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• update to clarify text around number of days covered in Table 2  
• updated form appendix 1.1 and 1.2 to new versions and both now under appendix 1.1  
• update branding and format. |

What’s new in version 3.0

Appendix 1.3 is a blank feedback wheel for use with clients or when automatic or system generated feedback wheel forms are not available.
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The Ministry of Health contracted Te Pou to lead the Alcohol and Drug Outcome Measure (ADOM) implementation project. In this capacity Te Pou collaborated with Matua Raḵi and key addiction sector stakeholders to develop, test and evaluate resources that would support consistent implementation and collection of an Alcohol and Drug Outcome Measure (ADOM) and identify strategies for effective national implementation of ADOM.

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- Ane Ohokivaka Tu’ipulotu, clinical supervisor, Tupu Services, Isalei Malaga Takanga A Fohe (Pacific Mental Health and Addiction Services), Waitemata District Health Board, Auckland
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Sources

This document includes both original content and content taken from other sources. Acknowledgement is given to the following sources:


Warning

This guide may be downloaded in PDF format for printing, but is uncontrolled unless viewed electronically from its original location. Where an uncontrolled (printed) document is used, it is the responsibility of the person using it to ensure that it is the latest version.

The controlled version can be accessed on the Te Pou and Matua Raḵi websites: www.tepou.co.nz and www.matuaraki.org.nz – ADOM implementation webpages.
About this guide

This document defines the Alcohol and Drug Outcome Measure (ADOM) Information Collection Protocol (ICP) to support the development of ADOM data systems.

The guide includes the ADOM information collection protocol. It is essential that clinicians collecting ADOM follow the protocol to ensure consistent collection of data. Collecting data consistently ensures that the data has the necessary integrity to enable it to be changed into information, and used to inform services and service users about outcomes for people using addiction services.

The guide also contains information about ADOM, including a glossary, frequently asked questions about the ADOM collection process and information about ADOM data integration into the Programme for the Integration of Mental Health Data (PRIMHD) national data collection.

Further information on the New Zealand implementation of ADOM, including background on the measure’s development, can be found at [www.tepou.co.nz](http://www.tepou.co.nz) or [www.matuaraki.org.nz](http://www.matuaraki.org.nz) - ADOM implementation webpages.

Section 4 of this guide outlines essential ADOM training for addiction clinicians, which will be delivered by a recognised ADOM trainer. Participation in ADOM training is essential for all addiction clinicians before they facilitate the collection of ADOM with service users. ADOM training will be delivered to all addiction clinicians by identified senior addiction clinicians, trainers or educators who have completed an ADOM Train-the-Trainer workshop.
About this guide ........................................................................................................................................................................ 6

1. About ADOM ........................................................................................................................................................................... 8
   1.1 Potential future scope ...................................................................................................................................................... 8
   1.2 Limitations ........................................................................................................................................................................ 9

2. Purpose of collecting ADOM outcome data ...................................................................................................................... 10

3. ADOM eligibility criteria .......................................................................................................................................................... 11
   3.1 Which services are eligible to collect ADOM data or information? ............................................................................. 11
   3.2 Which service users are eligible for ADOM collection? ................................................................................................. 11

4. Essential ADOM training for addiction clinicians ................................................................................................................ 12
   4.1 The ADOM information collection protocol .................................................................................................................. 12
   4.2 Clinical pathways and ADOM collection points ............................................................................................................. 12
   4.3 ADOM collection occasions, collection reason and dates ............................................................................................ 13
   4.4 Administrative information to be recorded with the ADOM collection occasion information .................................. 15
   4.5 Facilitating ADOM collection – the clinician’s role ......................................................................................................... 16
   4.6 Helping service users with timelines – tips ..................................................................................................................... 19

5. ADOM information ................................................................................................................................................................. 21
   5.1 Glossary ................................................................................................................................................................................. 21
   5.2 Frequently asked questions ............................................................................................................................................... 23
   5.3 How ADOM relates to PRIMHD ......................................................................................................................................... 25

