Understanding the unique goals of complex support clients accessing alcohol and other drug treatment.

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The Difference is Research

Background

Service providers encounter challenges addressing issues facing individuals with complex alcohol and other drug (AOD) needs that impact on their ability to maintain good mental and/or physical health [1-2].

Clients with complex needs include those with impaired cognitive functioning, co-occurring mental/ physical illness and limited psychosocial supports, impacting upon engagement and completion in AOD treatment [2-3].

This study sought to understand the feasibility of a goals-based outcome approach for clients with complex support needs attending a non-residential AOD treatment service in New South Wales.

Aim

The study was guided by three aims.

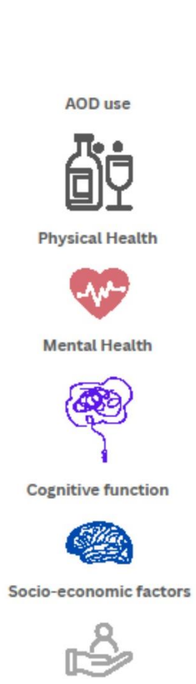
1. To explore the type and frequency of goals selected by clients during AOD treatment.
2. To explore clients' self-reported progress related to their select goals during AOD treatment.
3. To explore clients' and staff views about the acceptability of a goals-based outcome approach during AOD treatment.

Methods

This mixed method study included thematic analysis of interviews with clients and treatment staff. The goals selected by clients were thematically analysed to identify type then descriptively analysed to identify frequency. Self-rated progress towards these goals was analysed using the validated 11-point goal-based outcome (GBO) rating tool, completed at intake and discharge, using a mixed effects multilevel model to explore changes to GBO.

Participants

Participants were those identified as having complex support needs via the NSW Health Complexity Rating Scale. The scale explores symptom severity and functional impairment across the following domains:



Results

Type and frequency of goals

The median number of goals chosen by clients was 3 (IQR=2-3) among the 22 clients who completed the GBO tracker on at least one occasion during treatment.

The most frequently chosen goal related to mental health and coping, and achieving strategies to manage panic disorder, low mood, anger, depression and anxiety. This was followed by relapse prevention and management goals and implementing positive strategies to reduce or stop using AOD. Goals are summarised in Table One.

Table One: Type and frequency of goals self-identified by clients

Unique Therapeutic Goal	# of clients chosen
Manage mental illness	17
Relapse prevention and craving management	15
Reduce use / learn strategies to reduce use	13
Strengthen relationships / build healthy relationships	5
Learn strategies to improve physical health	3
Attend appointments	3
Increase social outings	1
Detox	1
Move out of current living arrangement	1
Seek employment	1
Save money	1
Learn and implement refusal skills	1
Learn strategies to regulate emotions	1

Clients' progress related to their self-identified goals during treatment

The estimated mean GBO score was 4.71 (95% confidence interval [95% CI] = 4.05-5.38) at the first timepoint, and 8.21 (95% CI = 7.48-8.94) at the second timepoint (Figure One). The mixed-effects multilevel model showed significant improvements on GBO scores for the second timepoint compared to the first timepoint (β = 3.49 [95% CI = 2.93-4.05]; p<.001).

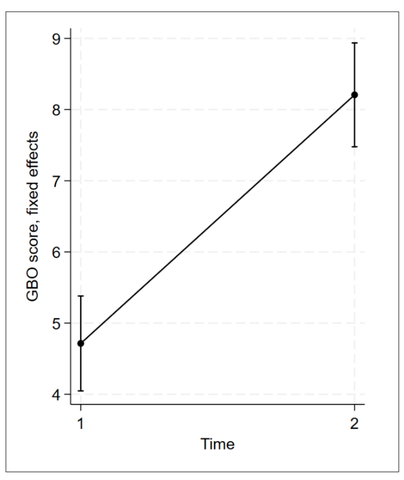


Figure One: GBO score fixed effects estimates with random effects for participant and goal.

Client and clinician perspectives on acceptability of GBO approach

Nine clients and four clinicians participated in qualitative semi-structured interviews to explore the acceptability of the GBO tracker in practice.

Two themes were identified.

1. **GBO approach provided clarity, captured needs of clients and upheld person-centred treatment**
2. **GBO approach was difficult for clients with low literacy and limited reflexive thinking**

Interviewer: "How do you feel about the GBO approach?"

Client:

"Good. I designed it. Something clicked. I went, well what I can do is I will measure, that's a standard drink instead of pouring what I think into a big glass and off I go. I'll break it right down to basics and I will measure. That was how I planned to go about it. I was doing a bottle a day, sometimes a bottle and half. And I said, let's just leave it at four bottles a week, but I will measure, literally measure. I've reduced my drinking. I feel back in control. This approach of measuring is working for me and I will keep it up."

Implications

- While many had made progress towards their chosen goals, some noted that their progress towards recovery and treatment outcomes could be non-linear. A cautionary tale to avoid demotivating clients and discourage continued engagement in treatment.
- Most clients self-identified goals relating to psychological needs and mental illness, illustrating the importance of base-line skillsets of AOD workers and the need for strong partnerships between AOD and mental health sectors.
- Goals-based outcome tracking could be conceptually difficult to understand for clients with limited cognitive functioning and impaired brain function.

Conclusion

Goals-based outcome approach can promote shared decision-making between client and clinicians about changes which are important to the individual accessing treatment and upholds principles of person-centred treatment.

References

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