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Promoting continuing care adherence among substance abusers with co-occurring psychiatric disorders following residential treatment

Josephine M. DeMarce [a,b,*], Steven J. Lash [a,c,1], Robert S. Stephens [b], Steven C. Grambow [d,e], Jennifer L. Burden [a,c]

[a] *Veterans Affairs Medical Center, Salem, Virginia, 1970 Roanoke Blvd, Psychology (116A4), Salem, VA 24153, United States*
[b] *Virginia Polytechnic Institute & State University, Virginia Tech, Department of Psychology (0436), Blacksburg, VA 24061, United States*
[c] *University of Virginia, United States*
[d] *Center for Health Services Research in Primary Care, Durham VA Medical Center, Durham, NC, United States*
[e] *Duke University Medical Center, Duke University Medical Center (DUMC) Hock Plaza Room: 11031, Durham, NC 27710, United States*

Abstract

Epidemiological data from treatment and community samples of individuals with substance use disorders indicate that the rates of co-occurring psychiatric disorders are high and that these disorders are associated with poor treatment adherence and outcomes. A growing body of research indicates that continuing care adherence interventions positively impact treatment outcome. However, it is unclear whether these interventions are effective for individuals with co-occurring psychiatric disorders. This paper explores this question with data from 150 participants who were randomized to receive a behavioral continuing care adherence intervention involving contracting, prompting and reinforcing attendance (CPR), or standard treatment. Fifty-one percent of the participants had one or more co-occurring Axis I or Axis II psychiatric disorders in addition to a SUD diagnosis. Among individuals with co-occurring disorders, those who received the CPR intervention show increased duration of treatment and improved 1-year abstinence rates compared to those who received STX. Additionally, effects of

* Corresponding author. Tel.: +540 961 7447; fax: +540 983 1078.
E-mail addresses: josephine.demarce@va.gov, jdemarce@med.va.gov (J.M. DeMarce), steven.lash@va.gov (S.J. Lash), stephens@vt.edu (R.S. Stephens), steven.grambow@duke.edu (S.C. Grambow), jennifer.burden@va.gov (J.L. Burden).
[1] Requests for the CPR treatment manual and materials should be addressed to Steven J. Lash, Ph.D., SARRTP (116A4), Veterans Affairs Medical Center, Salem, VA 24153. Phone: (540) 982-2463, ext. 2593. FAX: (540) 983-1085.

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the CPR intervention were generally more pronounced among persons with co-occurring Axis I and/or Axis II disorders than those without these disorders. Treatment implications are discussed.

Keywords: Comorbidity; Continuing care adherence; Aftercare

1. Introduction

Epidemiological data from substance use disorder (SUD) treatment populations (Najavits et al., 1998; Thomas, Melchert & Banken, 1999) and community samples (Kessler et al., 1997) indicate the rates of co-occurring SUD and psychiatric disorders are as high as 45–55%. Treatment providers are particularly concerned with providing high quality care to these individuals because they typically have poorer adherence to substance abuse treatment (Ross, Dermatis, Levounis, & Galanter, 2003; Weinstock, Alessi, & Petry, 2007) and poorer substance use outcomes compared to those diagnosed with only a SUD(s) (Greenfield et al., 1998; Hasin et al., 2002; Ritsher, McKellar, Finney, Otilingam, & Moos, 2002a; Ritsher, Moos & Finney, 2002b).

Because research suggests that longer durations of SUD continuing care involvement is related to better substance use outcomes (Kelly, McKellar, & Moos, 2003; Moos, Finney, Ouimette, & Suchinsky, 1999; Moos & Moos, 2003; Ritsher et al., 2002a), examining ways to increase continuing care among persons with co-occurring psychiatric disorders may also lead to improved outcomes for this population. For instance, Moos et al. (1999) found that longer participation in aftercare therapy and self-help groups was associated with improved abstinence rates. A number of studies have suggested that for many individuals SUD treatment needs to continue for at least 3 months in order to be effective (e.g., Hubbard, Craddock, Flynn, Anderson, & Etheridge, 1997; Simpson et al., 1997; Simpson, Joe, Fletcher, Hubbard, & Anglin, 1999). Additionally, a recent review of the duration of SUD treatment concluded that longer episodes of care are associated with improved outcomes (McKay, 2005). Studies have found that individuals with co-occurring psychiatric disorders are at greater risk for poor treatment adherence compared to those without these disorders (e.g., Ross et al., 2003; Weinstock et al., 2007). Poor treatment adherence by individuals with co-occurring psychiatric disorders is concerning because longer durations of treatment also are associated with improved substance use outcomes in this population (Brunette, Drake, Woods, & Hartnett, 2001; Chi, Satre, & Weisner, 2006; Moggi, Ouimette, Finney, & Moos, 1999).

A growing number of interventions have been shown to both increase continuing care participation rates and treatment outcomes (Ahles, Schlundt, Prue & Rychtarik, 1983; Ossip, Van-Landingham, Prue & Rychtarik, 1984; Lash & Blosser, 1999; Lash, Burden, Monteleone, & Lehmann, 2004). In one study, Lash et al. (2004) found that persons who received social reinforcement of attendance had an increased frequency and duration of aftercare attendance, as well as lower rates of alcohol use 6 months following treatment compared to those who received standard treatment. While there is support that these interventions are effective with general SUD treatment samples, it has not been established whether these interventions are effective with individuals with co-occurring psychiatric disorders.

In this paper we re-analyze data from a study designed to increase aftercare attendance in a sample receiving treatment for SUDs in order to explore the effects of the intervention on those with co-occurring psychiatric disorders. The primary outcome paper reported that an intervention consisting of behavioral