



The Efficacy of Interventions on Treatment Outcome and Therapeutic Goals of People who Use Psychoactive Substances: Pilot Study

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Abstract

Carrying out measurements to identify treatment results makes it possible to detect problems and provide feedback on their therapeutic results in the participants, so that they can perceive the contribution that the Intervention is providing and detect drugs with greater impact on participants of the Service Center. The evaluation of therapeutic results in an addiction Prevention Center showed an increased in physical and psychological health, maintenance of work/academic responsibilities, and greater well-being was reported in coexistence with parents and friends. To achieve quality measurements, it is important to train professionals so that they can optimally carry out treatment evaluation in three 3 measurements at corresponding times; managing to operationally describe the target behavior so that they have more ability to propose solutions and alternatives in situations at risk of violence behavior. In this pilot study, it was seen that the average frequency of consumption decreased from a first measurement of 4.83 days to a second measurement of 2.5 and a final measurement of 1.3.

Keywords: Psychological health, Violence behavior, Addiction, Therapists

Introduction

The effectiveness of interventions in the treatment outcome and therapeutic goals of people who use psychoactive substances is an issue of great importance in our society today. Drugs and addiction are problems that affect many people around the world, and it is critical to have effective treatments and trained therapists to help these individuals overcome their addictions and reach their recovery goals. The use of psychoactive substances can have serious

consequences for people's physical, mental and emotional health. In addition, it can also negatively affect their family, social and work environment. That is why it is so important to have effective interventions that can help these people overcome their addiction and achieve a healthy and fulfilling life.

Therapists play a critical role in the treatment process. They are trained professionals who provide emotional support, guidance and practical tools to help people overcome their addiction. Thera-

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pists must be empathetic, understanding and willing to listen and understand their patients' experiences and difficulties. In terms of treatment outcomes, it is important to keep in mind that recovery from addiction is not a linear process. There may be relapses and obstacles along the way, but that does not mean that treatment has been ineffective. Addiction is a chronic disease and the recovery process can be long and challenging. It is essential that people who use psychoactive substances have patience and perseverance to achieve their therapeutic goals.

In addition, it is important to note that therapeutic goals should be realistic and achievable. Each person has different circumstances and challenges in his or her life, so it is critical to set goals that are realistic and achievable. This will help maintain motivation and commitment during the treatment process.

Justification

In the measurement of therapeutic outcomes, it is necessary to integrate indicators that measure different areas of the lives of the people served. There are some criteria to make the application more efficient:

- Be brief (minimum application time)
- Simple to complete, with easy-to-answer items
- Monitor the main evidence-based problems presented by the consultants
- To have a useful format for data collection, clinical practice and feedback for consultant improvement

Background

Measuring results from a recovery perspective

Considering substance use disorder as a chronic recoverable disorder,¹⁻⁴ allows one to consider the measurement of treatment outcomes from the perspective of recovery. For McLellan¹ recovery involves more than just the absence of symptoms or abstinence and requires providing tools for both symptom management and improving quality of life. The concept is only applicable at the level of the individual, so it can only be measured whether the treatment produces good results and how likely it is to aid the participants' recovery.

Treatment outcome indicators

In reference to the concept of recovery, seven fundamental dimensions of people's lives are proposed to be measured: substance use, mental health, physical health, occupational status, transgression of social norms, interpersonal relationships and life satisfaction.

For each one, different indicators were integrated to evaluate treatment results in a brief and simple manner.

Two levels of outcome indicators are suggested:

a. Basic version: only the primary indicators for each of the aforementioned dimensions are considered.

b. Advanced version: a greater variety of indicators are considered for each area, allowing a more complete view of changes in the individual.

The indicators in both versions collect subjective information; some questions are open-ended and may require recalling specific days; others are closed-ended, with a yes or no response, or have a scale (visual analog or Likert-type).

It requires that the practitioner administering the instrument share the view that all people possess a potential for change, and are capable of actively engaging in a therapeutic process the provide the right conditions.⁵⁻⁷

Some of these conditions may be to promote a collaborative atmosphere in relation to their responses on the test:

a) In the administration of the instrument to obtain the baseline:

- Report what it consists of and what information is desired^{8,9}
- Provide informed consent, and guarantee confidentiality⁹
- That the form in which it is applied is a type of conversational assessment
- Consider the 4 weeks prior to admission, rather than the 4 weeks prior to instrument application

b) In the administration of the instrument during the course of treatment:

- Report the purpose of the interview
- Show a genuine interest in how the consultant perceives his or her current state
- Avoid comments that may be perceived as value judgments

Frequency of Measurement of Performance Indicators

a) Obtaining the baseline: it is suggested that the instrument be applied the first week of entering treatment.

b) Monitoring of results during the course of treatment: it is suggested that the measurement should not exceed 3 months between administrations. In addition, its application is recommended on the day of discharge from treatment (it is suggested to administer it to the user who pays for the treatment).¹⁰⁻¹²

Analysis of Results

The application of the outcome measurement instrument will make it possible to know the changes experienced during treatment and follow-up, as well as to obtain information on the total number of people treated at the treatment center.

Outcome measurement based on the evaluation of the achievement of treatment goals.

This evaluation method allows monitoring and measuring the achievement of the proposed treatment goals. It differs from the methodology proposed in the Treatment Outcome Indicators section:

- The baseline is useful during the process of negotiating treatment goals with the client, which is part of the design of the Individualized Treatment Plan (ITP)
- Outcome measurement is individualized. Although your treatment needs may be similar, the goals in the ITP reflect individual preferences
- The deadline for the evaluation of its progress in the achievement of its goals may be indifferent periods

Although it differs from the evaluation method proposed in the treatment indicators section, this goal evaluation method complements the results.

In this evaluation method, a visual scale (VAS) is used to measure progress in the achievement of therapeutic goals. It is suggested to use a VAS of between 1 and 10 points to measure achievement.

Finally, it is suggested that the client's ITP have no more than 3 goals. As the person achieves these goals, other treatment goals can be added.^{13,14}

Participants

The measurement was performed on 20 participants who sought care at the "Addiction Prevention Center Dr. Héctor Ayala Velázquez"; of which 14 were men and 6 were women, the mean age was 26.75 years. Alcohol use was reported by 55%, marijuana use by 35%, tobacco use by 5% and cocaine use by 5%. Three measurements were made of the amount of substance consumed by the participants, and in 90% of the cases, by the third evaluation, they had maintained abstinence or managed to reduce their consumption.

Results

The average frequency of consumption decreased from a first measurement of 4.83 days to a second measurement of 2.5 and a final measurement of 1.3; the perception of psychological health measured on a scale of 0 to 10 went from a first measurement with an average of 7.15 to a third measurement with an average of 8.75;

the perception of physical health went from 8.1 to 8.65; the perception of work/school activity measured in days worked went from 19.2 to 19.7; in the perception of interpersonal relationships, greater well-being was reported in coexistence with parents and friends; in the perception of antisocial behaviors, violence with other people increased from .18 to .05 and violence with other people increased from .18 to .057; in the perception of interpersonal relationships, greater well-being was reported in coexistence with parents and friends; in the perception of antisocial behaviors, violence with other people increased from .18 to .05 and intrafamily violence went from 1.59 to .059; and finally, with respect to the perception of satisfaction with life, it went from 8.05 to 8.7.

Therefore, it is necessary to provide more training strategies to health professionals in the management of violence, self-harm and suicide in order to increase the benefits and improvements in the recovery of the participants.

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Conflict of Interest

The authors declare that there is no conflict of interest.

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