

# Veterans' Experience and Preferences of Incorporating Valued Life Goals in Addiction Treatment

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## Background

- Addiction treatment research is increasingly focusing on outcomes beyond changes in substance use, such as quality of life (McKay, 2017).
- There is limited data with respect to (1) patients' experience of whether and when addiction treatment currently focuses on valued life goals and (2) patient preferences for the timing and focus of such work.
- The psychosocial challenges of substance use disorders (SUD) are more severe relative to civilian counterparts (Laudet, Timko, & Hill, 2014).
- The current study is a planned secondary analysis of a cross-sectional, online investigation of Veterans' addiction treatment experiences in the wake of COVID-19.

## Methods

### Sample

- Participants ( $n=71$ ) were Veterans who reported challenges with substance use and past year substance use or mental health treatment. Average age was 44.6 ( $SD=16.3$ ), 76% were male (24% female), and 80% were white, non-Hispanic (10% Black, 10% Hispanic, 4% Asian).
- Data collection is ongoing, so we focus here on descriptive findings for the data collected thus far (June 1, 2021).

### Measures

- The Alcohol, Smoking, and Substance Involvement Screening Test** (ASSIST; Humeniuk et al., 2010) assessed for SUD symptoms and severity.
- Role of Personal Recovery Goals in Treatment:** A series of five questions developed for the current study asked participants to indicate: (1) Which of 9 life domains (Wilson et al., 2010) are important for their treatment; (2) When they feel such discussions should begin in treatment, and the earliest this has happened in their actual care; and to (3) Rate (0-100) (a) the importance of addressing these areas in treatment and (b) the extent to which providers have supported this.

### Substance Use

- Most participants (94%) endorsed high risk symptoms for at least one substance use disorder. Consistent with population-level data, alcohol was the most common substance used.

	Any Use (3mo)	High Risk
Alcohol	56.9%	34.7%
Cannabis	23.6%	9.7%
Cocaine	12.5%	8.3%
Sedatives	31.9%	16.7%
Prescription Opioids	16.7%	6.9%
Heroin or Fentanyl	11.1%	8.3%
Methamphetamine	12.5%	5.6%

Table 1. Percentage of sample reporting any and high-risk substance use on the ASSIST.

## Valued Life Domains in Treatment

### Relevance

- Most participants (98.6%) indicated that one or more of the life domains are relevant to their treatment. As shown in Figure 1, relationships and spirituality were some of the most frequently endorsed as relevant to treatment.