Appendices: Example ADOM implementation documents .................................................................................................. 27
   Appendix 1.1(b): ADOM clinician prompt sheet .................................................................................................................. 29
   Appendix 1.2: Example ADOM feedback wheel .................................................................................................................. 30
   Example 1: Recovery progress ................................................................................................................................................. 30
   Example 2: Additional ADOM information .......................................................................................................................... 30
   Appendix 1.3: Blank ADOM feedback wheel ........................................................................................................................ 31
   Appendix 1.4: ADOM calendar ............................................................................................................................................... 32
   Appendix 1.5: ADOM information for service users ........................................................................................................... 33
   What is ADOM? ....................................................................................................................................................................... 33
   What you need to know ............................................................................................................................................................ 33

List of figures and tables

Figure 1: Clinical pathways aligned with ADOM collection occasions ............................................................ 12
Table 1: Summary of ADOM collection occasions throughout the service user treatment journey................... 14
Table 2: Extra information to be collected with ADOM ...................................................................................... 15
Table 3: Who receives what services, from whom, with what effect (outcome) ................................................. 25
1. About ADOM

The first version of the Alcohol and Drug Outcome Measure (ADOM) was developed in 2009 as part of the Mental Health – Standard Measures of Assessment and Recovery (MH-SMART) initiative. ADOM was developed by the Clinical Research and Resource Centre (Waitemata District Health Board), in collaboration with the National Addiction Centre (University of Otago), and with assistance from Auckland Community Alcohol and Drug Services, Waitemata District Health Board and Community Alcohol and Drug Services and Canterbury District Health Board.

The ADOM Implementation Project, October 2011, has resulted in the development of a second version. It is this second version of ADOM that is the subject of this guide and is referred to from here onwards as ‘ADOM’.

ADOM is a set of 20 questions for service users, responses to which are collected at specific points in a service user’s journey.

ADOM consists of three sections:

- Section 1 – eleven questions about the type and frequency of substance use.
- Section 2 – seven questions about lifestyle and wellbeing.
- Section 3 – two questions about the service user’s satisfaction with their recovery.

The last two questions are under development and will be part of a validation study within the next two years.

ADOM was developed for use in adult community-based outpatient addiction services where change can be measured over a period of time. It is important to remember that outcome measures are designed to demonstrate all change – this does not mean only improvement (progress). Therefore, to be most beneficial to the service user’s recovery journey, the clinician must present the ADOM to the service user in a manner that ensures the service user is able to openly report and discuss whatever changes have occurred.

The process for collecting ADOM information is a collaborative one, in which the clinician introduces ADOM, and then facilitates the process of working through the questions in a manner that supports service user-initiated responses (ratings) to each question.

ADOM collection points align with key treatment stages, for example, assessment, reviews and discharge. Data from each ADOM collection provides information about change in the service user’s status in relation to their substance use, lifestyle and wellbeing and progress with recovery during treatment over time. ADOM collection focuses on treatment as a whole journey, and aims to demonstrate change over time.

Reports on the development of ADOM are available at www.tepou.co.nz or www.matuaraki.org.nz

1.1 Potential future scope

ADOM was designed for use in community based adult alcohol and other drug (AOD) services and for potential use within the wider mental health sector, although it has not yet been specifically tested with mental health service users. Section one of ADOM provides useful information about substance use that is currently not collected by any existing measures; however, the relevance of section two to mental health service users is yet to be determined. Further study will occur in 2014 and 2015 regarding the use of Health of the Nation Outcome Scales (HoNOS) and ADOM with service users with co-existing problems. The potential for ADOM use in youth AOD services has not yet been tested.
1.2 Limitations

The information collection protocol for collecting ADOM focuses on treatment as a whole journey, and aims to demonstrate change over time. For this reason, ADOM has limited utility where it cannot be collected in an ongoing way. Therefore, it is most relevant to community-based outpatient addiction services that are non-residential or inpatient (short-term) in nature.
2. Purpose of collecting ADOM outcome data

Outcomes data collected using ADOM will be used for measuring changes in service users’ substance use, lifestyle and wellbeing, and their satisfaction with their recovery progress over time.

