Journal of Substance Abuse Treatment 56 (2015) 39–47

Contents lists available at ScienceDirect

Journal of Substance Abuse Treatment

Adaptation and Validation of the Instrument Treatment Outcomes Profile to the Chilean Population

Álvaro Castillo-Carniglia, M.Sc., Ph.D. [a], José D. Marín, M.Sc., M.P.A. [a], Gonzalo Soto-Brandt, M.P.H. [a], María Paz Donoso [a], Diego Piñol [b], Juan San Martín, M.Sc. [b], David Huepe, Ph.D. [c], Rubén Alvarado, M.P.H., Ph.D. [d], Brian Eastwood, M.Sc. [e], Rodrigo Portilla Huidobro [f,*]

[a] Research Department, National Service for Prevention and Rehabilitation of Drug and Alcohol Consumption (SENDA), Agustinas 1235, 6th floor, Santiago, Chile
[b] Tierra de Esperanza Foundation, Exeter 540 D, Concepción, Chile
[c] Núcleo UDP-Fundación INECO para las Neurociencias (NUFIN), Universidad Diego Portales, Vergara 275, Santiago, Chile
[d] School of Public Health, Faculty of Medicine, University of Chile, Av. Independencia 939, Santiago, Chile
[e] Alcohol, Drugs and Tobacco Division, Health and Wellbeing Directorate, Public Health, England
[f] Treatment Area, National Service for Prevention and Rehabilitation of Drug and Alcohol Consumption (SENDA), Agustinas 1235, 9th floor, Santiago, Chile

ARTICLE INFO

Article history:
Received 21 October 2014
Received in revised form 9 March 2015
Accepted 16 March 2015

Keywords:
Validation
Instrument
Treatment outcome
Alcohol
Drugs treatment

ABSTRACT

This study aims to psychometrically validate the Chilean version of the treatment outcomes profile (TOP), an instrument that can be used by treatment centers to monitor the results of drug and alcohol treatments. Specifically, this study is interested in evaluating the inter-rater reliability, concurrent validity, change sensitivity and discriminant and construct validity of this instrument. The TOP was modified to reflect the Chilean context and then applied in three successive stages: an initial application at the beginning of treatment, a retest after 1 week, and a follow up after a month. The sample was composed of 411 users of different types of drugs who were in treatment centers in the three largest regions of the country. The TOP reliability was greater than .75 for most items. Regarding concurrent validity, all the coefficients were in the expected direction and statistically significant. Change over time, as measured by Cohen's d statistic and the Reliable Change Index, was significant for most items. Users in treatment for less than 3 months showed higher alcohol consumption (odds ratio [OR] = 1.07; 95% confidence interval [95% CI]: 1.01–1.13), poorer psychological health (OR = 0.94; 95% CI: 0.87–1.00), fewer days worked (0.56; 0.95–0.99) and poorer housing conditions (OR = 2.76; 95% CI: 1.22–6.23) than did their counterparts who had more than 3 months of treatment. Researchers extracted six components with eigenvalues greater than one, accounting for 69.0% of the total variance. In general, the Chilean TOP is a reliable and valid mechanism to monitor outcomes of people treated for problems with drug and alcohol abuse in Chile, but further validation work is required in some dimensions.
© 2015 Elsevier Inc. All rights reserved.