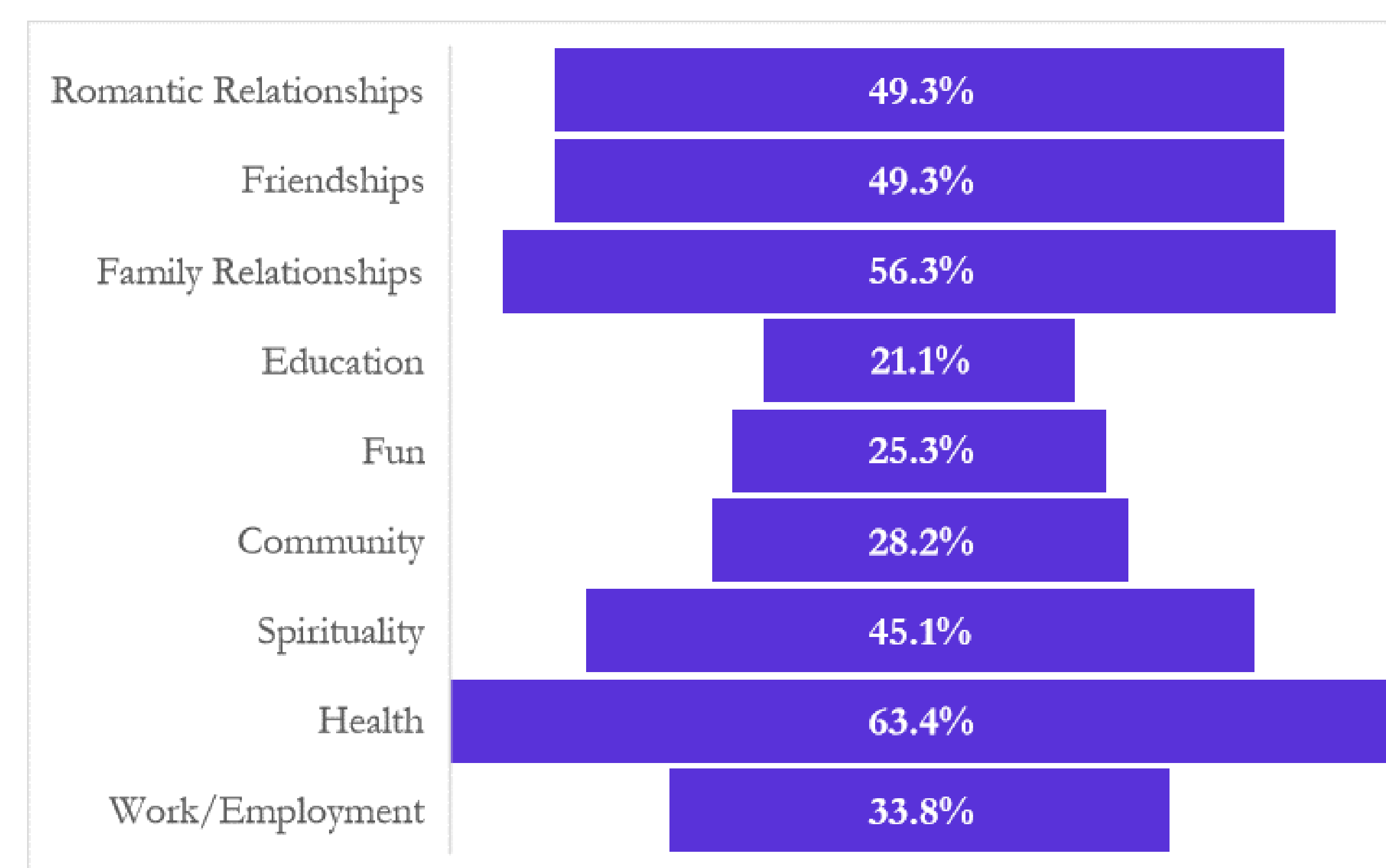


Figure 1. Percent of participants endorsing each life domain as important to treatment.

### Timing

- As shown in Figure 2, most respondents (87%) reported a preference for discussing valued life domains within the first month of treatment, and slightly fewer (80%) reported this to be their actual experience of care.

