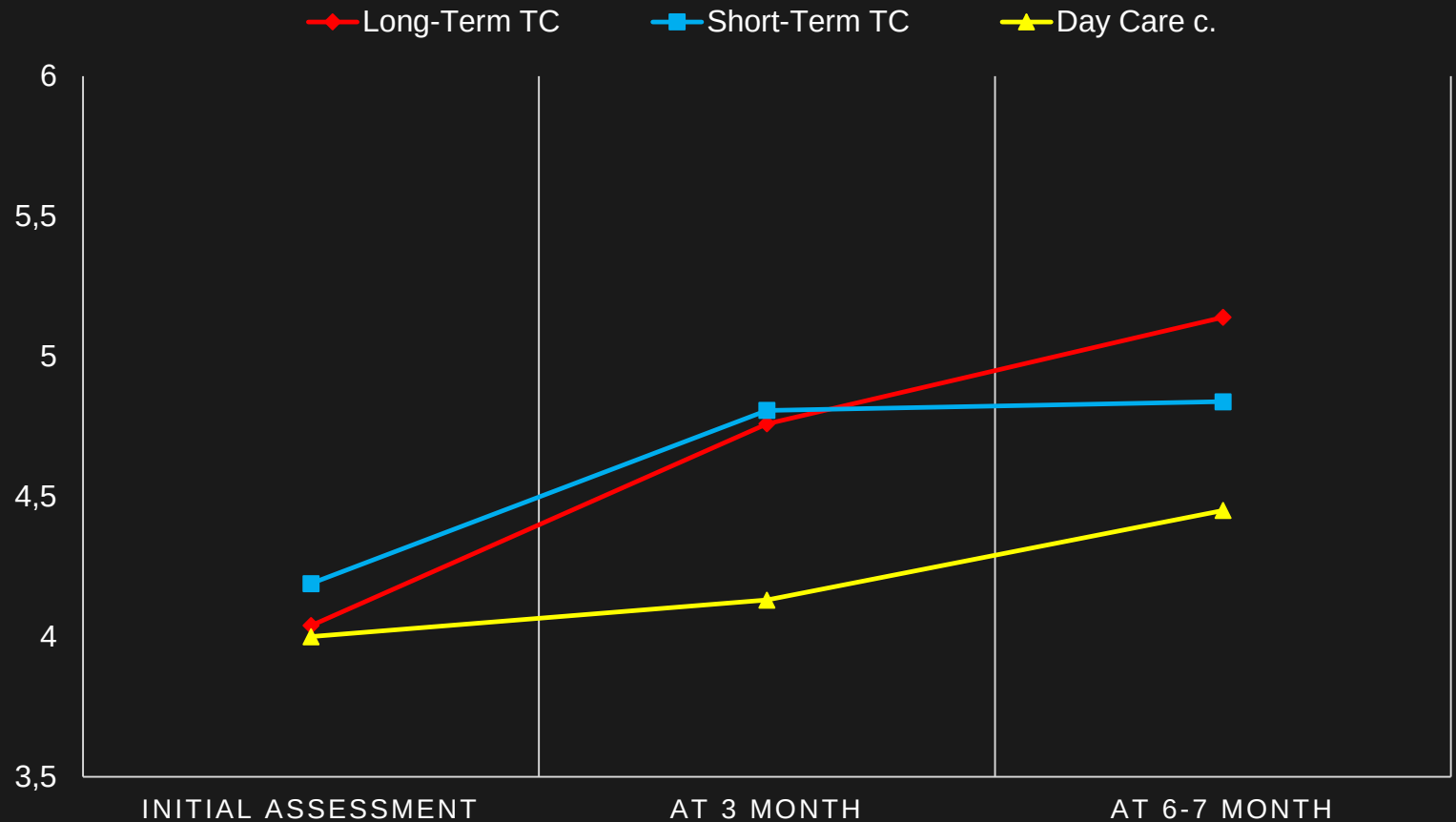
VARIABLES	MOMENTO	Sign. ANOVA	Sign. Supuesto Levene	¿ANOVA Robusto necesario? SI / NO	Grupos con Diferencias significativas
CALIDAD DE VIDA- QoL short scale	INICIAL	<0.01***	0.433	NO	CD - RM & CD - CC
	A LOS 3 MESES	<0.01***	<0.01***	SI	CD – CC & CD – RM & CC - RM
	A LOS 6 MESES	<0.01***	0.04136 *	SI	CD – CC & CD – RM & CC - RM
WHOQOL	INICIAL	<0.01***	0.6552	NO	CD – CC & CD – RM
	A LOS 3 MESES	-	-	-	-
	A LOS 6 MESES	0.226	0.1714	NO	-

VARIABLES	M. TEMPORAL	Centro Día (μ)	Can Coll (μ)	Riera Mayor (μ)	Centro Día (N)	Can Coll (N)	Riera Mayor (N)
CALIDAD DE VIDA (QoL short scale)	INICIAL	5.27	4.52	4.50	145	405	333
	A LOS 3 MESES	5.46	5.92	6.85	69	241	223
	A LOS 6 MESES	6.3	7.29	6.92	40	130	99
WHOQOL	INICIAL	89.4	81.4	83.5	125	373	296
	A LOS 3 MESES	-	-	-	-	-	-
	A LOS 6 MESES	97,5	100	96,9	40	127	98

