



Trends, predictors and outcomes in an adolescent treatment program

Never Stand Still

Medicine

School of Public Health and Community Medicine

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Literature sourcing/review and data analysis

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The PALM program

- The Ted Noffs' Program for Adolescent Life Management (PALM) is a modified Therapeutic Community (TC) for adolescents with alcohol and other drug difficulties.
- A holistic approach is taken to equip adolescents with skills to manage their lives effectively.
- Based on a harm minimisation approach the ultimate goal is to build a positive basis for life outside the program, including stability in accommodation, employment and positive social and family networks.
- The residential program (up to three months stay) focuses on psychosocial functioning using individual and group therapy, vocational education and TC mechanisms to effect change.



Characteristics of young people in the program

Of 1063 clients (young people aged 14-18 years) in the program between 2009 – 2014:

- About three-quarters (n=777; 73%) were young men and one-quarter (n=283; 27%) young women¹.
- The majority (n=1000; 94%) were born in Australia
- 406 (38%) reported ever being in a special class
- 843 (79%) reported ever being suspended or expelled
- Two-thirds had lived in more than 1 place in the last six months and about 40% had lived in 3 or more places
- Almost 70% had been arrested at least once in previous 3 months

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¹ Data for three people were not recorded

Trends over time in drug use 2009-2014

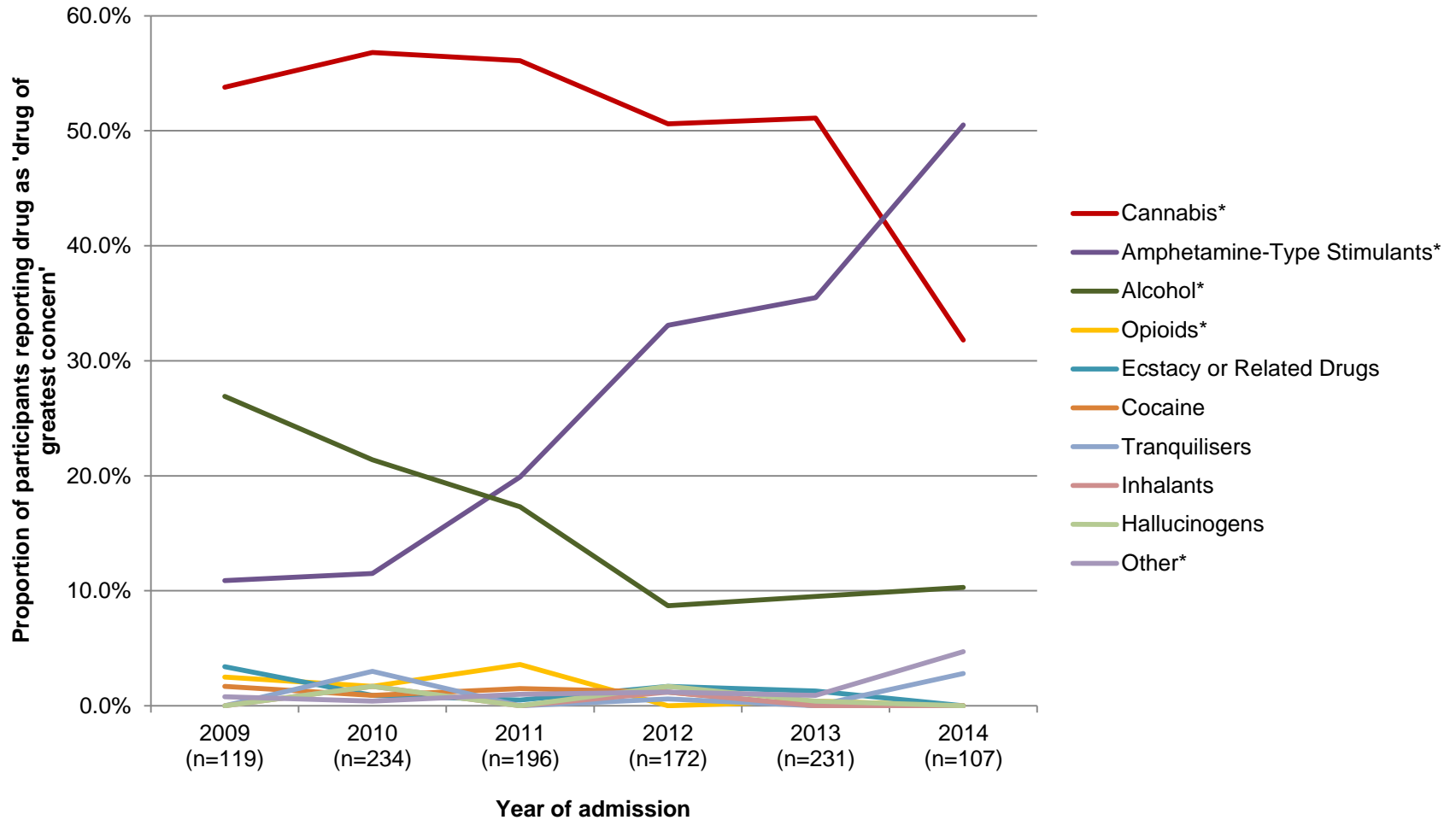
Changes in characteristics of young people over time