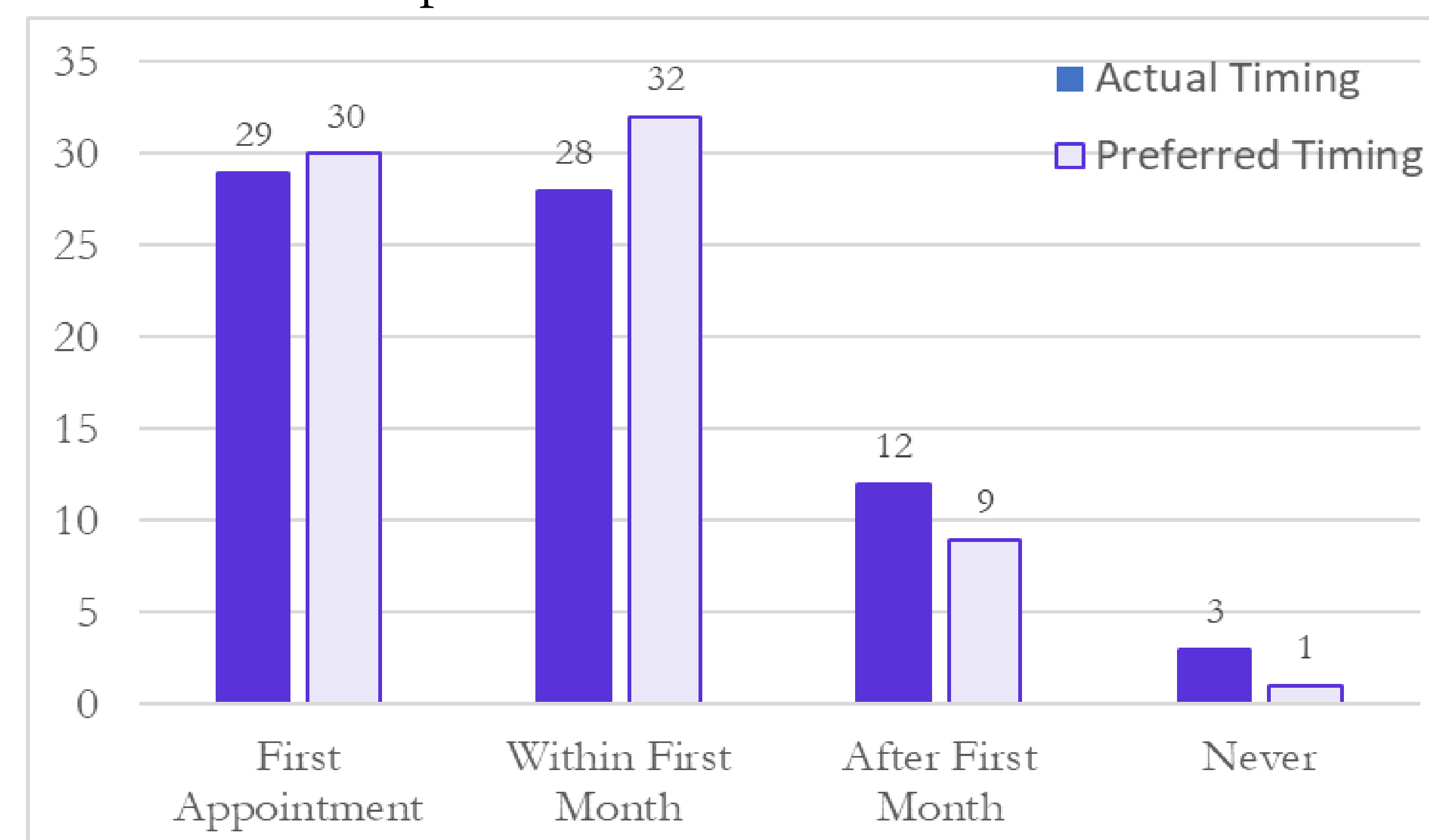


Figure 2. Veterans' preferences and experiences with respect to the timing of discussion of valued life domains in treatment.

### Importance

- With respect to the importance of discussing valued life domains in treatment, participants rated these areas as highly important overall ( $M=79.6$ ) and reported high levels of support from their providers ( $M=60.1$ ).
- More than half (66%) rated valued life domains as higher in importance (on the visual analog scale) relative to actual support received, while 13% reported a match, and 21% reported higher support from providers. Figure 3 illustrates the average ratings for the two items for all three groups.