TRANQUILITY – ANXIETY ALONG THE PROCESS

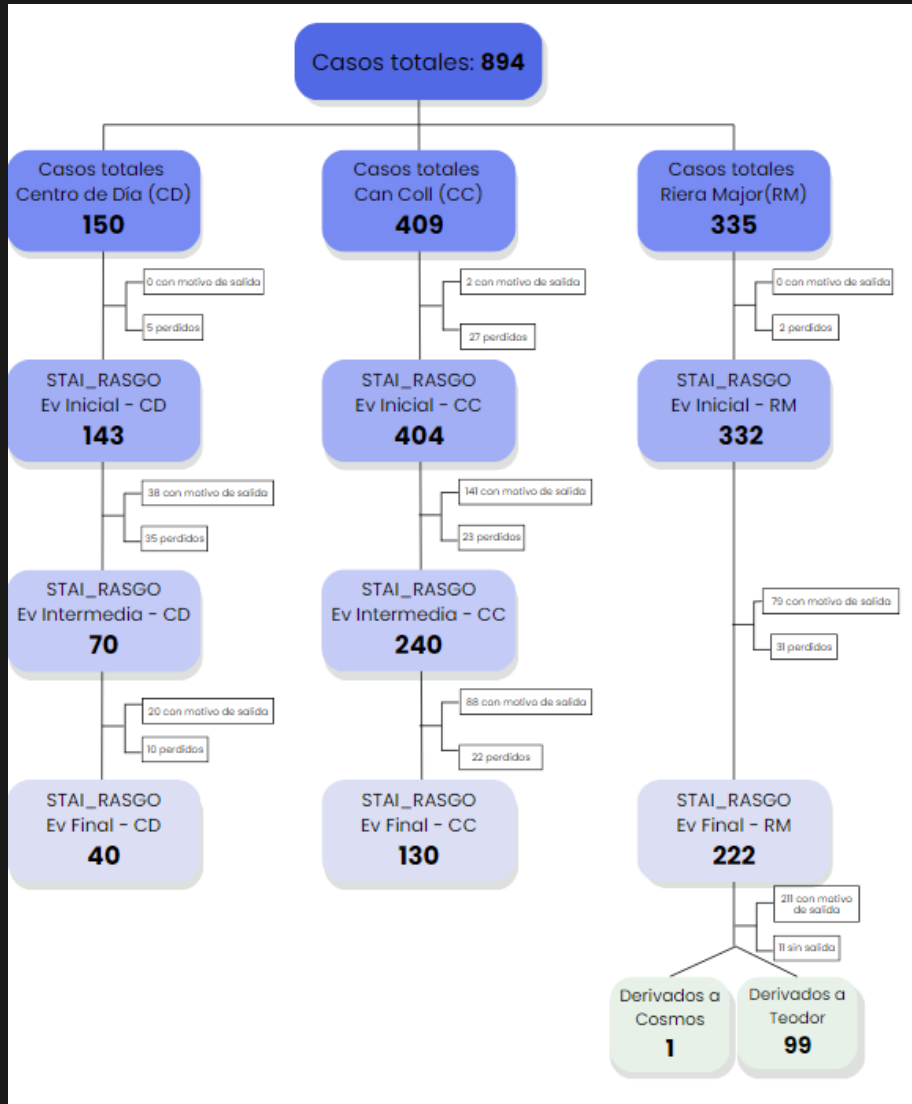


AVERAGE SCORES AT SHORT SCALE

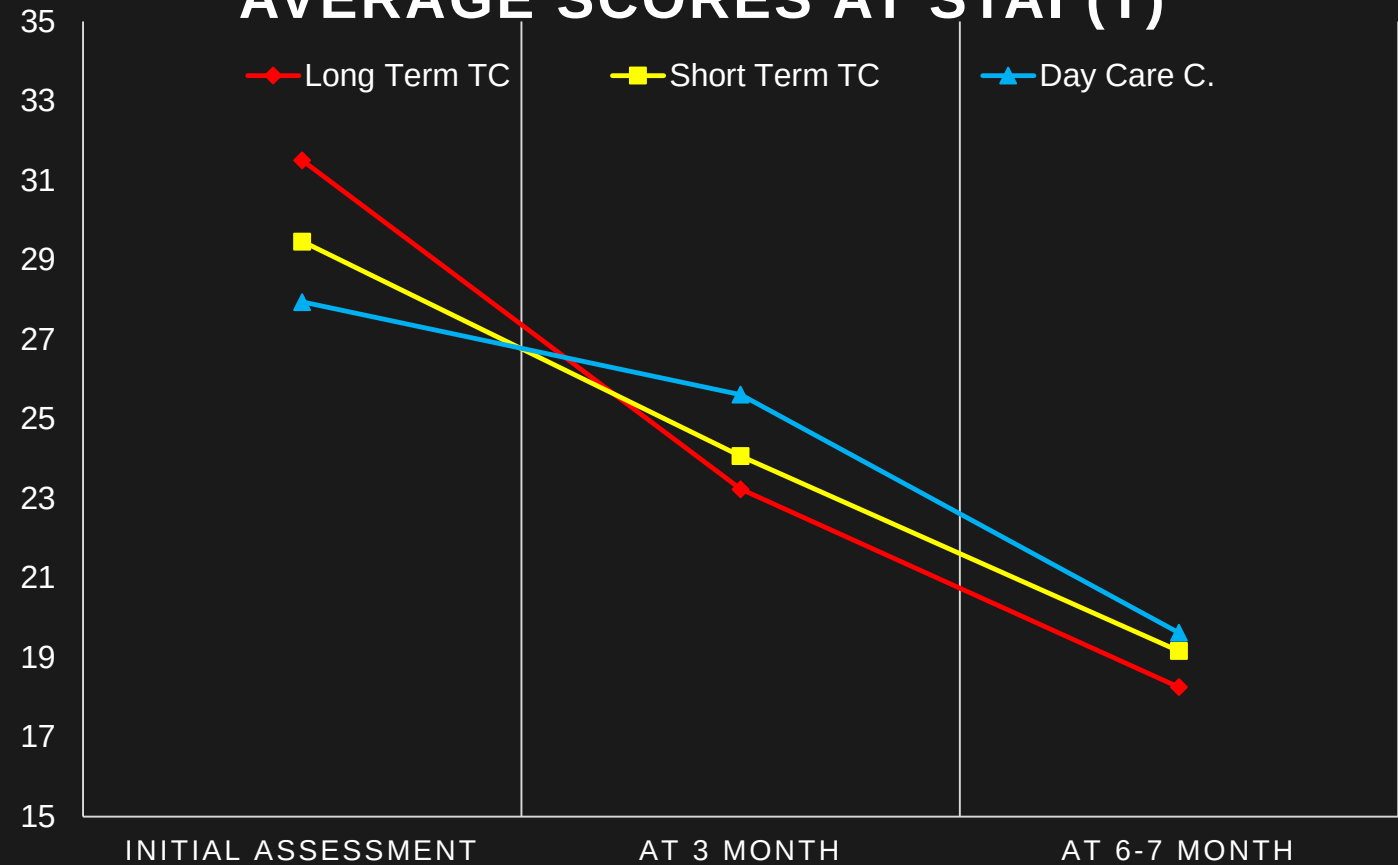


Initially, No differences between centers; Later evolution favour TCs;
No differences between TCs – lower scores imply more anxiety

ANXIETY (TRAIT) ALONG THE PROCESS

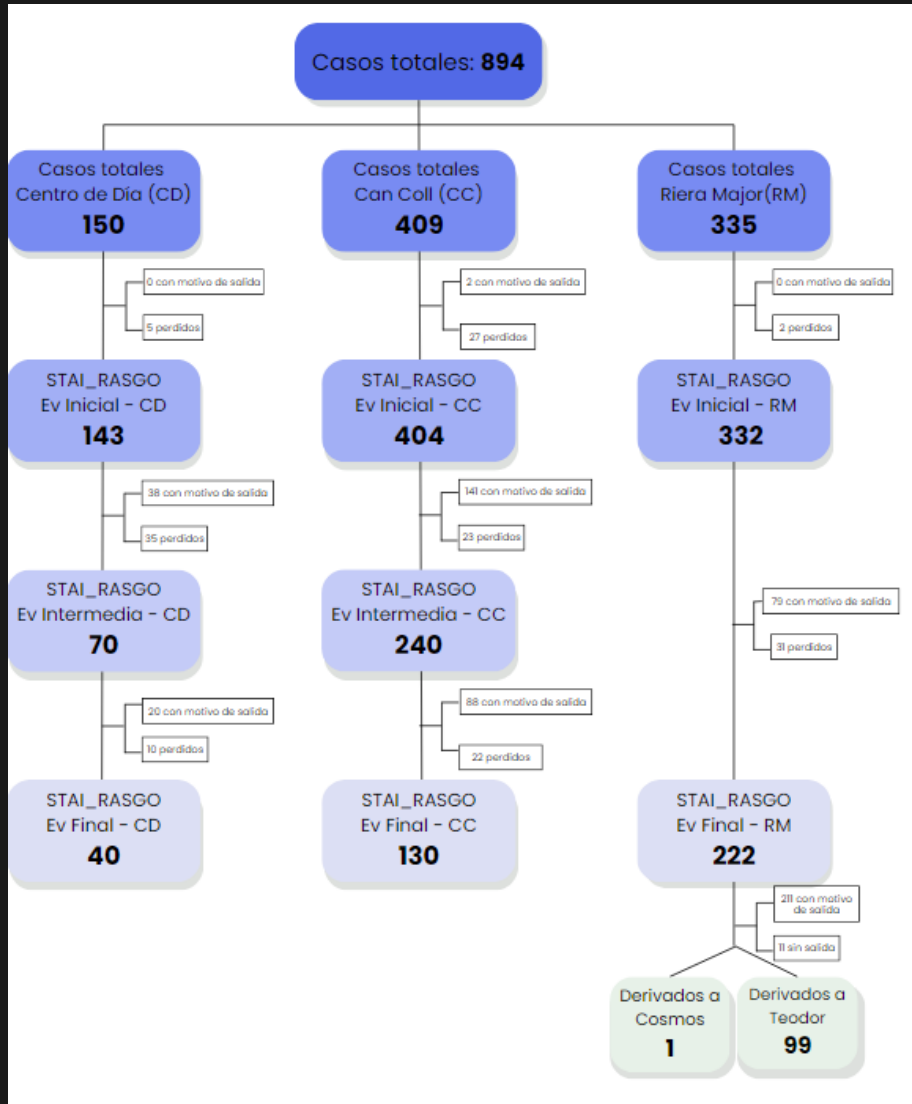


AVERAGE SCORES AT STAI (T)

