



HIGHER GROUND OUTCOME MEASURES RESEARCH PROJECT

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BACKGROUND

In early 2009 Higher Ground Rehabilitation Trust sought to implement a routine outcomes monitoring project to capture data on those seeking treatment and to measure the effectiveness of their therapeutic community programme in enhancing the well-being of clients across the following dimensions:

- Te tinana (physical well-being)
- Te hinengaro (mental well-being)
- Te wairua (spiritual well-being)
- Te whanau (family well-being)



WHY MEASURE OUTCOMES?

- Funding
- Measuring 'success'
- What is working and what's not
- Trends
- New challenges



METHODOLOGY

- Between May 2009 - April 2010 a total of 128 (n=128) clients seeking alcohol and other drug treatment were accepted into Higher Ground
- On entry clients were invited to participate in the outcomes study
- Participation in the research was voluntary and informed consent was gained
- On admission to and at subsequent phases in the programme a number of standardised measurement tools and instruments were administered to clients



MEASUREMENT TOOLS

- The battery of outcome measurement tools included (but was not limited to) the following:
 - Maudsley Addiction Profile (MAP)
 - Client Assessment Summary (CAS) & Staff Assessment Summary (SAS)
 - Treatment Perceptions Questionnaire (TPQ)
 - Higher Power Relationship Scale (HPRS)
 - Eating Attitudes Test (EAT-26)
 - Canadian Problem Gambling Index (CPGI)
 - Beck Depression Inventory (BDI Short Version)
 - Involved Others Questionnaire



TIMING

- On admission
- Phase 2 (42 days)
- Phase 3 (90 days)
- Discharge (18 weeks)
- 3, 6 & 12 months post discharge



CLIENT DEMOGRAPHICS

Demographic	Percentage	Number
Male	59	76
Female	41	52
Mean age	34.5 years	19-68 years
NZ European	76	97
Maori	21	27
Pacific Islander	3	4



DEMOGRAPHICS CONTINUED..

Primary drug of choice	Percentage	Number
Alcohol dependence	43	55
Methamphetamine dependence	41	53
Cannabis dependence	9	12
Opiate dependence	5	6
Other	2	2