Measurement of service user outcomes, by definition, presumes a comparison over time and requires information to be collected on at least two occasions, in order to allow measurement of change in the service user’s health status.

Outcome information can add value at many levels, for example it can:

- inform and shape treatment
- assist service users to view progress with their recovery
- provide clinicians with a means for reviewing treatment planning and goals
- assist organisations in recognising the impact of service models, service delivery and interventions
- assist in identifying case complexity through clinically significant items or index of severity reporting
- allow providers to self-assess at a team, service, regional and national level
- assist with the call for outcomes (rather than outputs) to increase service effectiveness and efficiency.

ADOM is not an audit tool, and is not designed nor intended to be used as a measure of service or clinician performance.

When linked to the existing Programme for the Integration of Mental Health Data (PRIMHD) national data collection, which comprises such information as face to face activity, diagnosis, legal status and referral information, outcomes information from ADOM has the potential to add further value and understanding of the service user treatment journey. It can begin to explain who receives which services, and to what effect.

ADOM is not included in the New Zealand Mental Health Casemix\(^1\) classification, and thus, case complexity is an area for future investigation. Case complexity requires key information to be collected during each episode, to allow each period of care within the episode to be adequately described and classified. Significant volumes of ADOM collections will be required to enable case complexity investigations to commence.

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\(^1\) Casemix provides a means to observe the differences between service providers, by grouping service users based on factors that best predict the need for, and the cost of, care. For further information, see the Te Pou website [www.tepou.co.nz](http://www.tepou.co.nz)
3. ADOM eligibility criteria

3.1 Which services are eligible to collect ADOM data or information?

Eligible

The ADOM information collection protocol, contained in Section 4 of this guide, covers district health board and non-government organisation adult, community-based, outpatient addiction treatment services, including addiction clinicians working in mainstream teams or services.

ADOM is a valid measure for collection in addiction service settings where there is ongoing clinical contact or treatment occurring with a service user, over a period of time. This includes:

- adult community-based outpatient addiction services
- community-based outpatient after-care or continuing care programmes – post-residential or outpatient intensive treatment programmes
- residential and managed withdrawal inpatient services. These services may benefit from collecting ADOM at admission only, to demonstrate the acuity and needs of service users at admission, and to provide comparative data for treatment or service review and development.

Exclusions

ADOM is not validated as a tool for collection in services or programmes that do not have ongoing service user contact over a period of time. This includes:

- pre-treatment groups, for example, prison pre-release
- brief interventions.

3.2 Which service users are eligible for ADOM collection?

Eligible

All service users:

- aged 18 years or older (note that where clinical or organisational factors dictate, younger service users admitted to an addiction service may be assigned to the adult group, for example a 16-year-old who is employed, living alone or similar)
- enrolled with a community-based government-funded district health board or non-government organisation addiction treatment service or programme
- who have been in the community for seven or more days in the past 28 days.

Exclusions

Service users who have been in an inpatient or custodial or remand setting for more than 21 days of the past 28 days.

The client must have been in the community for seven or more consecutive days immediately prior to an ADOM collection. Do not complete an ADOM until this is the case.
4. Essential ADOM training for addiction clinicians

All addiction clinicians must complete the training in Section 4 of this guide prior to commencing ADOM collection and use with service users. ADOM trainers (who have completed the ADOM Train the Trainer Workshop) will facilitate the training for addiction clinicians.

4.1 The ADOM information collection protocol

The information collection protocol standardises the collection of ADOM information. This is important, as it means that when the information is compared across service users, teams or services, we know that we are comparing apples with apples, and that the information has integrity.