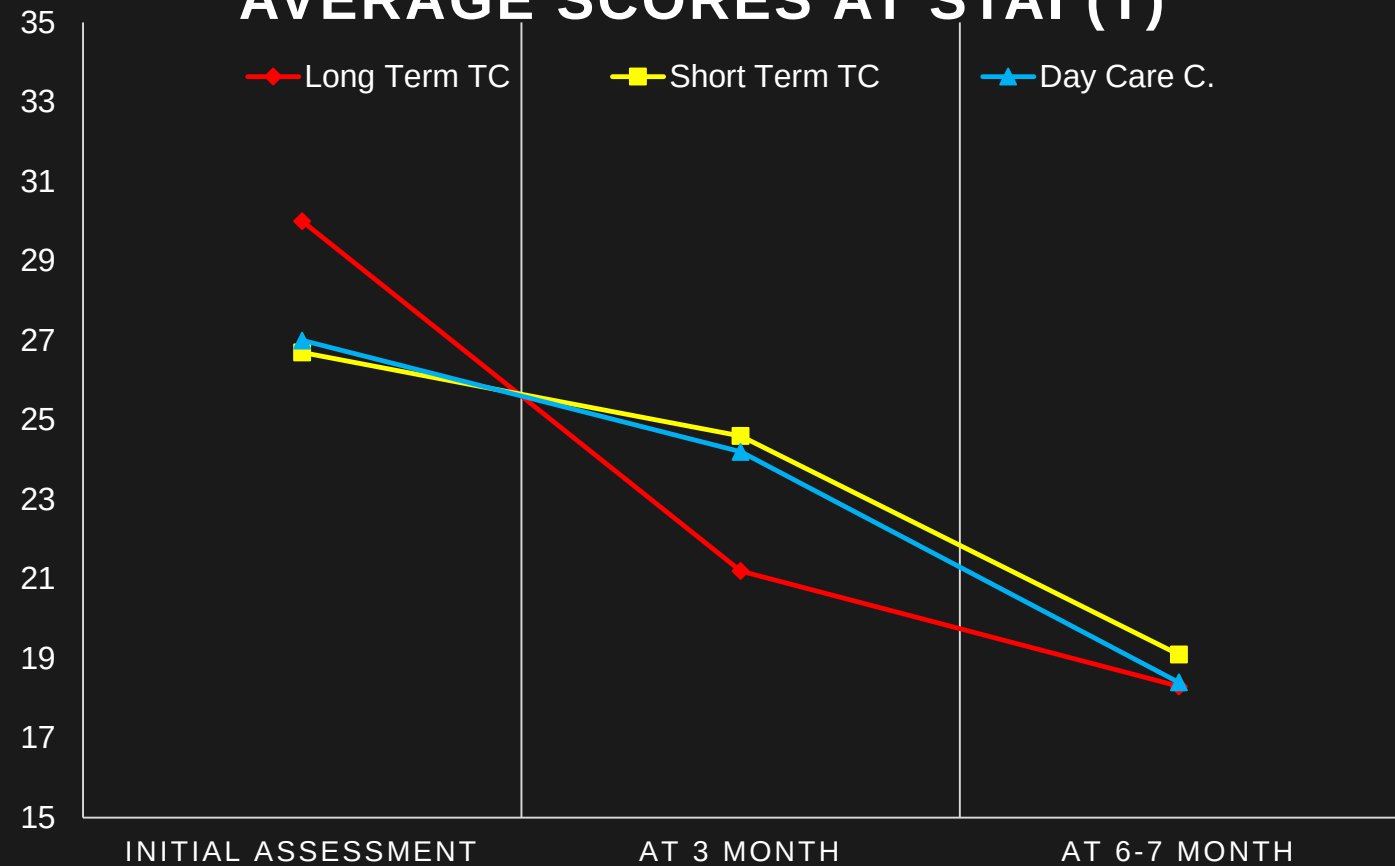


Slightly lower initial anxiety within DC patients. Similar progress in all centres; no difference among them proved significant later on.

ANXIETY (TRAIT) ALONG THE PROCESS – PAIRED DATA



AVERAGE SCORES AT STAI (T)



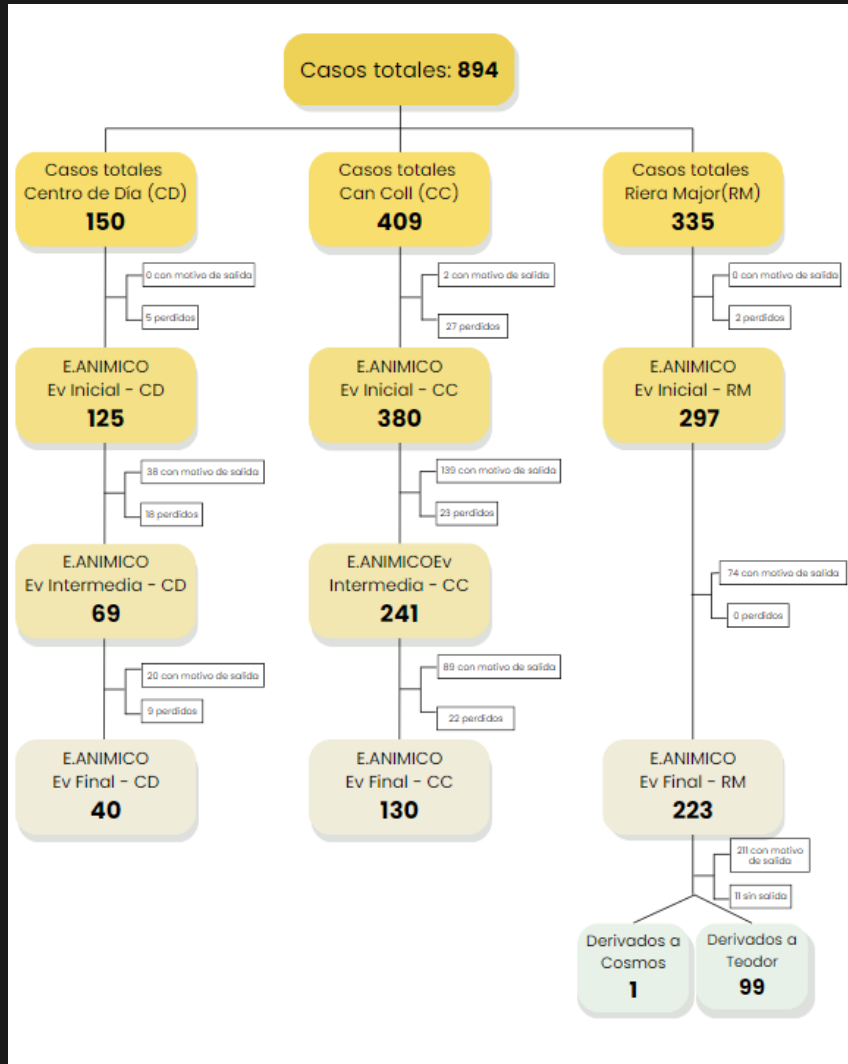
Analysis with paired data (N=270) Similar progress in all centres; Little different pattern for the Long Term TC.