Self referral	95	121
Legal status	31	49

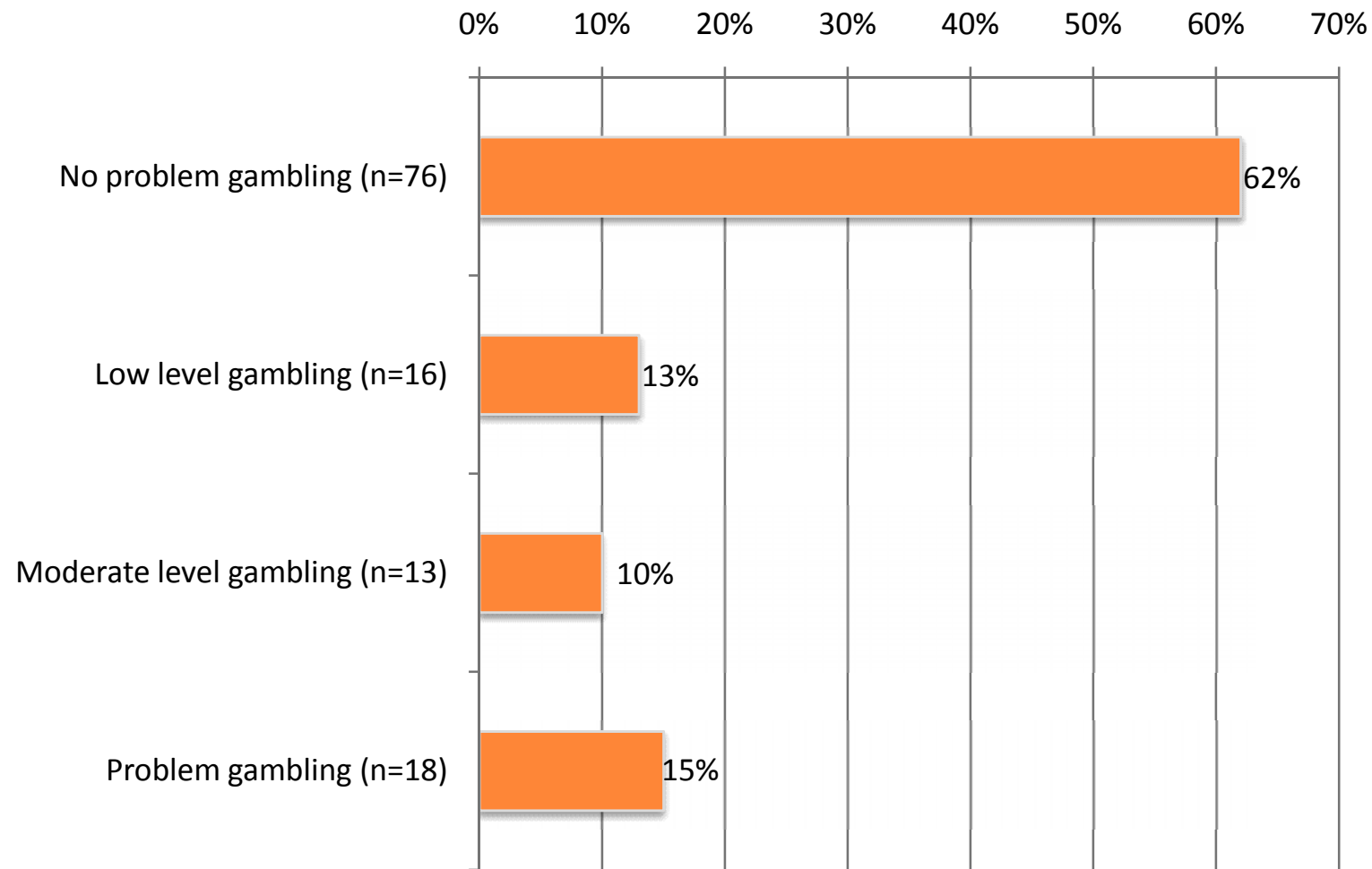


CLIENT DRUG USE PROFILE

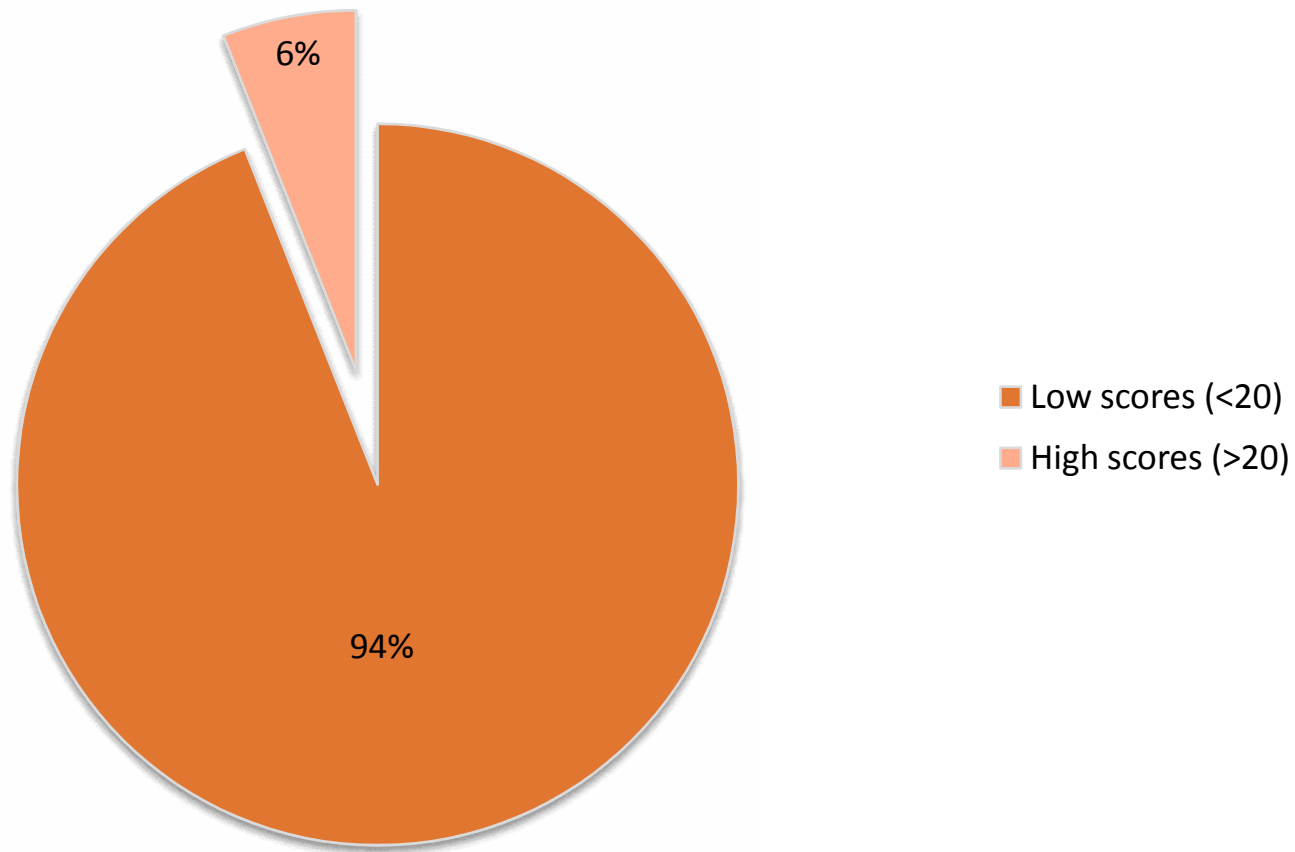
Substance	% of clients	Average number of days used	Average amount used on a typical occasion	Most common route
Alcohol	53	10	1 std drinks	Oral
Heroin	0	9	400mg	Inject
Methamphetamine	20	8	0.5 gram	smoke
ICE/Crystal methamphetamine	5	9	1.2 grams	smoke
Cannabis	30	13	2.5 grams	smoke



CANADIAN PROBLEM GAMBLING INDEX (CPGI)



EATING ATTITUDES TEST (EAT-26)