Trends in key sociodemographic variables from 2009 – 2014:

- Sample composition fairly stable over time. No significant trends over time in age, sex, country of birth, having been in a special class, number of arrests, prevalence of self-harm or suicidal tendencies.
- Significant decrease in proportion of participants expelled or suspended from school ($p < .001$).
- Significant increase in proportion of participants reporting that they lived in one place in last 3 months and a commensurate decrease in proportion of participants reporting living in two or more places in last 3 months ($p = .01$).

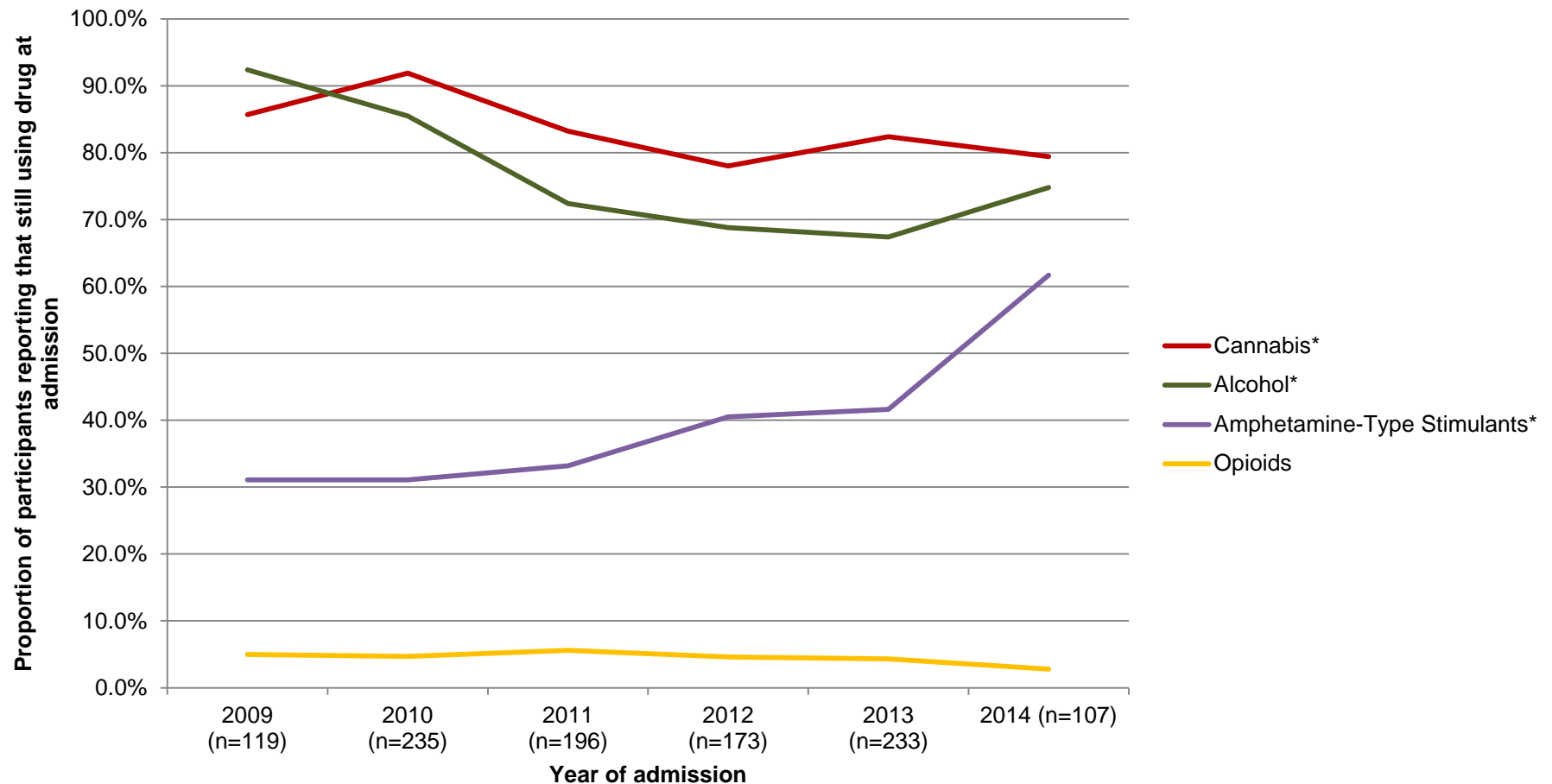


Drug of greatest concern (N=1059)



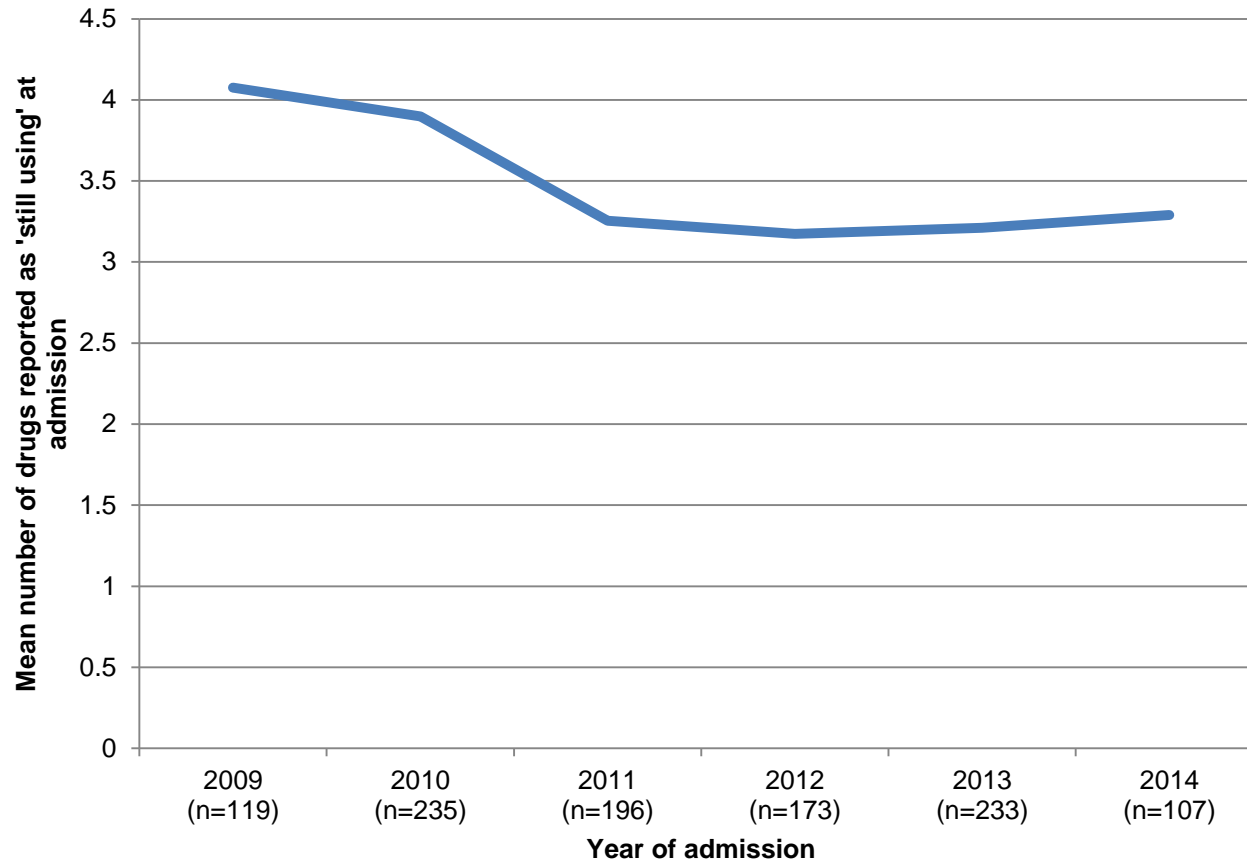
*p<0.05. Significant downward trends over time in cannabis, alcohol and opioids. Significant upward trend in ATS.