MAIN STATISTICAL ANALYSIS :ANXIETY (TRAIT) AT STAI TEST

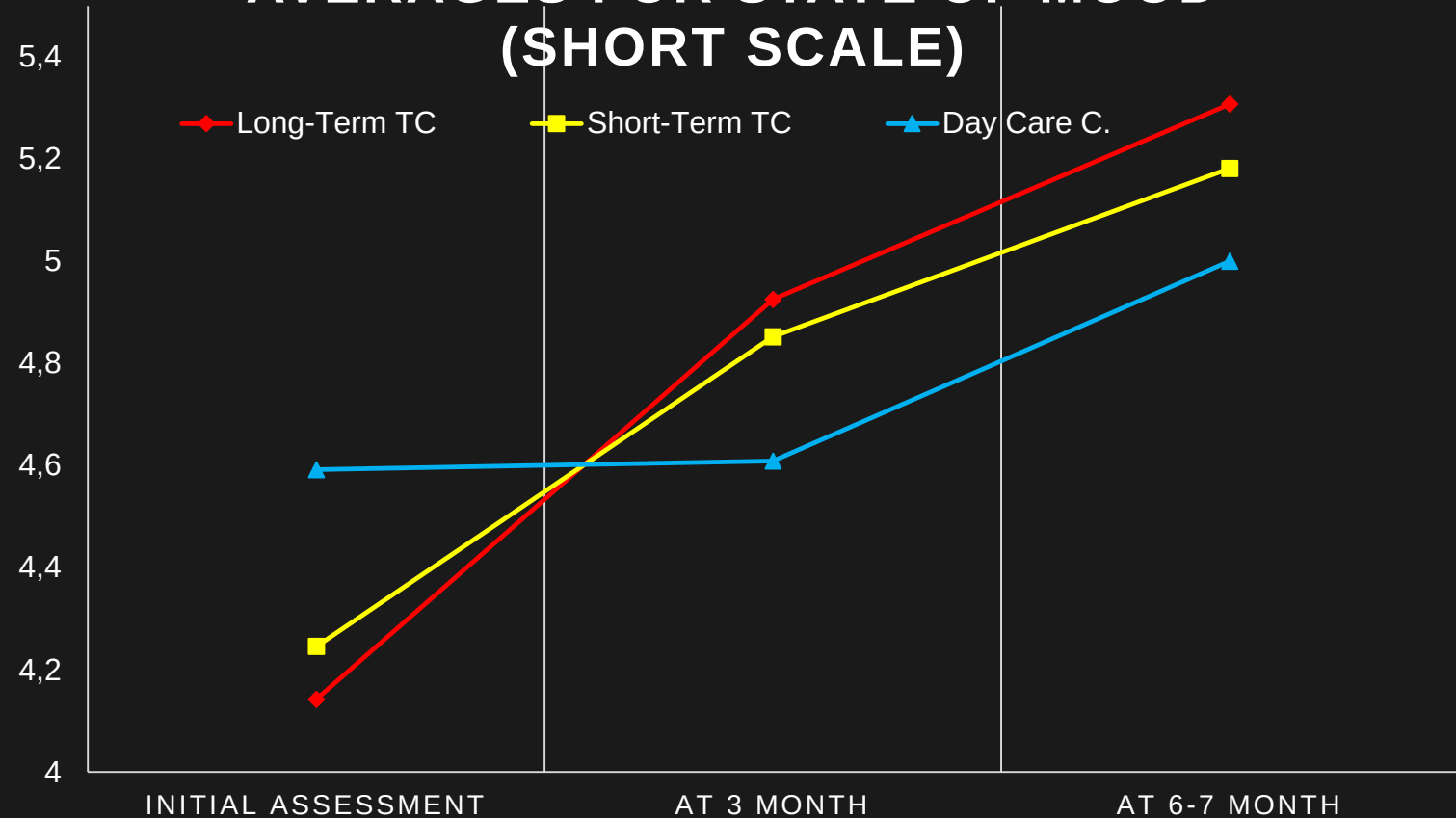
VARIABLES	M. TEMPORAL	Sig. ANOVA	Sig. Supuesto	ANOVA Robusto SI / NO	Grupos con Diferencias significativas
ANSIEDAD SUBJETIVA	INICIAL	0.247	0.3991	NO	-
	A LOS 3 MESES	<0.01***	0.9825	NO	CD – CC & CD – RM
	A LOS 6 MESES	0.00486 **	0.05425	NO	CD - CC
STAI – RASGO (TRAIT)	INICIAL	<0.01***	0.915	NO	CD – CC & CD - RM
	A LOS 3 MESES	0.2438	<0.01***	SI	-
	A LOS 6 MESES	0.63	0.07	NO	-

VARIABLES	M. TEMPORAL	Centro Día (μ)	Can Coll (μ)	Riera Mayor (μ)	Centro Día (N)	Can Coll (N)	Riera Mayor (N)
ANSIEDAD SUBJETIVA	INICIAL	4	4.04	4.19	125	380	296
	A LOS 3 MESES	4.13	4.76	4.81	69	241	223
	A LOS 6 MESES	4.45	5.14	4.84	40	129	100
STAI – RASGO (TRAIT)	INICIAL	27.9	31.5	29.5	143	404	332
	A LOS 3 MESES	25.6	23.2	24.1	70	240	222
	A LOS 6 MESES	19.6	18.3	19.2	40	130	100

STATE OF MOOD ALONG THE PROCESS

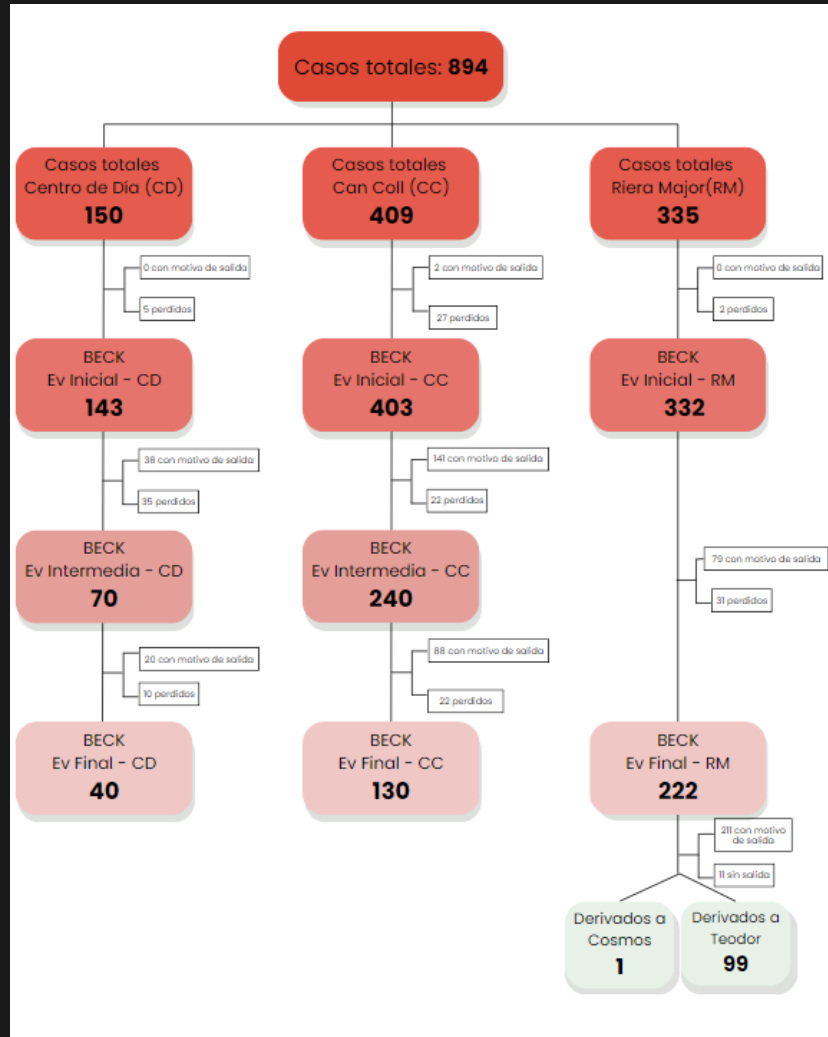


AVERAGES FOR STATE OF MOOD (SHORT SCALE)