1. Introduction

Outcome monitoring systems represent an important tool for the treatment of problems related to alcohol and drug consumption. These systems relay important information about a patient's progress and allow treatment centers to provide more effective and efficient interventions, guiding and changing the patient's therapy as it progresses (Ling, Farabee, Liepa, & Wu, 2012; Torres Hernández & Fernández Gómez, 2004). In the United States, for example, the Institute of Medicine has explicitly recommended the development and implementation of patient monitoring systems in treatments for substance abuse (Institute of Medicine, 2006), and there has been an overall trend towards the systematic collection of information from all publicly funded treatment providers (Substance Abuse & Mental Health Services Administration's (SAMHSA), 2014). Other countries, such as Australia and England, are actively seeking to create outcome monitoring systems that will offer guidance to clinics about how their programs are being implemented and whether they are successful (Marsden et al., 2008; Ryan et al., 2014). In 2009, the Chilean National Service for Prevention and Rehabilitation of Drug and Alcohol (SENDA) launched the Treatment and Information Management System (SISTRAT) to monitor the demand for, and delivery of, treatment for substance use disorders both within the National Health Service and among the non-governmental sector. Approximately 270 service providers (approximately 90% of the treatment centers of the country) report to this system, and more than 10,000 service user episodes were recorded in 2012 (SENDA-MINSAL, 2013).

In 2011, SENDA began to incorporate a minimum set of outcome measures into the SISTRAT. After assessing the suitability of a variety of outcome instruments, SENDA contacted the authors of the treatment outcomes profile (TOP) to explore the possibility of adapting this instrument for the Chilean experience. The TOP was chosen for its brevity and usefulness in supporting clinical practice.

The TOP was developed in 2006 and implemented nationally in 2007 by the English National Treatment Agency for Substance Misuse (NTA). The TOP is a single page instrument of 20 items, used by clinicians in

* Corresponding author at: Treatment Area, National Service for Prevention and Rehabilitation of Drug and Alcohol Consumption (SENDA), Agustinas 1235, 9th floor, Santiago, Chile.
E-mail address: rportilla@senda.gob.cl (R. Portilla Huidobro).

http://dx.doi.org/10.1016/j.jsat.2015.03.002
0740-5472/© 2015 Elsevier Inc. All rights reserved.

Table 1
Summary of changes made to TOP.

Section	Description of change
Section 1: Substance use	Items referring to substances rarely used in Chile were removed from the instrument (e.g. 'opiates, crack and amphetamines'); and others were added ('cocaine paste' and 'sedatives') given their high patterns of use within Chilean treatment populations. The low level of reliability found in all measurements concerning the use of sedatives and tranquilizers, suggests that consistently reporting the use of these substances is complicated for users. When this result was presented to the experts, they advised to keep this item in the TOP so as not to lose any relevant information, but to consider the result in light of the influence of the small proportion of people reporting consumption.
Section 2: Injecting risk behavior	This section was removed because injectable drugs are rarely used in Chile.
Section 3: Crime	The items of the TOP referring to criminal activity were adjusted to reflect the Chilean context. Shoplifting and drug selling were kept; theft from or of a vehicle, other property theft or burglary, fraud, forgery and handling stolen goods and committing assault or violence were removed; and theft, fights, number of domestic violence incidents during the last 28 days were included. with the exception of the last item (number of domestic violence incidents during the last 28 days), the other items were simplified to report any participation (yes/no) within the past 4 weeks.
Section 4: Health and social functioning	The items 'acute housing problem' and 'at risk of eviction' were removed and changed for the items 'No stable place to live' and 'Poor housing conditions'.

diverse drug and alcohol treatment settings, that captures key data about recent (in the past month) substance use, injecting behaviors, measures of social functioning (education, employment and housing), criminal activity, and overall quality of life and physical and psychological health. The TOP is designed to help review clients' progress towards attaining personal treatment goals and has demonstrated efficiency as a monitoring mechanism and performance measurement (Marsden et al., 2009; Marsden et al., 2011). The instrument's psychometric properties were examined in an English drug treatment population and shown to be valid, reliable and sensitive to change (Marsden et al., 2008). The TOP has also been adapted and validated for local use in Australia (Ryan et al., 2014).

This article describes the adaptation of the TOP for the Chilean context and the psychometric evaluation of the tool in a sample of people in treatment for substance use disorders. Specifically, the study's goal was to determine the inter-rater reliability, concurrent validity and change sensitivity, as well as the instrument's discriminant and construct validity.