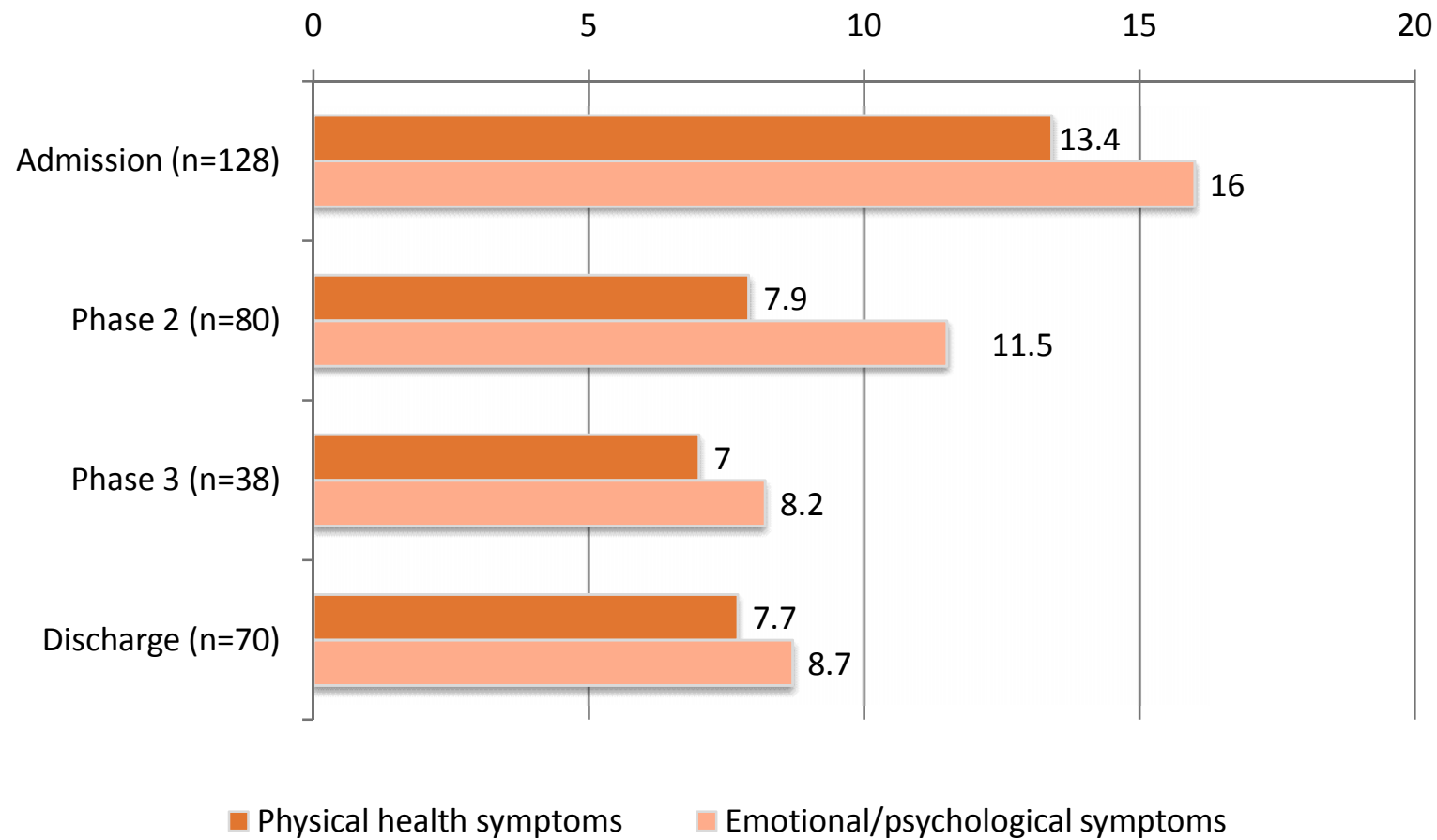


SUMMARY

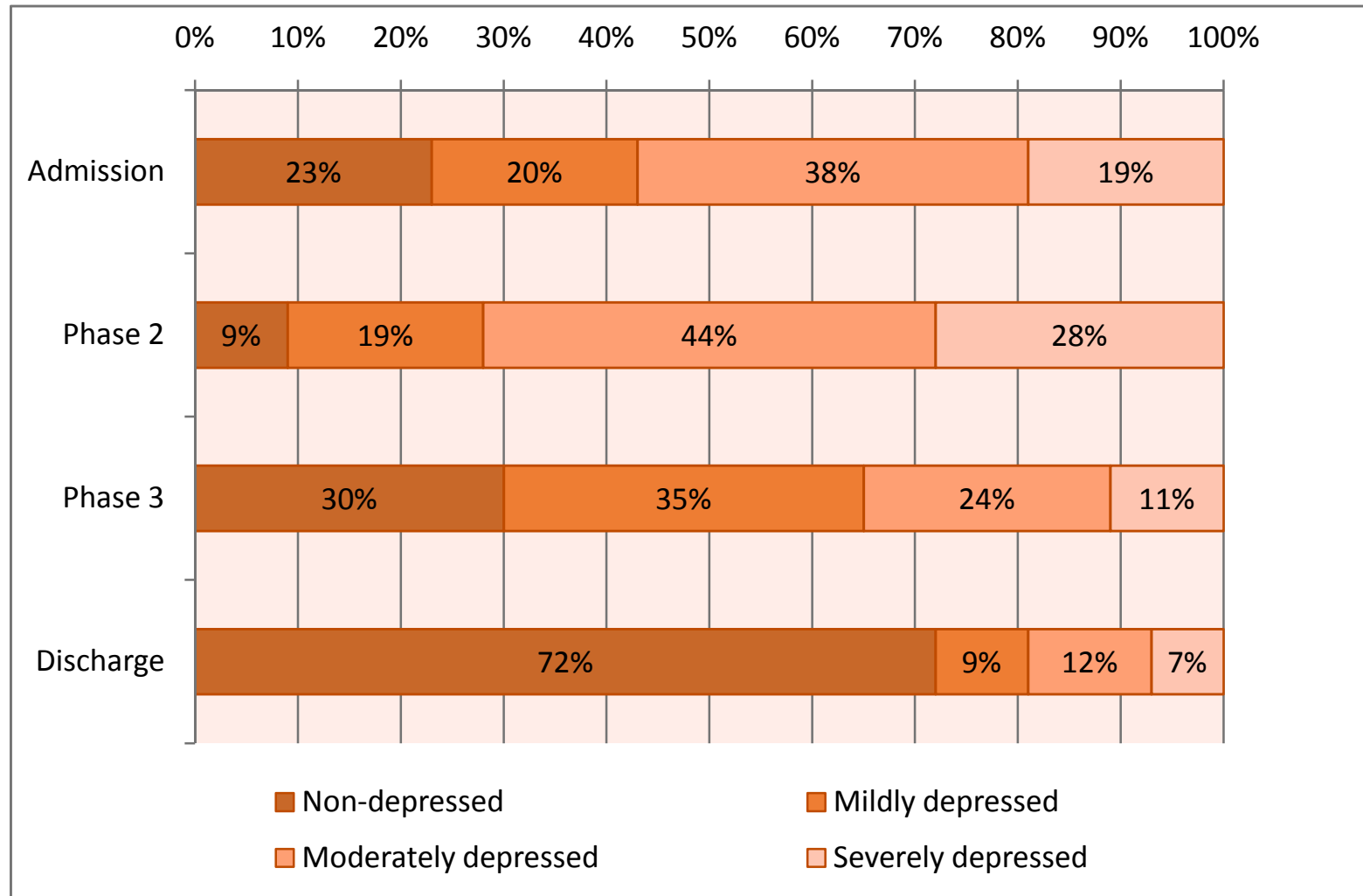
- Male, New Zealand Europeans with alcohol or methamphetamine addictions
- 21 percent of clients identified as Maori and three percent as Pacific Islander.
- Treatment seekers were largely beneficiaries, had no or minimal formal educational qualifications and just under a third had outstanding legal issues on admission
- A quarter (25%) of this client group was at serious risk of a gambling problem and six percent at risk of an eating disorder. A high percentage of clients reported a moderately high readiness to change
- Relatively 'healthy' and 'stable' group of clients??
- Increase in problematic use of methamphetamine, gambling and eating issues