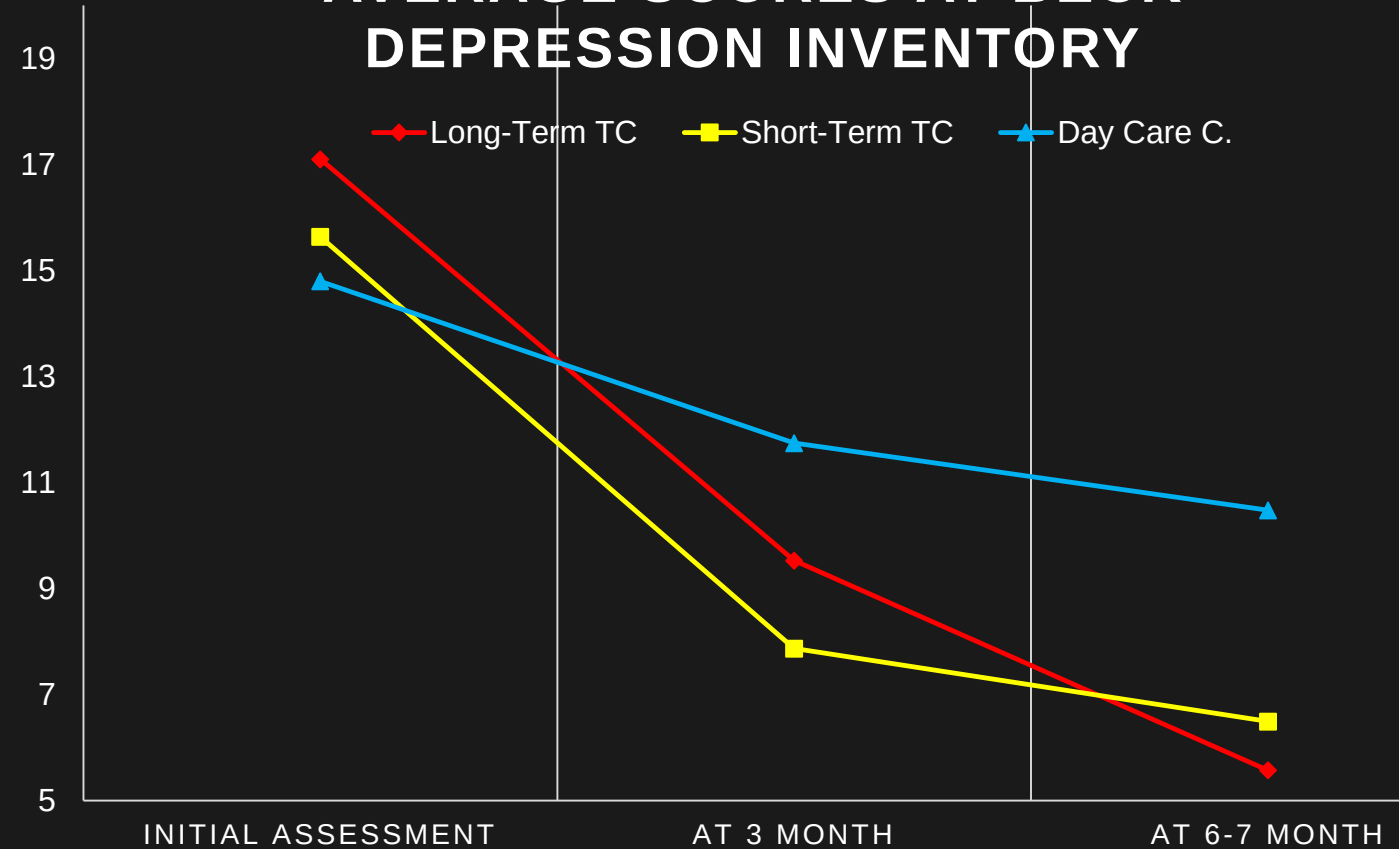


Initially, better state of mood among Day Centre patients; later, all of them similarly improved