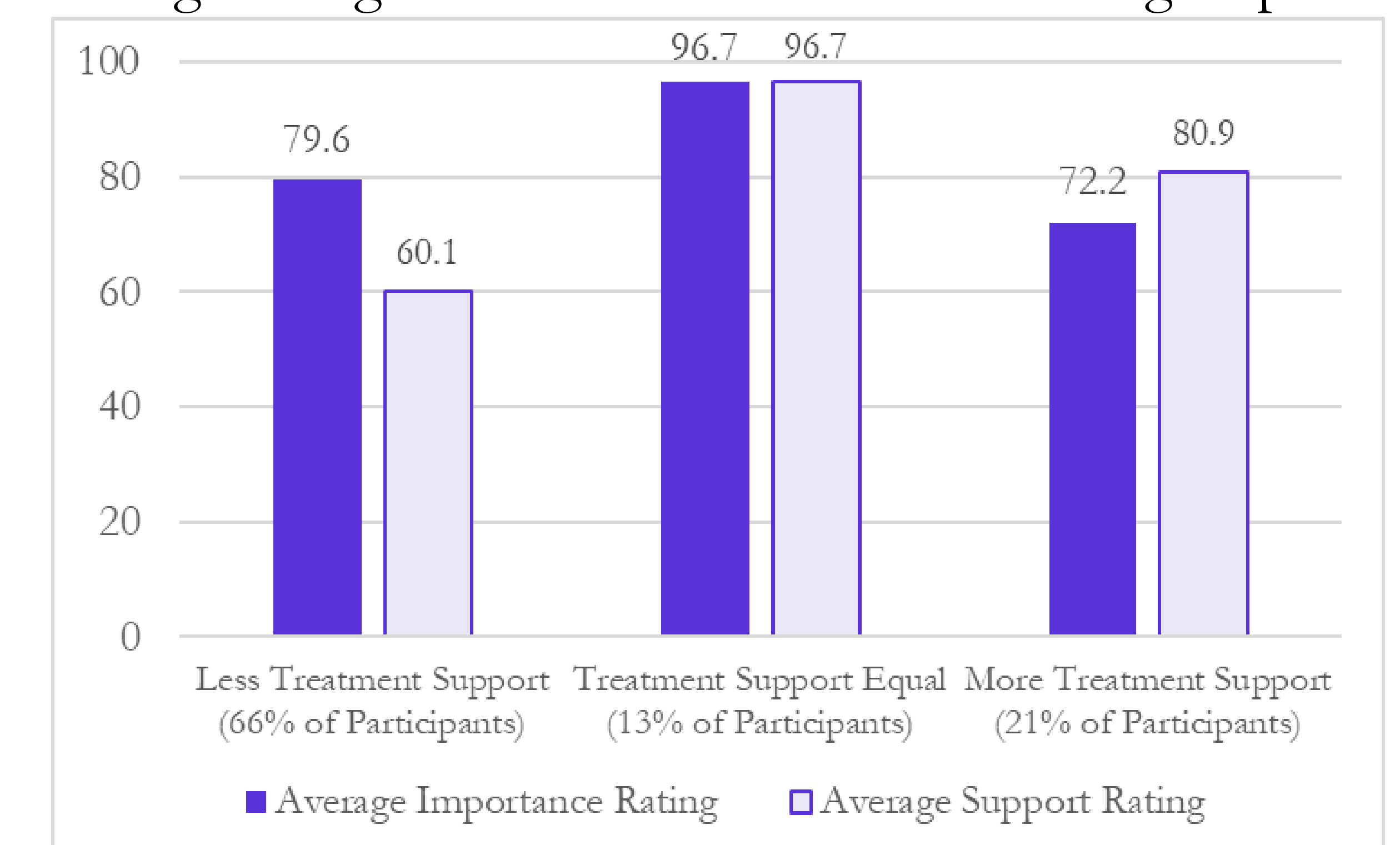


Figure 3. Average importance and support received, grouped by match between importance and support received.

## Conclusions & Future Directions

- These preliminary analyses indicate that Veterans in treatment for substance use challenges consider valued life domains to be an important part of their treatment, and most prefer to begin this conversation early on in care.
- For at least a subset of Veterans, these discussions occur later or with less emphasis than they would like, indicating a potential role for interventions like Acceptance and Commitment Therapy which explicitly focus on these areas.
- Data collection is ongoing, with an anticipated sample of  $n=150$  by 6/30/2021. Analyses will examine the above items as a function of recent treatment experience and satisfaction, primary substance, and self-report of co-occurring post-traumatic stress disorder and related diagnoses.