4.2 Clinical pathways and ADOM collection points

Figure 1 shows a standard clinical treatment pathway and the related ADOM collection occasions (points). Obviously, there will be some variation amongst addiction services, in terms of entry procedures and treatment options (for example wait lists, triage, face to face counselling and groups). It will be important for services to clearly define their clinical pathways, and how the ADOM collection points and protocols will best integrate within these.

**Figure 1: Clinical pathways aligned with ADOM collection occasions**

Treatment start ADOM

The beginning of any new episode of care is the treatment start. Following assessment, collection of ADOM at this point provides the baseline measurement for the service user’s treatment journey. The ADOM results at this stage are useful in discussing the overall picture with the service user, and identifying strengths and challenges for recovery.

Review ADOM

Collection of review ADOM at six weeks, then on an ongoing basis every 12 weeks or three months, provides the opportunity to look at changes related to previous ADOM collections, and supports treatment review and goal setting with the service user. It is recognised that clinical contact with the service user will be based on their specific treatment needs and therefore may occur more frequently than the ADOM review points identified in Figure 1.
Discharge ADOM

Service users will have a discharge ADOM collection when they complete an episode of care and are discharged by the service. This may be at a planned treatment end point, or when the service user does not return for appointments and cannot be contacted. When referring a service user on to another service, the discharge ADOM may provide a useful summary of the service user’s status at the time of discharge.

4.3 ADOM collection occasions, collection reason and dates

Table 1 summarises:

- ADOM collection occasions – describes the points in treatment when ADOM is to be collected, for example, treatment start (assessment), review, and treatment end (discharge) stages within an episode of care.
- The reason for collection – identifies the treatment stage prompting the ADOM collection occasion throughout the service user’s treatment journey.
- ADOM collection dates – describes the timeframes that the ADOM collection occasion must occur within (to ensure consistent data collection).

The ADOM form contains all the reasons for collection listed in the table. Clinicians are required to tick the reason for collection at each ADOM collection occasion.
### Table 1: Summary of ADOM collection occasions throughout the service user treatment journey

<table>
<thead>
<tr>
<th>Treatment start ADOM</th>
<th>Reason for collection/collection date</th>
</tr>
</thead>
<tbody>
<tr>
<td>- New service user entering service – assessment completed.</td>
<td>• <em>Treatment start – new.</em></td>
</tr>
<tr>
<td>- The intention is ongoing treatment with the service.</td>
<td>• Complete ADOM within 2 weeks of treatment start.</td>
</tr>
<tr>
<td></td>
<td>• <em>Treatment start – other AOD service.</em></td>
</tr>
<tr>
<td>- New service user entering service by referral from another addiction service.</td>
<td>• Complete ADOM within 2 weeks of treatment start.</td>
</tr>
<tr>
<td>- Assessment completed.</td>
<td>• <em>Assessment only.</em></td>
</tr>
<tr>
<td>- The intention is ongoing treatment by the service.</td>
<td>• Complete ADOM within 2 weeks of assessment.</td>
</tr>
<tr>
<td>- New service user entering service. Assessment indicates referral on to more</td>
<td></td>
</tr>
<tr>
<td>appropriate service (e.g. residential, detox or mental health), or that service</td>
<td></td>
</tr>
<tr>
<td>user is not appropriate to service.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge ADOM</td>
<td></td>
</tr>
<tr>
<td>- At planned discharge from the current episode of care – treatment completed.</td>
<td>• <em>Treatment end – routine.</em></td>
</tr>
<tr>
<td></td>
<td>• Complete ADOM within 1 week of treatment end date.</td>
</tr>
<tr>
<td></td>
<td>• <em>Treatment end – DNA.</em></td>
</tr>
<tr>
<td></td>
<td>• Complete ADOM, administrative data only, within 1 week of treatment end</td>
</tr>
<tr>
<td></td>
<td>• <em>Treatment end – other AOD service.</em></td>
</tr>
<tr>
<td></td>
<td>• Complete ADOM within 1 week of treatment end.</td>
</tr>
<tr>
<td></td>
<td>• <em>Treatment end – other</em></td>
</tr>
<tr>
<td></td>
<td>• Complete ADOM, administrative data only, within 1 week of treatment end</td>
</tr>
</tbody>
</table>