BECK DEPRESSION SCALE ALONG THE PROCESS

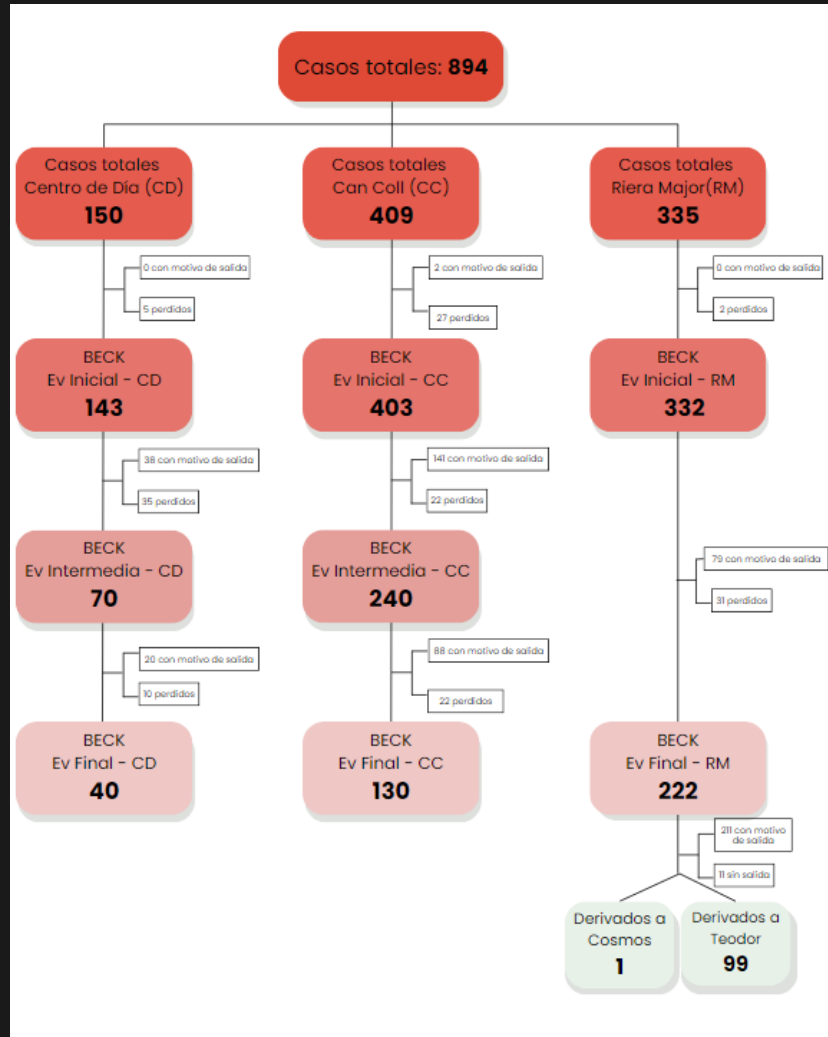


AVERAGE SCORES AT BECK DEPRESSION INVENTORY

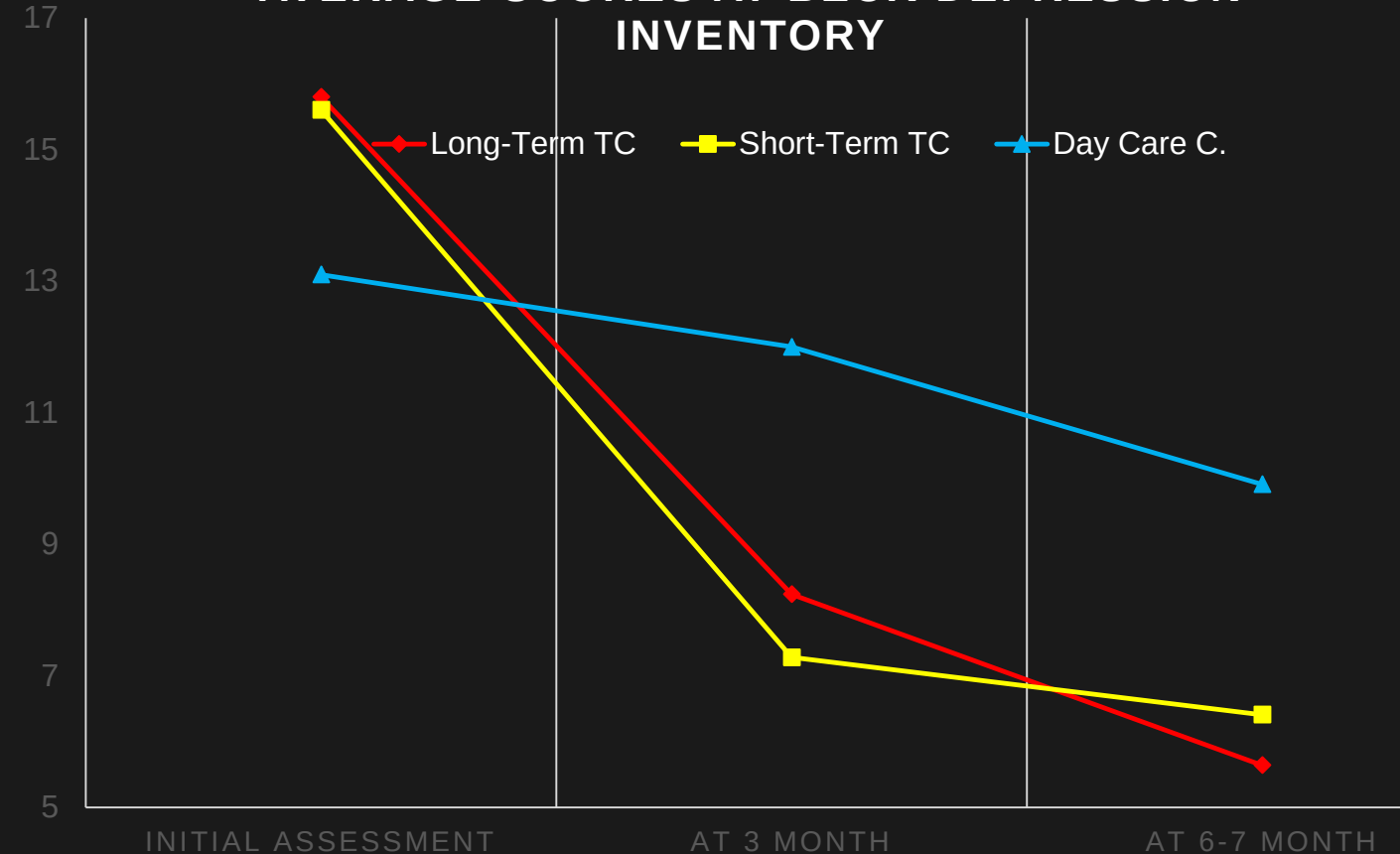


Initially, Day C users less depressed; later evolution favours TC and the trend is reversed.

BECK DEPRESSION SCALE ALONG THE PROCESS – PAIRED DATA

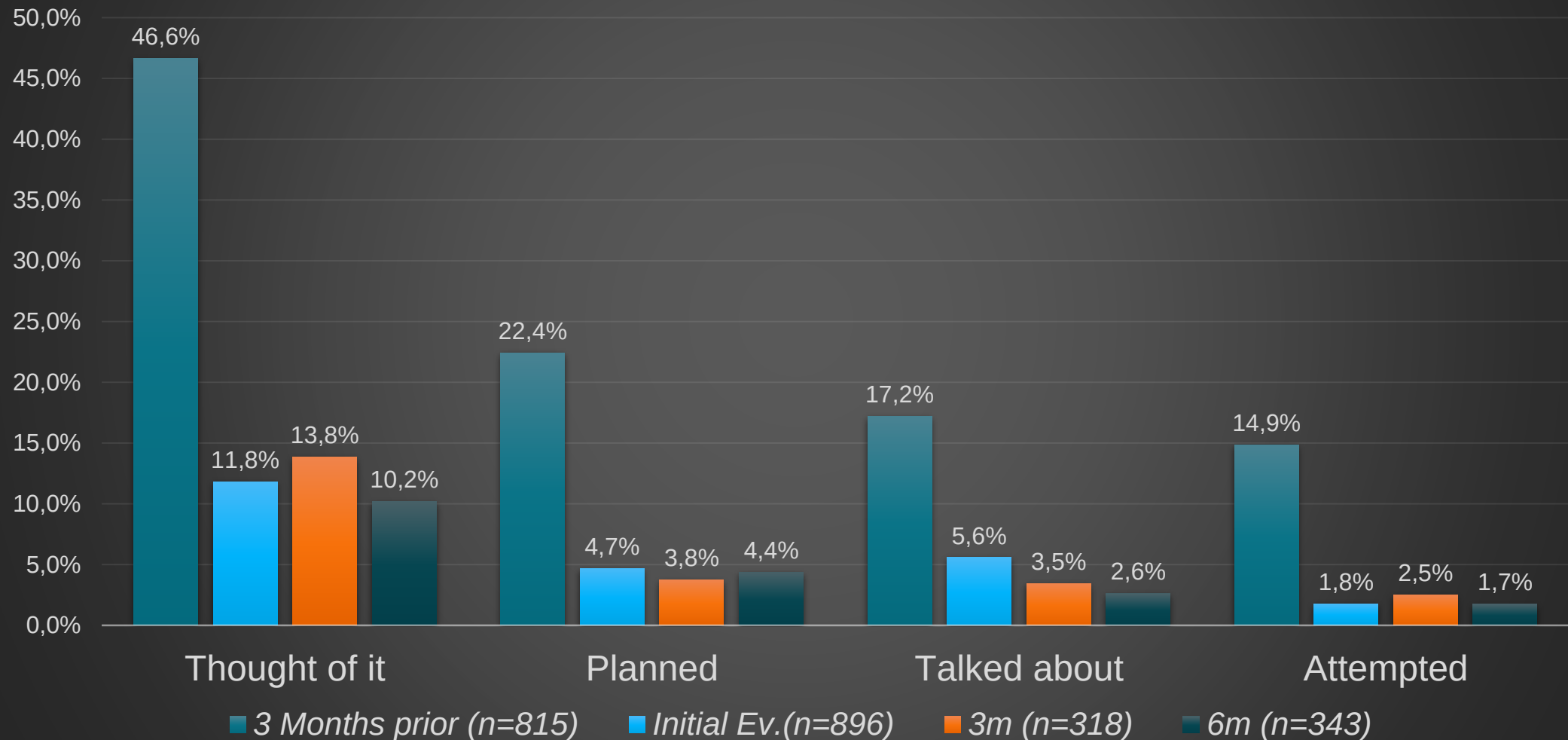


AVERAGE SCORES AT BECK DEPRESSION INVENTORY



Analysis with paired data: (N=270) Initially, Day Centre users less depressed; later evolution favours TC and the trend is reversed.

% respondents who say “yes” when asked about different aspects of suicide risk assessment