Drugs still using (N=1063)



* $p < 0.05$. Significant downward trends over time in cannabis and alcohol. Significant upward trend in ATS. No trend change in opioids

Polydrug use at admission (N=1063)

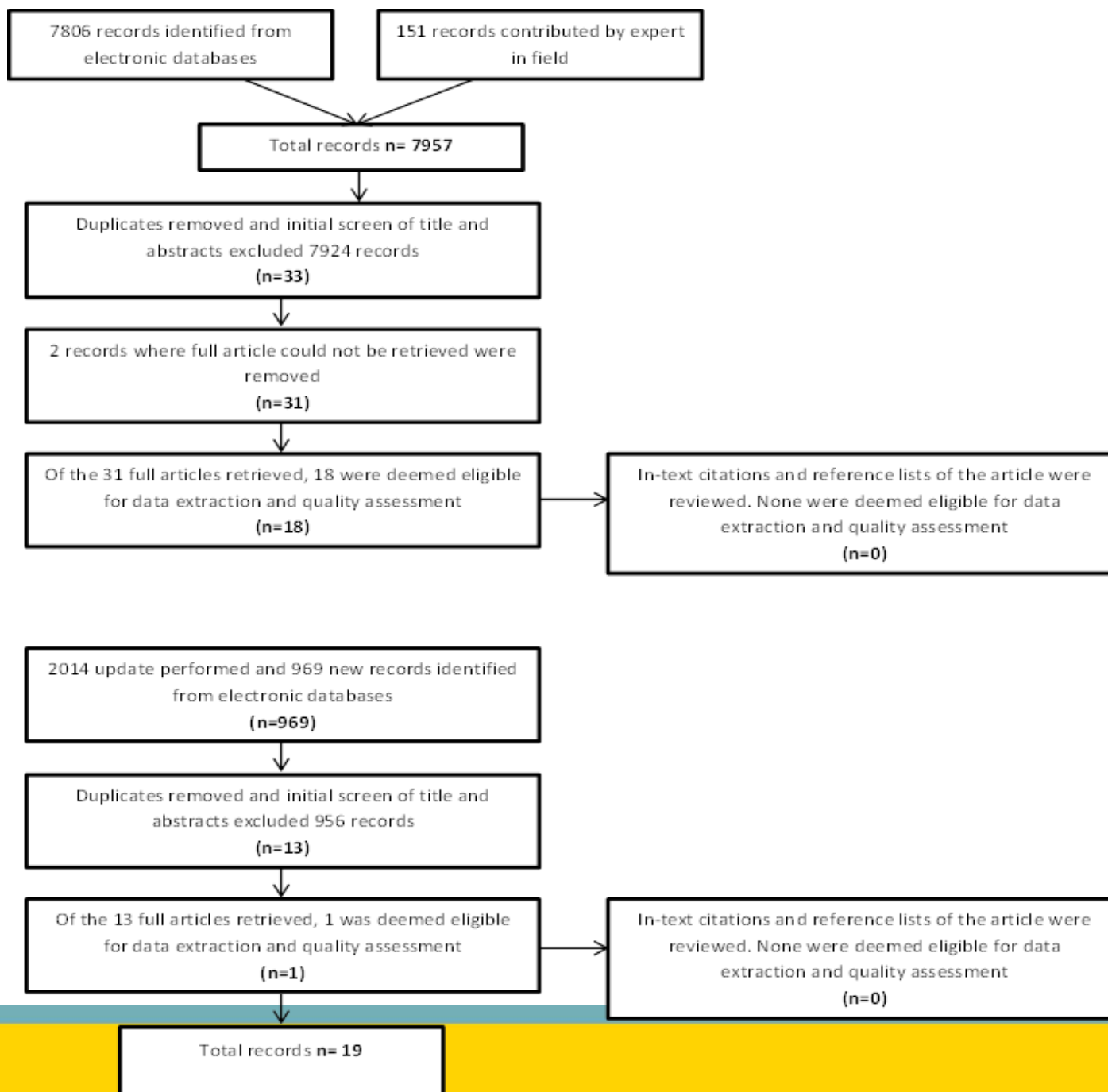


Number of drugs 'still using' ranged from 1 to 11. Significant downward trend over time in mean number of drugs 'still using'.



Predictors of retention

A review of the literature



The papers reviewed

- Of the 19 studies, the majority were undertaken in the United States (n=17) with only one from Canada and one from New Zealand.
- No Australian studies investigating predictors of treatment completion or length of stay for adolescents attending residential drug and alcohol treatment were identified.



Predictors of completion or retention

Variables reported by more than one study to predict greater retention or program completion were:

- being female
- greater treatment readiness, motivation to change or desire for help
- positive feelings of safety and connectedness to the program
- receipt of practical assistance or needed services
- good relationships with staff members

Predictors of early dropout

Variables reported by more than one study:

- criminal behaviour before treatment
- having family members or friends with substance dependence
- participating in a program with many rules
- perceiving interventions as insufficient or not meeting their needs



Examining outcomes

Australian Research Council
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Positive life pathways for
vulnerable adolescents: The role
of a life management program
approach.

Study aims

1. To describe and compare the health, social, and criminal justice outcomes over the short term (1 year) and the health and legal outcomes over the long term among young people who are referred and a) stay 30 days or more in PALM (including those who go on to continuing care and those who do not; b) start, but stay less than 30 days in the program; c) are assessed, but do not start the program.
