What difference can a TC make?

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Overview

- MENTAL HEALTH profiles
  - Male/female, older/younger, leavers/stayers

- IMPACT
  - Mental health improvements after 4 months

- TC OUTCOMES
  - 3 and 9 month follow-up
Mental Health

MMPI-2 has 567 items
N=921 Odyssey House Vic residents
Those entering the TC have high scores on subscales:

- depression (D),
- anti-social (Pd),
- paranoia (Pa)
- psychasthenia (Pt)
- and schizophrenia (Sc)

In other words: depression, anxiety, and psychosis!
Who we work with

According to Greene (2000), people with a 4-8 code type often:

- abuse substances
- are similar to the substance abusing TC clients described by DeLeon (1989, 1995)
- are diagnosed with schizophrenia, behaviour is unpredictable and nonconforming
- have social and legal difficulties due to poor judgment, and impulse control
- history of criminal activity with numerous arrests, having lived rebelliously or antisocially.
- experience moderate to severe emotional distress with dysphoria and agitation
- feel resentful or angry, and have difficulty controlling or expressing anger appropriately.
- feel insecure, isolated, rejected and unwanted
- suspicious of the motives of others and hyper-vigilant,
- have difficulty with close emotional relations
- lack basic social skills and tend to be socially withdrawn and isolated
- feel rejected by others, often leading to hostility and conflict
$L = \text{Lie};$
$F = \text{Infrequency};$
$K = \text{Defensiveness};$

$Hs = \text{Hypochondriasis};$
$D = \text{Depression};$
$Hy = \text{Hysteria};$
$Pd = \text{Psychopathic Deviate};$
$Mf = \text{Masculinity-Femininity};$
$Pa = \text{Paranoia};$
$Pt = \text{Psychasthenia};$
$Sc = \text{Schizophrenia};$
$Ma = \text{Hypomania};$
$Scale \text{ Si} = \text{Social Introversion};$
Figure 1: Male (n=602) and female (n=318) mean MMPI-2 validity and clinical scale scores at five weeks post entry.
Note: *=p<0.05; **=p<0.01; ***=p<0.001

Note: L = Lie; F = Infrequency; K = Defensiveness; Hs = Hypochondriasis; D = Depression; Hy = Hysteria; Pd = Psychopathic Deviate; Mf = Masculinity-Femininity; Pa = Paranoia; Pt = Psychasthenia; Sc = Schizophrenia; Ma = Hypomania; Scale Si = Social Introversion;
Figure 2: Mean MMPI-2 validity and clinical scale scores at **five weeks post entry** for Younger (<35 years, n=491) and Older (≥35 years, n=429). Note: *=p<0.05; **=p<0.01; ***=p<0.001

Note: L = Lie; F = Infrequency; K = Defensiveness; Hs = Hypochondriasis; D = Depression; Hy = Hysteria; Pd = Psychopathic Deviate; Mf = Masculinity-Femininity; Pa = Paranoia; Pt = Psychasthenia; Sc = Schizophrenia; Ma = Hypomania; Scale Si = Social Introversion;
Figure 3: Mean MMPI-2 validity and clinical scale scores at five weeks post entry for 1) clients who left prior to four months (left, n=572) versus 2) those who stayed at least four months (stayers, n=351). Note: *=p<0.05; **=p<0.01; ***=p<0.001

Note: L = Lie; F = Infrequency; K = Defensiveness; Hs = Hypochondriasis; D = Depression; Hy = Hystera; Pd = Psychopathic Deviate; Mf = Masculinity-Femininity; Pa = Paranoia; Pt = Psychasthenia; Sc = Schizophrenia; Ma = Hypomania; Scale Si = Social Introversion;
Mental Health improvements in a TC

Drug and Alcohol Review (2010), 29, 546–550

Note: L = Lie; F = Infrequency; K = Defensiveness; Hs = Hypochondriasis; D = Depression; Hy = Hysteria; Pd = Psychopathic Deviate; Mf = Masculinity-Femininity; Pa = Paranoia; Pt = Psychasthenia; Sc = Schizophrenia; Ma = Hypomania; Scale Si = Social Introversion;
TC Outcomes: Project Team

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Alcohol Intervention: unpublished

Baseline Interview (n=166)

Randomised (at 5 weeks)

Control 2-sessions  Intervention 5-sessions

Post Intervention Questionnaires

Exit TC (Ave Stay = 8 months)

3 month follow-up 84%

9 month follow-up 78%

Males = 64.4%
Mean Age = 33.3

Heroin 33%
ATS 25%
Can 18%
Alcohol 13%
(Poly 84%)

MH 89%
Med 60%

Odyssey House Victoria
Measures

- Standardised Measures included:
  - Addiction Severity Index (ASI)
  - AUDIT / Severity of Dependence Scale (SDS)
  - Severity of Alcohol Dependence Questionnaire (SADQ-C)
  - OTI (Relationships subscale)
  - Alcohol-related problems
  - Frequency of Alcohol and Drug Use
    - Timeline Followback Method
    - Short Index of Problems (SIP)

- Qualitative items
Main Findings

- Relapse to drug use 3 months after exiting the TC was significantly lower in those who had participated in the AIP. They continued to report lower levels of relapse at 9 months.

- Over half of the participants in both groups reported that alcohol contributed to their relapse to drug use.

- Mindfullness was the stand out tool learned in the AIP.
ALCOHOL

- Entry 43/90 drinking days (mean 12 per day)
- 3 months 17/90 drinking days (mean 9 per day)
- 9 months 18/90 drinking days (mean 6 per day)

- At treatment entry only 17.6% of individuals were drinking alcohol within NHMRC guidelines (2 or less per day)
- 9 months after exiting treatment 40.25% were now drinking within safe limits.
Cannabis

Graph showing the average number of days cannabis use over time with comparison between AIP intervention, basic education, and alcohol intervention.
Heroin
Wellbeing

Social Functioning

- Social functioning (OTI) which addresses residential stability, employment, inter-personal conflict, social support, and drug culture involvement, showed significant improvements in social functioning at both the 3 and 9 month follow up assessments.

Mental Health Functioning

- Significant decreases in number of days experiencing psychological distress were reported for both intervention groups at both the 3 and 9 month follow up assessments.
Social Functioning

AIP Intervention
- Basic Education
- Alcohol Intervention

Social Functioning

Baseline | 3-months post TC exit | 9-months post TC exit
Mental Health

The graph illustrates the change in days of psychological problems over time for participants in different interventions:

- **AIP Intervention**
- **Basic Education**
- **Alcohol Intervention**

The x-axis represents time points: Baseline, 3-months post TC exit, and 9-months post TC exit. The y-axis represents the number of days of psychological problems, ranging from 10 to 22.5.

- The AIP intervention shows a significant decrease in psychological problems over time.
- Basic Education also shows a decrease, though less pronounced.
- Alcohol Intervention shows the most significant reduction in psychological problems.
Thanks