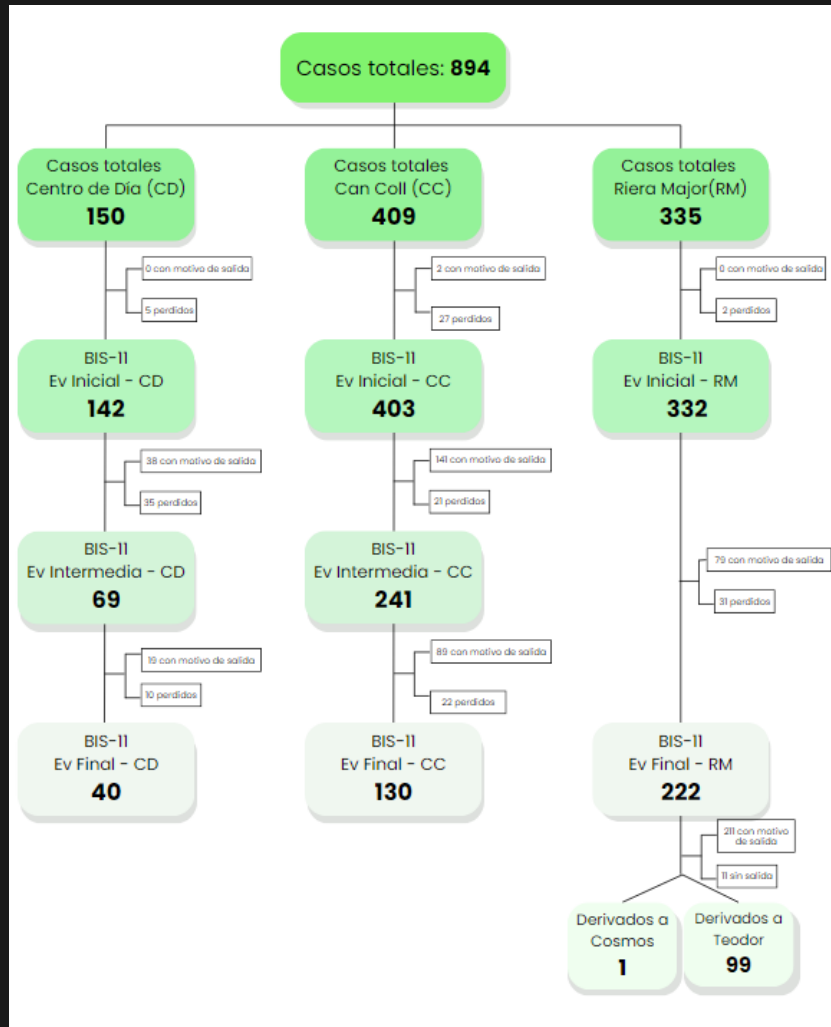


STATE OF MOOD AND BECK DEPRESSION INVENTORY - STATISTICAL ANALYSIS

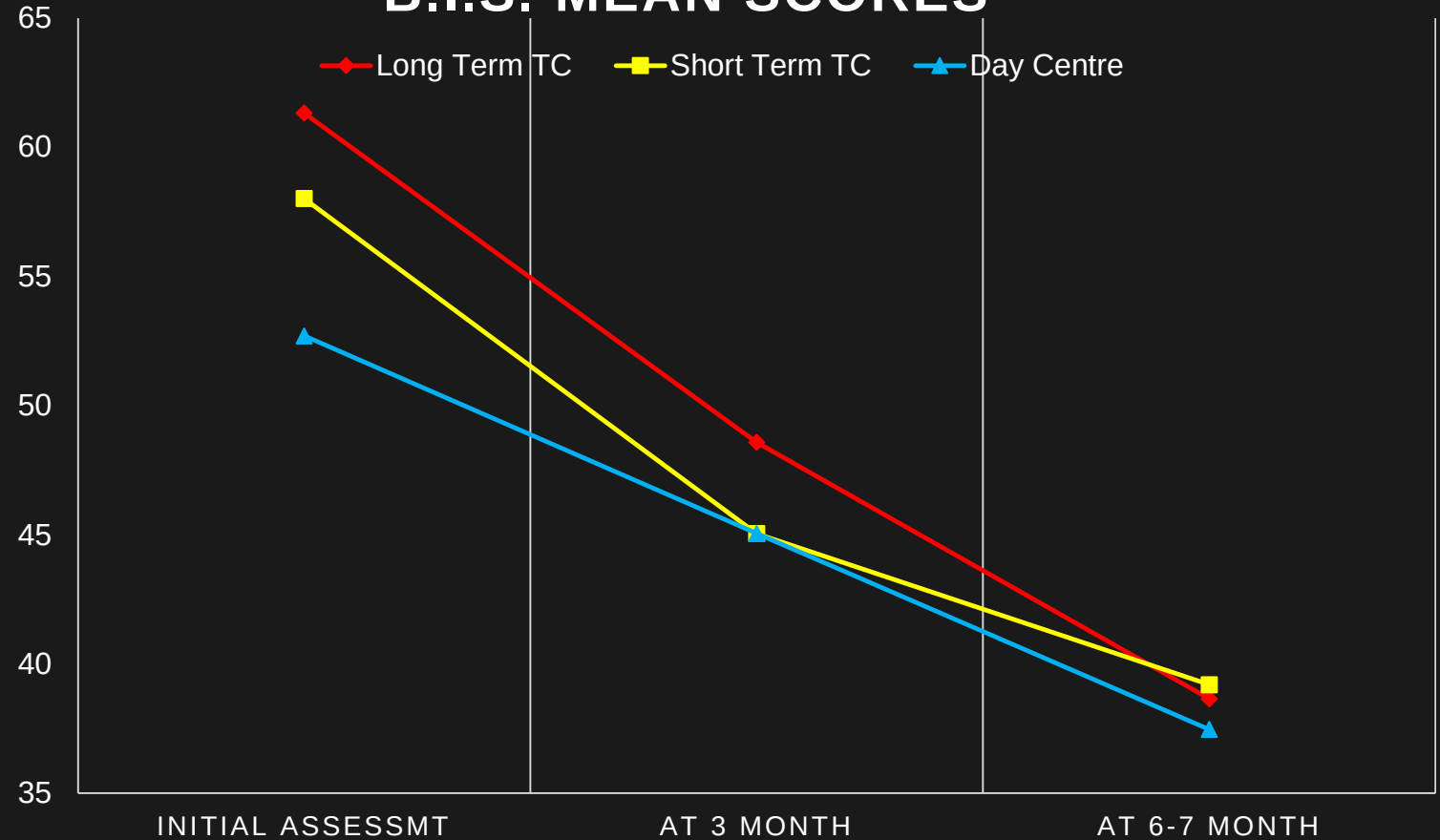
VARIABLES	MOMENT	SigN. ANOVA	Sig. Supuesto Levene	ANOVA Robust needed? SI / NO	Grupos con Diferencias significativas
ESTADO ANÍMICO – STATE OF MOOD	INICIAL	0.00211 **	0.06129	NO	CD - RM & CD - CC
	A LOS 3 MESES	0.171	0.3021	NO	-
	A LOS 6 MESES	0.4157	0.004236 **	SI	-
BECK	INICIAL	0.0325 *	0.3903	NO	CD – CC
	A LOS 3 MESES	0.002388	0.01593 *	SI	CD – RM
	A LOS 6 MESES	0.0217	0.01438 *	SI	CD – CC & CD - RM

VARIABLES	MOMENT	Centro Día (μ)	Can Coll (μ)	Riera Mayor (μ)	Centro Día (N)	Can Coll (N)	Riera Mayor (N)
ESTADO ANÍMICO – STATE OF MOOD	INICIAL	4.59	4.14	4.25	125	380	297
	A LOS 3 MESES	4.61	4.93	4.85	69	241	223
	A LOS 6 MESES	5	5.31	5.18	40	130	99
BECK	INICIAL	14.8	17.1	15.6	143	403	332
	A LOS 3 MESES	11.7	9.53	7.87	70	240	222
	A LOS 6 MESES	10.5	5.57	6.49	40	130	98