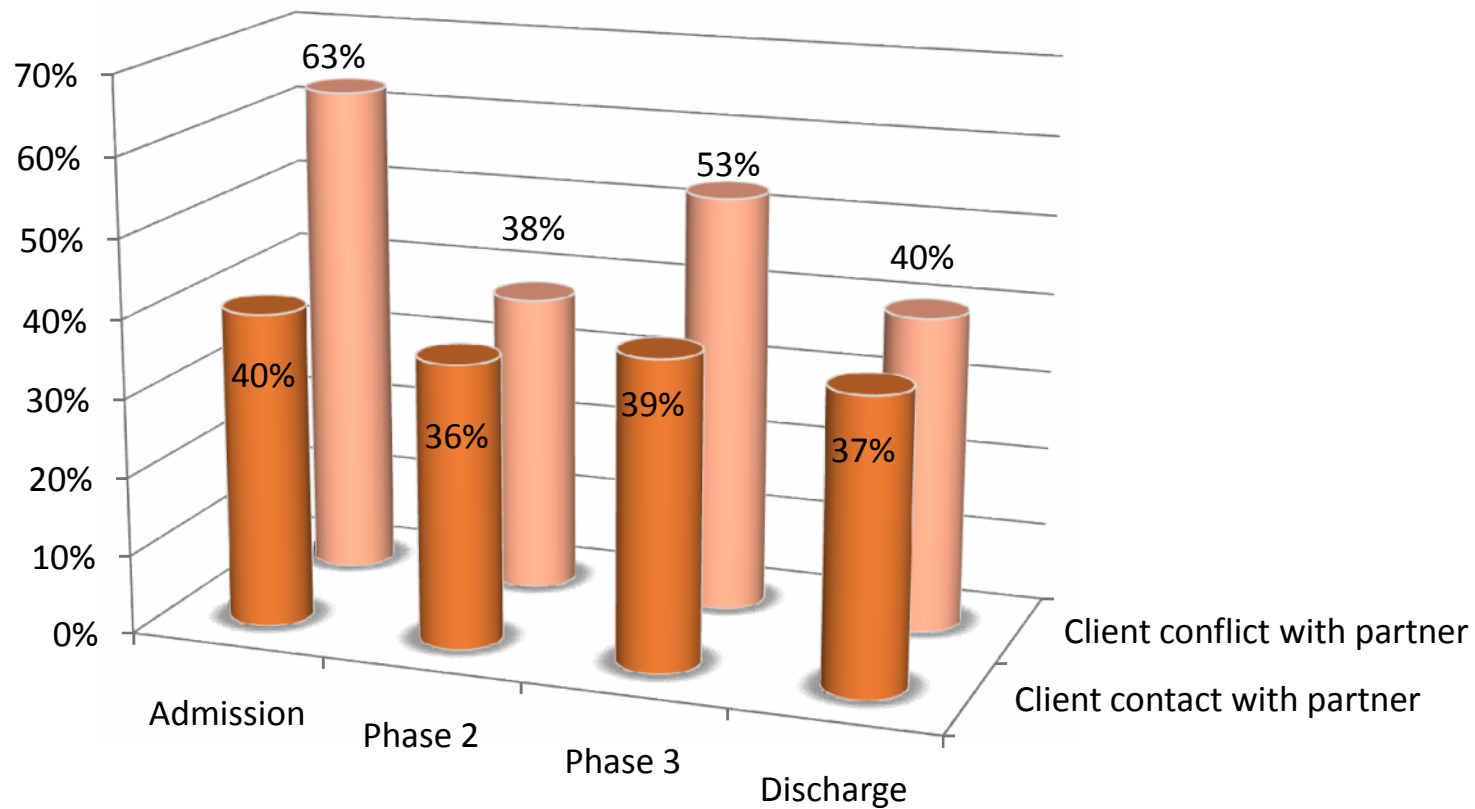
MAUDLSEY ADDICTION PROFILE (MAP)