**Note:** the second review is completed at 12 weeks from treatment start (which is 6 weeks after the first review) and then 12 weekly until discharge.
### 4.4 Administrative information to be recorded with the ADOM collection occasion information

At each ADOM collection occasion, the clinician is required to also record some additional key information that will add to the outcomes picture, both at an individual service user level and at a national aggregated level. This administrative information is described in Table 2.

#### Table 2: Extra information to be collected with ADOM

<table>
<thead>
<tr>
<th>Information required</th>
<th>Description</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction service team</td>
<td>• Identifying the service user’s primary AOD team is important when tracking a service user’s movement within an episode of care, and essential for comparing service user data within each team.</td>
<td>• For addiction services this will either be team name or team code</td>
</tr>
<tr>
<td>Collection occasion date</td>
<td>• At treatment start and/or review, the collection occasion date is the date that ADOM is actually completed.</td>
<td>• The date on which the ADOM collection is completed</td>
</tr>
<tr>
<td></td>
<td>• At treatment end, this is the date the episode actually ended i.e. date of planned discharge; or for DNA/other - the date of last contact from community settings.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The collection occasion date is the reference date for all reports and statistical analyses of the data collected at any given collection occasion (treatment start, review, or end).</td>
<td></td>
</tr>
<tr>
<td>Collected by</td>
<td>• Identifying the clinician who completed the collection allows systems to provide reminders for reviews.</td>
<td>• The name of the clinician completing the ADOM collection with the service user</td>
</tr>
<tr>
<td>Mandated or voluntary referral</td>
<td>• It is important to indicate whether the referral has been received from a statutory organisation, and the service user is mandated to attend for assessment, or whether the service user is attending voluntarily (without direction from a statutory agency).</td>
<td>• Tick either Mandated or Voluntary. At times, services users may initially attend for mandated assessment and then return voluntarily – tick the box that applies to the current ADOM collection.</td>
</tr>
<tr>
<td>Number of days covered: 7–28</td>
<td>• The client must have been in the community for 7 or more consecutive days immediately prior to an ADOM collection. Do not complete ADOM until this is the case.</td>
<td>• Enter the number of days that the ADOM collection covers – this must be between 7 – 28 days.</td>
</tr>
<tr>
<td>Co-existing Problems (CEP)</td>
<td>• Identifying whether a service user is receiving CEP services can assist locally and nationally in interpreting information and linking with other PRIMHHD data related to the current treatment.</td>
<td>• Yes or No</td>
</tr>
<tr>
<td>Focus of care</td>
<td>• Identifies the main focus of care provided over the previous period of care, for example either 6 or 12 weeks.</td>
<td>• Engagement, screening and assessment. Active treatment – includes detoxification, specialist interventions, opioid substitution treatment and integrated care. Continuing care – includes relapse prevention, follow-up.</td>
</tr>
</tbody>
</table>

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4.5 Facilitating ADOM collection - the clinician’s role

The process for collecting ADOM is a collaborative one, in which the clinician introduces ADOM, and then facilitates the process of working through the ADOM questions, in a manner that supports service user-initiated responses (ratings) to each question.

The clinician’s skills in using a motivational approach (positive engagement, listening and non-judgmental feedback) are as important in collecting outcomes information as they are in everyday clinical practice and in all communication with service users.

Providing a safe confidential environment is also critical for service users to feel they can openly answer the questions.

ADOM training will equip clinicians to fully understand the intent of the ADOM questions. The ADOM clinician prompt sheet on the back of the ADOM form provides a quick reference guide to the ADOM collection protocols.