BARRATT IMPULSIVITY SCHEDULE (BIS-11) EVOLUTION

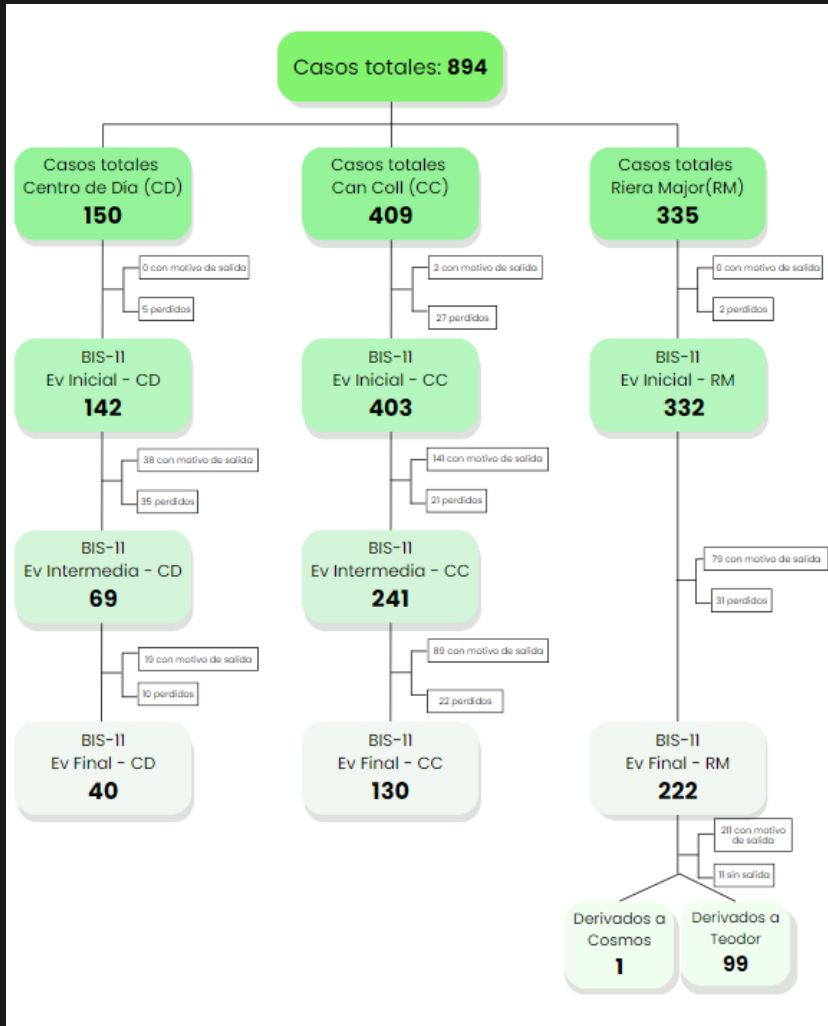


B.I.S. MEAN SCORES –

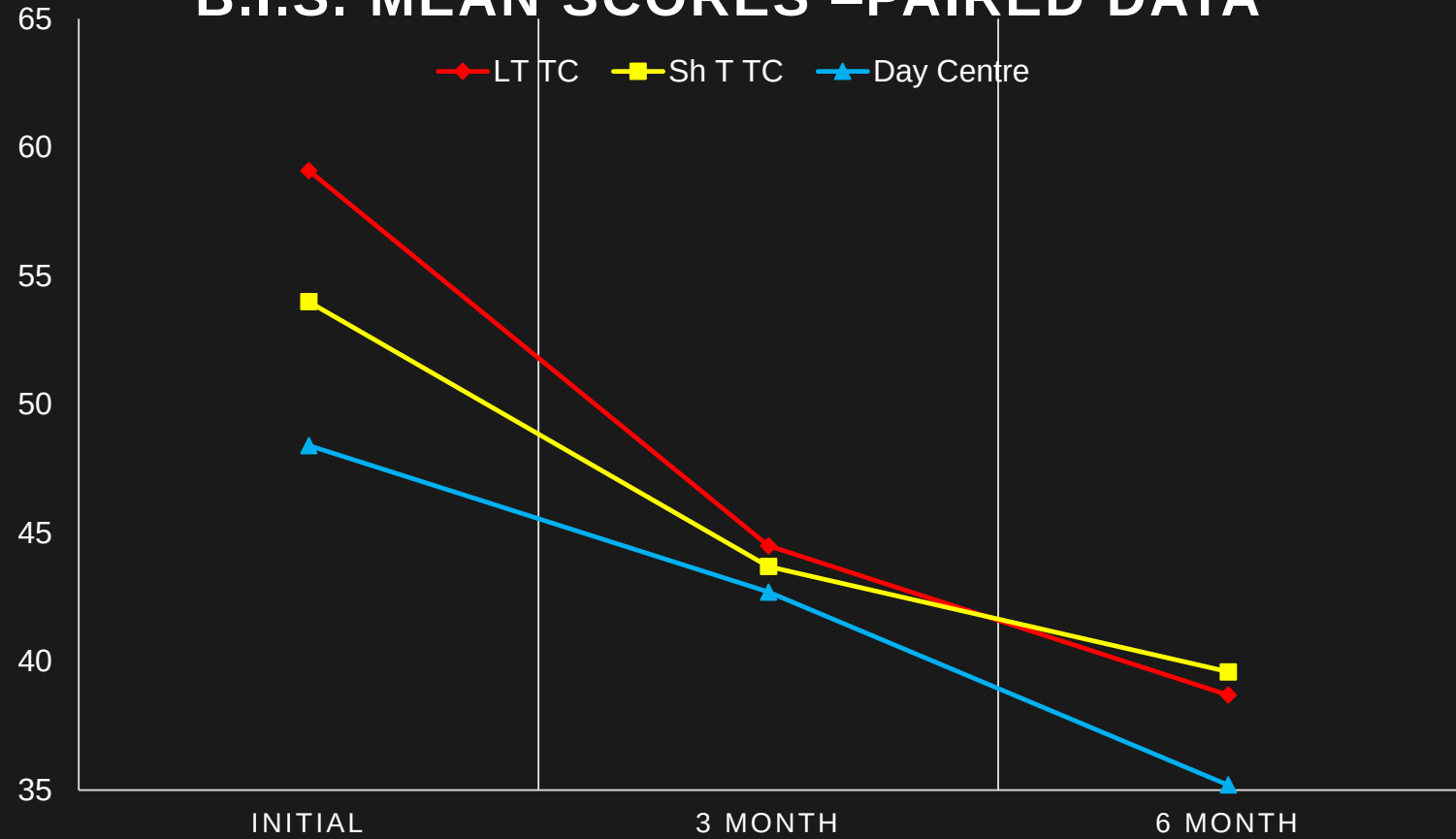


Initially all differences significant (LT TC more impulsive patients than Sh T TC > Day Centre); Later all improve (especially at TCs), no differences..

BARRATT IMPULSIVITY SCHEDULE (BIS-11) EVOLUTION



B.I.S. MEAN SCORES –PAIRED DATA



BIS II – DETAILS ON STATISTICAL ANALYSIS

VARIABLES	MOMENT	Sign. ANOVA	Sign. Supuesto Levene	Robust ANOVA needed? SI / NO	Grupos con Diferencias significativas
BIS – 11	INICIAL	1.58e-06 ***	0.192	NO	CD - RM & CD – CC & RM - CC
	A LOS 3 MESES	0,87	0,09	NO	-
	A LOS 6 MESES	0.84	0.1182	NO	-

VARIABLES	MOMENT	Centro Día (μ)	Can Coll (μ)	Riera Mayor (μ)	Centro Día (N)	Can Coll (N)	Riera Mayor (N)
BIS - 11	INICIAL	52.7	61.3	58	142	403	332
	A LOS 3 MESES	45.1	48.6	45.0	69	241	222
	A LOS 6 MESES	37.5	38.7	39.0	40	130	98

WHICH WERE BASELINES ON SOME VARIABLES... ACCORDING TO THE FINAL RESULT

VARIABLES - mean Scores	“Graduated”	Dropout	Expelled
WHOQOL	85,7	82,4	80,1
Quality of life (Short scale)	4,24	4,14	3,77
STAI_R	27,9	30,2	32,1
Calm-Anxiety (Short scale)	4,22	4,08	3,75
BECK Depression Inventory	14,2	17,2	16,6
State of mood (Short scale)	4,41	4,17	4,09
BIS-11 (Barratt Impulsivity S.)	54,9	57,6	65,1

*The best INITIAL results for each variable are highlighted in **bold** types.*

“RESULTS” ACCORDING TO SOME ENTRY VARIABLES

Total sample divided by selected entry variables

INITIAL SAMPLE ACCORDING TO...	“GRADUATED”	DROPOUT	EXPELLED	Significance Chi-sq
GENDER (M)	282	134	90	0.6867
GENDER (F)	85	45	33	
Age 18-31	80	37	29	0.1703
Age 32-39	87	56	33	
Age 40-45	92	48	37	
Age 46-75	108	38	24	
Cocaine	91	44	29	0.0044
Alcohol	56	17	5	
Cocaine + Alcohol	117	65	55	
No previous mental disorder diagnosed	251(58.24%)	107(24.83%)	73(16.94%)	0.0145
Previous Emotional Disorder (depression-anxiety)	40(54.05%)	23(31.08%)	11(14.86%)	
Personality Disorder Previous diagnosis	18(34.62%)	18(34.62%)	16(30.77%)	

**THANKS FOR YOUR
PATIENCE!**

GRAZIE TANTE!

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