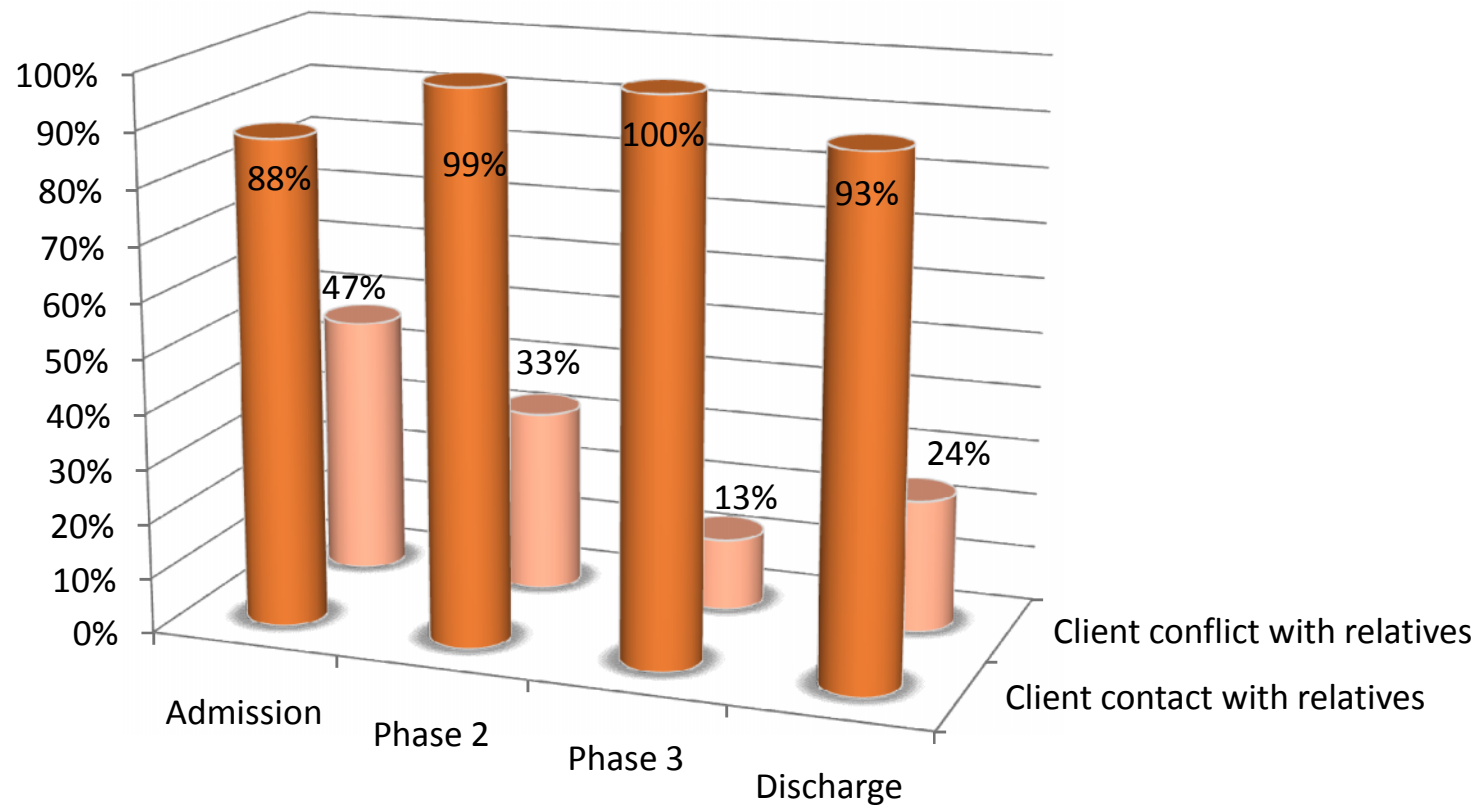
BECK DEPRESSION INVENTORY (BDI)



