

THE AUSTRALIAN ALCOHOL TREATMENT OUTCOME MEASURE (AATOM-C): FINDINGS FROM THE 12 MONTH FEASIBILITY STUDY

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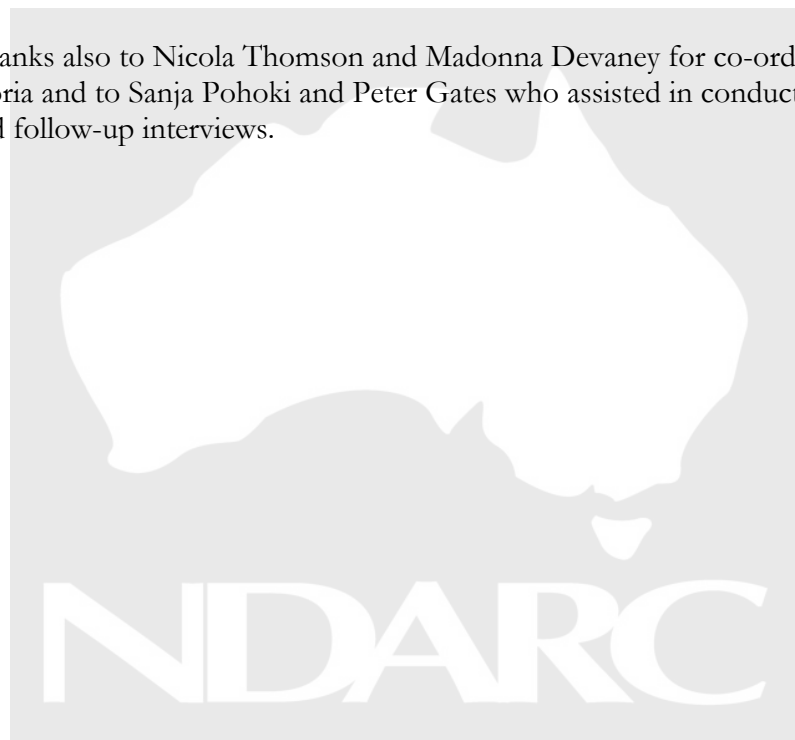


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EXECUTIVE SUMMARY

Increasing pressure is being placed on health-care providers within the alcohol and other drugs (AOD) sector to demonstrate objective treatment outcomes and effectiveness of the services they provide. To respond to the needs of the treatment sector, current, comparable and accurate information is needed. Within the current Australian treatment field, there is a limited range of brief, multi-dimensional clinical instruments specific to the routine measurement of alcohol treatment outcomes. The Australian Alcohol Treatment Outcome Measure for Clinicians (AATOM-C) was created to assist in addressing this gap.

The aim of this study was to assess the feasibility of implementing and conducting the AATOM-C, a brief and psychometrically sound clinical instrument, within the context of specialist alcohol treatment services in Australia over a period of 12 months.

The study involved both clinicians and researchers administering the AATOM-C interview to clients on a routine basis. Clinicians were required to administer the AATOM-C to clients at baseline, three and 12 months from baseline. Participants interviewed by researchers were randomly assigned to either minimal follow-up (MFU) or frequent follow-up (FFU) groups. Those in the MFU group were administered the AATOM-C at baseline and 12 months later, and those in the FFU group were administered the AATOM-C at baseline, three, six, nine and 12 months from baseline.

There were three study hypotheses:

1. All client groups will demonstrate statistically significant improvements in outcome from baseline to three months and baseline to 12 months.
2. Clients interviewed by clinicians will report significantly greater improvement at three months than clients interviewed by researchers at three months.
3. Clients who were administered the full AATOM-C at three, six, nine and 12 months will report significantly greater improvement in treatment outcome at 12 months than those who were interviewed only at baseline and 12 months.

A total of 348 clients new to alcohol treatment took part in this study. Of those, 148 were interviewed by clinicians in Sydney and 200 were interviewed by researchers in Sydney and Melbourne. Overall, the researcher FFU group were most successfully followed up over the 12 month period (63% at 12 months), with clinicians only successfully following up 30% of clients at 12 months.

Results of the study indicate that clients receiving treatment for alcohol use exhibit significant improvement in treatment outcome over time across a range of core outcome variables measured by the AATOM-C instrument. This signifies that the instrument is capable of measuring clinically meaningful changes in client outcome over time.

Findings from the study also suggest that clients do not report significantly greater improvement in treatment outcome at follow-up when interviewed by their treating

clinicians as opposed to an independent interviewer. It therefore can be assumed that changes in outcome detected using the AATOM-C are indicative of real changes, and not arising from a social desirability effect.

In addition to this, the frequency of follow-up was not found to play a significant role in improving treatment outcome over time. This suggests that the administration of the AATOM-C interview itself over time did not act as a type of brief intervention producing change and therefore the number of follow-up interviews administered to the client can be left to the discretion of the treating clinician who is monitoring the individual for case management purposes between three and 12 months post treatment.

Overall results of this study indicate that the AATOM-C can be used successfully and confidently within Australian alcohol treatment services as a routine measure of alcohol treatment outcome.