2. Methods

The validation of the TOP in Chile focused largely on the validation made by the authors of the original instrument (Marsden et al., 2008). The methodology used for this project can be categorized into two parts: (i) adaptation of the instrument to the Chilean context and (ii) a psychometric validation.

2.1. Adaptation of the instrument to the Chilean context

To validate the TOP for use in Chile, researchers began by translating the instrument and making small adjustments to reflect the typical drugs and behaviors of individuals accessing treatment for drug and alcohol abuse in Chile. This process of adaptation was evaluated by a committee of experts in the treatment of drug and alcohol abuse in Chile which included three psychiatrists, two clinical psychologists and one public health policy researcher with years of experience with the Chilean treatment system and with drugs user in the country. After a first expert revision, the instrument was pre-tested with a small sample of 10 people who were being treated for substance use disorder. During this stage of the study the original authors of the instrument visited Chile to train and advise the team from SENDA working on the TOP. The work with the authors encompassed the revision of the Spanish version of the TOP, including the translation process and the concepts and words used, as well as the design and the methodological protocol for the validation study.

As can be seen in detail in Table 1, the major modifications made to the original instrument included changing some of the substances evaluated, removing the section on injectable drugs and adjusting the section on crime. The reason for these changes was to adapt the instrument to the Chilean reality as much as possible. For example injectable drugs are rarely used in Chile, and the types of crimes included in the original version are not really applicable to the people in treatment and drug users in the Chilean context. All these changes were discussed with the group of experts that acted as advisors for the research.

2.2. Procedures and psychometric evaluation

The study applied the TOP in three stages: an initial test, a re-test after 7 days and a follow-up assessment after 30 days.

In total, 411 subjects participated in the test stage. During this phase, researchers also administered a short socio-demographic questionnaire, a urinalysis test for drugs, and four other questionnaires: (1) the Patient Health Questionnaire (PHQ15), (2) the General Health Questionnaire (GHQ12), (3) the WHO Quality of Life (WHOQOL-BREF 26) and (4) the Social Functioning Questionnaire (SFQ). The drug urinalysis was performed on 25% of the participants chosen randomly. The questionnaires and urinalysis were administered by trained clinicians working in the treatment centers and asked questions regarding patients' experiences during the 4 weeks prior to the date of the administration of the TOP.

In total, 325 (79.1%) subjects completed the re-test. In this phase, the TOP was re-administered by a different clinician from the same treatment center. The reference period for the questions was the same 4 weeks prior to the first evaluation that had been examined during the test phase.

In total, 289 (70.3%) subjects participated in the follow-up stage. During this stage, the TOP was again administered to the same participants, this time by a member of the research team. To contrast immediate and longer-term in-treatment change, two groups were recruited on a 2: 1 basis: the first, in current treatment for less than 3 months; the second, in treatment for more than 3 months. There is well-established literature (Brorson, Ajo Arnevik, Rand-Hendriksen, & Duckert, 2013; Lopez-Goni et al., 2010) that confirms that after 3 months in treatment it is possible to start distinguishing changes in the therapeutic process and there are greater chances of successfulness of treatment completion. For the group in treatment for less than 3 months, the initial TOP application was at the beginning of treatment. For the group in treatment for more than 3 months, however, we asked them to describe the 28 days before they had entered the treatment when answering the first (test) and second (retest) TOP application.

Cases were lost because: (a) the subjects refused to continue participating in the study, (b) the subjects resided outside the geographic area demarcated for the study, (c) the subjects had a physical or personal problem that did not allow them to appropriately answer the questionnaire and (d) the subjects were busy or not found at their home after three attempts.

2.3. Subjects

The sample consisted of 411 patients from 46 treatment centers (which included public and private residential and ambulatory centers), in the three largest regions of Chile (Valparaíso, Biobío and Metropolitana) (Table 2).

Download English Version:

https://daneshyari.com/en/article/329675

Download Persian Version:

https://daneshyari.com/article/329675

Daneshyari.com