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Brief article

Twelve-month follow-up of aftercare for adolescents with alcohol use disorders

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Abstract

Adolescents with alcohol use disorders (AUDs) previously completed a randomized controlled outpatient aftercare study (Y. Kaminer, J. A. Burleson, & R. H. Burke, 2008) in which they were randomly assigned to in-person, brief telephone, or no-active aftercare. Youth were assessed at end of aftercare and at 3-, 6-, and 12-month follow-up on frequency and quantity of alcohol use. It was predicted that active aftercare (in-person and brief telephone) would be superior to no-active aftercare in reducing alcohol use, as shown in the original study. No subject or therapy group attributes were significant moderators of outcome. Active aftercare in general maintained short-term favorable effects by reducing relapse in youth with AUD and should be considered as part of standard procedures in therapeutic interventions for all alcohol and other substance use. In-person and the brief telephone procedures did not differ in their effectiveness. Structured communications with AUD youth during and after treatment by use of electronic technology rather than in-person contact might therefore be more fully investigated.

Keywords: Adolescent; Alcohol abuse; Treatment; Group therapy; Aftercare

1. Introduction

Abstinence rates have been consistently high among completers of treatment programs developed for adolescents with alcohol and other substance use disorders (AOSUD). Williams and Chang (2000) reported the average rate of sustained abstinence among treated youth to be approximately 40% at 6 months and 30% at 12 months. Other studies report that less than half of all treated adolescents remained firmly abstinent 3 months after discharge from outpatient treatment programs (Brown, D'Amico, McCarthy, & Tapert, 2001; Dennis et al., 2004; Kaminer, Burleson, & Goldberger, 2002; Winters, 2003). McLellan, Lewis, O'Brien, and Kleber (2000) have further proposed that AOSUD be viewed as a chronic relapsing disorder. Those with AOSUD might well require a continuum of care across a lifetime, referred to variously as aftercare or as continuing care (McKay, 2005; McLellan, McKay, Forman, Cacciola, & Kemp, 2005; Scott, Dennis, & Foss, 2005). Godley, Godley, Dennis, Funk, and Passetti (2007) provided continued care for adolescents discharged from residential treatment and found that aftercare intervention lead to higher rates of abstinence when care linkage and retention were higher.

Kaminer, Burleson, and Burke (2008) previously reported the results of a randomized, controlled study in which two active aftercare interventions were shown to be more effective in slowing the expected posttreatment relapse for alcohol use among treated adolescents as compared with a no-active aftercare condition. Adolescents, 13–18 years of age (N = 177), diagnosed with *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (*DSM-IV*)

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alcohol use disorder (AUD), participated in a 9-week, group cognitive–behavioral therapy (CBT) treatment. Completers of this initial, common treatment ($N = 144$) were randomized into one of three experimental conditions: (a) in-person active, (b) brief telephone active, or (c) no-active aftercare. Five sessions began 2 weeks after completion of the common treatment and continued at 2-week intervals for the two active aftercare groups. Abstinence rate, frequency of alcohol use, and frequency of heavy alcohol use were the main outcome measures for aftercare completers ($n = 130$).

Those who completed end of aftercare assessment ($n = 121$) decreased significantly from 57.0% abstinence at end of treatment to 33.9% at end of aftercare. This is not unexpected, given the underlying increase in the predicted trajectory of alcohol use in adolescents as they age. As hypothesized, however, relative to no-active aftercare, active aftercare youth showed significantly less unfavorable change from 53.8% abstinence at end of treatment ($n = 43/80$) to 37.5% at end of aftercare ($n = 30/80$). No-active aftercare youth, by contrast, showed significantly more unfavorable change for active aftercare youth, from 63.4% abstinence ($n = 26/41$) to 26.8% abstinence ($n = 11/41$). Finally, the two active aftercare conditions did not differ significantly on any of these three measures for any of the preceding analyses.

In this article we present the findings at 3-, 6-, and 12-month follow-up assessments of this adolescent aftercare study. The following were the two hypotheses: (a) both active aftercare conditions will continue to show more relative reduction in frequency and quantity of alcohol use than the no-active aftercare, and (b) the two active aftercare conditions will remain nonsignificantly different. Because of space limitations and to the additional complexity of the analysis of the use of other drugs and associated disorders, only the results for alcohol use are presented in this study.

2. Materials and methods

2.1. Subjects

A total of 294 adolescents, aged 13 to 18 years, were screened for the study, of whom 235 (79.9%) met eligibility criteria for current *DSM-IV* diagnosis of AUD (American Psychiatric Association, 1994). Signed informed assent and consent were obtained from each of these 190 youth (80.9% of 235) and from their respective guardian(s). Both informed consent and all other procedures were in accord with the standards of and were approved by the Institutional Review Board of the University of Connecticut Health Center. From these 190 youth, 179 (94.2%) successfully completed intake, and 177 (98.9% of 179) enrolled in the treatment phase of the study, as noted earlier. Youth who completed the common treatment numbered 146 (82.5% of 177), and 144 of these (98.6% of 146) were successfully randomized to one of three aftercare conditions. Of these 144 enrolled, 32.6% were female, 13.2% Latino, 4.2% African American, and 3.5% biracial/other. The average age was 15.9 years ($SD = 1.2$, range = 13–18). Those who successfully completed the aftercare procedures numbered 123 youth (85.4% of 144). The descriptive statistics for the 121 youth (98.4% of 123) available for assessment at end of aftercare are listed in Table 1. There was a trend toward significance for the nonrandom distribution of "other substance use" status, $p = .064$, such that the no-active control group had a somewhat disproportionately lower percentage of youth with no abuse or dependence (4.9%, $n = 2/41$) relative to the sample overall (15.7%, $n = 19/121$) and a somewhat disproportionately higher percentage of youth with dependence (95.1%, $n = 39/41$) relative to the sample overall (79.3%, $n = 96/121$). The other demographic variables did not show significantly differential distributions among the three treatment groups.

2.2. Procedures

This was a prospective, randomized, controlled study with an intent-to-treat design and analysis. It was composed of three phases (treatment, aftercare, and follow-up): (a) The first phase consisted of a maximum of nine weekly CBT group sessions for 177 youth. (b) In the second phase, only the youth who completed the common treatment phase were randomized to one of three aftercare conditions (in-person aftercare, brief telephone aftercare, or no-active aftercare). (c) Upon completion of the experimental aftercare phase, all available study participants (i.e., including noncompleters of treatment and aftercare, respectively) were assessed at 3-, 6-, and 12-month follow-ups.

Table 1
Means, standard deviations, sample size, and percentages of predictor variables

Predictor measures	In-person ($n = 38$)	Brief telephone ($n = 42$)	No-active ($n = 41$)	Total ($n = 121$)	p
Age, M (SD)	16.1 (1.0)	16.1 (1.3)	15.8 (1.2)	16.0 (1.2)	.41
Gender (% male)	22 (57.9)	28 (66.7)	30 (73.2)	80 (66.1)	.36
Ethnicity (% White)	29 (76.3)	37 (88.1)	33 (80.5)	99 (81.8)	.38
Other substance use disorder[a]	30 (78.9)	33 (78.6)	39 (95.1)	102 (84.3)	.064
Internalizing disorder[b]	10 (26.3)	12 (28.6)	12 (29.3)	34 (28.1)	.96
Externalizing disorder[b]	17 (44.7)	20 (47.6)	24 (58.5)	61 (50.4)	.43

Note. Values are expressed as number (percentage) unless otherwise indicated.

[a] % dependence or abuse versus none.

[b] % positive or intermediate versus none.