

Correlates of Drop-out in an Adolescent Substance Use Disorder Treatment Program

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Substance Use Disorder and Adolescents: The Big Picture

- Drug and alcohol abuse and dependence are the **most prevalent causes of adolescent morbidity and mortality** in the United States
- There is a strong scientific basis for the effect of **social, economic, and psychological factors** on recovery
- Inherited **genetic predisposal** toward addiction also plays a role.
- Likelihood of drug use is related to **mental health conditions** like depression, anxiety, and ADHD, as well as sociocultural factors like income/SES, education level, and race/ethnicity.

We are studying how these factors, collected in client records, are associated with treatment success at Grace House.

Highland Grace House

- Grace House is a residential long-term facility for girls ages 13-17
- The treatment program lasts about 90 days
- Placement is voluntary, family involvement is mandatory, and the use of addictive medications is prohibited
- Highland Grace House is staffed 24/7
- On-site services include academic instruction, group therapy, and psycho-educational groups, such as substance abuse prevention, relapse prevention skills, health education, and social skills development.

Methods

- Using 106 former clients’ paper charts (2012-2015) archived on site at Grace House, we conducted a chart review.
- Data from these forms was entered into an excel spreadsheet for analysis.
- Data domains collected include:
 - client age
 - race and ethnicity
 - sexual orientation and gender identity
 - student status and highest grade completed
 - prior mental health treatment
 - prior substance abuse treatment
 - substances used (including age at first use, date of last use, frequency and method of use)
- We will perform regression analyses to determine correlates of drop-out from the program (as a proxy for program success) among data points collected.



Questions We’re Interested In

- In speaking with Grace House administrators, we have learned that client files include additional data that would be useful for our study, and which are not contained on the forms we are already accessing.
- Several of these data are important domains that have documented relationships to treatment success in adolescent substance use disorder, as well as anecdotal correlations to drop out in this specific treatment program.
- Thus, we are in the process of applying for an amendment to our IRB to allow us to collect these additional data so as to allow for a more thorough and nuanced investigation of our research question.
- The additional data points collected will include:
 - Axis 1-V DSM-IV diagnosis and Global Assessment of Functioning score
 - Adoption status
 - Custody
 - Trauma history
 - Family history (mental health, substance abuse, family violence, psychiatric hospitalization)
 - Educational history (IEP status, special education status, 504 plan)
 - Medical history
 - Mental health history
 - Child mental health status exam results at intake
 - Legal history
 - Client stage of change at intake
 - Status of follow-up care at 7 and 30 days.

Discussion and Next Steps

- With completion of initial chart review and data extraction, we plan to embark on statistical analysis to identify demographic trends and any significant correlations with data collected in the intake forms.
- We also plan on incorporating qualitative and narrative measures of treatment, gaining a more holistic view of clients’ life circumstances that may contribute to substance use.
- Eventually, our goal is to identify what, if any, factors predispose clients to dropping out of the program to provide data for Grace House to improve its programming to better meet the needs of these clients.

References

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