2. To describe and compare the economic costs associated with different outcomes and pathways among young people as above.



Study aims cont.

3. To describe and compare the outcomes of those adolescents who are referred to the program by the criminal justice system to those referred from other sources.
4. If there are more positive outcomes for adolescents who complete the program, to describe and examine the effective elements and strategies associated with these more positive outcomes, including for those who go on to continuing care and those who do not.

Study design & methods

- Existing data, of over 2000 individuals, comprising clients from 2001 to the present, will be used in a data linkage component.
- This data linkage will be complemented by a follow-up study which will include a survey as well as qualitative interviews with young people referred to PALM over a 2-3 year period (approximately 400 young people).



Data linkage arm: Youth pathways study

Pre-referral data

Post-referral data

Criminal justice contacts pre-referral (from 1994 onwards)

Mental health service contacts pre-referral (from 2000 onwards)

Hospital episodes pre-referral (from 2000 onwards)

PALM referrals 2001-2014 (n=2500): 1) Attend and complete, 2) Attend and leave early, 3) Referred and don't attend

Criminal justice contacts post referral (to 2014)

Hospital episodes post referral (to 2014)

Mental health service contacts post referral (to 2014)

ABS Mortality data post referral (to 2014)

Follow up arm: Youth pathways study

Baseline phone survey across three groups (n=400)

Purposefully selected sub group for interview

Baseline face to face in-depth interview (n=45)

PALM referrals 2014-2016: 1) Attend and complete, 2) Attend and leave early, 3) Referred and don't attend

12 month follow up phone survey across three groups (n=400)

Same sub-group interviewed

12 month follow up face to face in-depth interview (n=45)