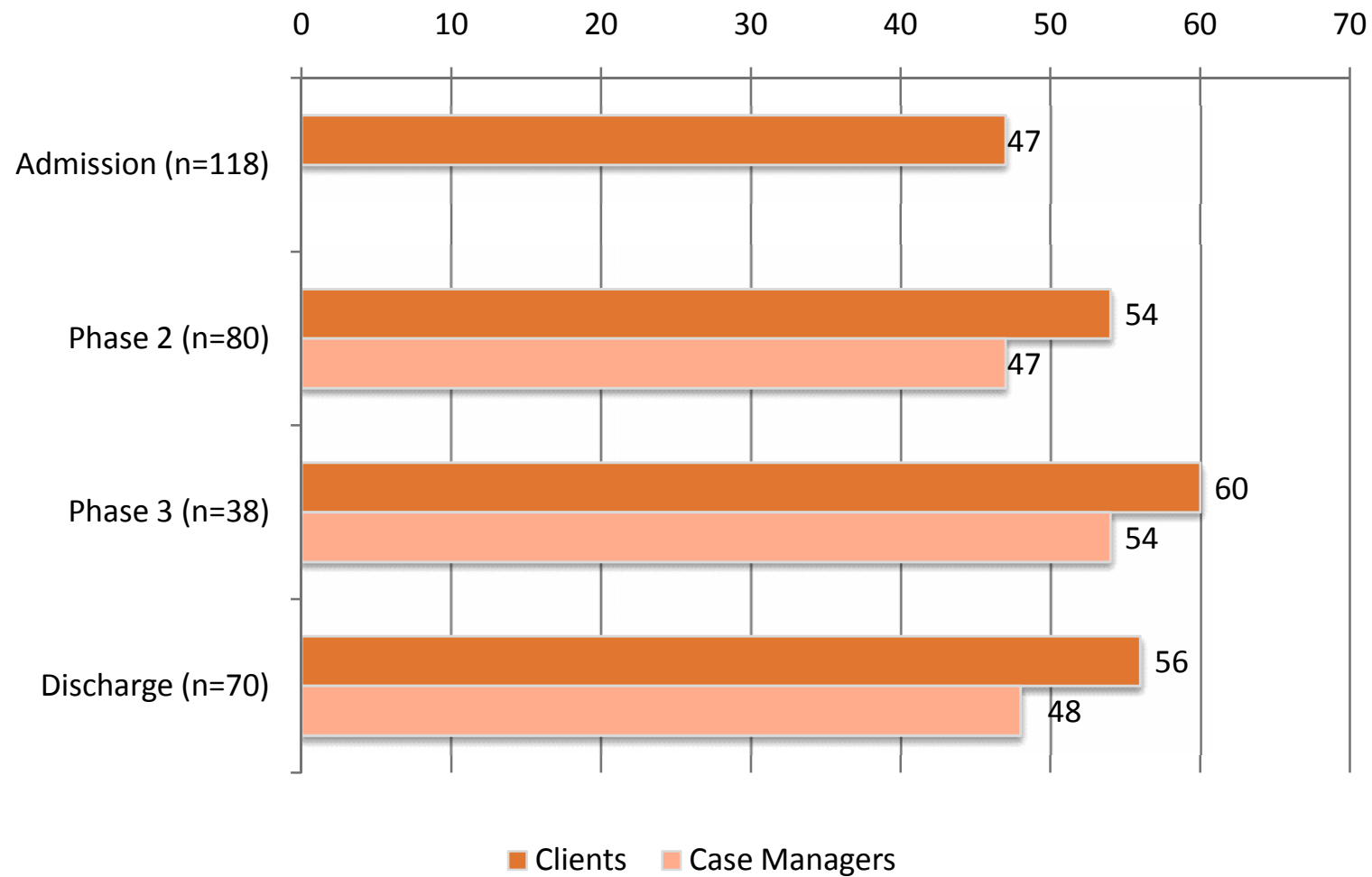
SOCIAL & PERSONAL FUNCTIONING - PARTNER



SOCIAL & PERSONAL FUNCTIONING - RELATIVES



CLIENT READINESS TO CHANGE (CAS & SAS)



SUMMARY

- Findings are encouraging for Higher Ground and for individuals accessing the service
- Physical and emotional health of clients overall improved over the treatment duration
- Personal and social functioning improved over the treatment duration
- Overall client readiness to change increased throughout the treatment phases



CONCLUSION

- This research has provided convincing evidence that the Higher Ground Therapeutic Programme produces positive effects in enhancing individuals' ability to manage their recovery.
- The challenge is to continue to evaluate treatment effectiveness and to further follow and monitor clients after treatment to determine instances of on-going recovery and longer-term effects.



RECOMMENDATIONS

- Continue to collect timely and accurate data and monitor client outcomes
- Consider collecting client data prior to admission date
- Develop and foster links with other addiction providers
- Ensure full implementation of the cultural assessment
- Increased focus on monitoring clients post-treatment
- Explore ways of better retaining clients in treatment:



ACKNOWLEDGEMENTS

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