ADOM form and structure

- Demographics and identifiers – these help provide the context for the data collected. This section requires the clinician to record the relevant indicators at each ADOM collection occasion.
- Section 1 – questions 1 to 9 cover substance use and frequency, and questions 10 to 11 cover injecting use and sharing equipment.
- Section 2 – questions 12 to 17 focus on lifestyle and wellbeing, while question 18 is about criminal or illegal activity.
- Section 3 – questions 19 and 20 cover service user satisfaction with recovery goals.

ADOM question types

The questions in ADOM use different types of ratings.

- **Timeline or frequency of use**: questions 1 to 7 (excluding question 2), question 10 and questions 12 to 18 require the service user to recall the number of days in the past four weeks (7 to 28 days) that the focus of the specific question occurred, for example ‘In the past four weeks, how many days did you use cannabis?’
- **Quantity used**: questions 2 and 8 ask the service user to identify the amount of the drug used, for example. Alcohol and tobacco. In the case of alcohol the clinician converts this to standard drinks consumed and records the answer. An alcohol conversion chart is included in the clinician prompt sheet on the back of the ADOM collection form. Where service users are using loose tobacco, 50gm = 100 cigarettes.
- Prioritise concern about substance use: question 9 asks the service user to identify the main substance(s) of concern, and prioritise the top three with ‘1’ being the substance of most concern.
- **Yes and no**: question 11 requires the service user or clinician to select the relevant answer.
- **Rating scales**: questions 12 to 18 and question 20 require service users to confirm their rating (for example: not at all, less than weekly, once or twice a week, three or four times a week, daily or almost daily) for each question.
- Question 19 requires the service user to allocate a rating on a 1 to 10 scale, where ‘10’ is the best possible.
Specific drugs - ADOM Section 1: questions 5, 7 and 9

Where the form specifies opioids, this means illicit or inappropriately accessed opioids. For example street methadone, poppies, codeine etc. (question 5).

Where the service user identifies that they are using 'Any other drugs', up to three of these can be recorded. It is recognised that current availability and trends indicate that these may change fairly rapidly. The focus of the discussion should be on the number of days used in the past 0 – 28 days rather than the drug per se (question 7).

Where the service user identifies more than one substance of concern (there can be up to three), the service user is to prioritise these with '1’ being the substance of most concern (question 9).

Injecting risk behaviour - ADOM Section 1: questions 10 and 11

If in Section 1, the service user has reported using only non-injectable substances, for example alcohol or cannabis, then enter a '0' for questions 4 to 9, and 'No' for questions 10 and 11. If the service user has reported using 'potentially injectable drugs' in questions 4 to 7, then in your own words, ask the following.

- “The next two questions are about injecting drugs. Sometimes people using the drugs we’ve just talked about inject them at times. Thinking about the past four weeks [use calendar start and end dates], were there any occasions where you injected any of the drugs you’ve used?” (Tip: using a third person example can be helpful).
- If the service user answers “No”, suggest you recheck by asking, “Have I got this right, that there were no days over this period that injecting occurred?” (Remember that a range of substances are injectable, for example. benzodiazepines).
- If the service user answers “Yes”, using the calendar say, “Let’s look together at the dates. Let’s work back from today. How many days would you say you injected this week? What about the week before?” etc.

Question 11 asks about sharing injecting equipment.

- Explain what sharing injecting equipment means, i.e. using someone else’s equipment, which has already been used, or someone else using yours, regardless of whether you were both present at the time or not. Equipment includes needles, syringes, water, dregs, tourniquets, spoons and filters. Check especially whether equipment has been shared between couples or partners.
- Say, "When you look back over the times you injected (on the calendar) can you mark the times that you shared injecting equipment?"

Lifestyle and wellbeing - ADOM Section 2: questions 12 to 18

Questions 12 to 18 are designed to get a bigger picture of the service user’s life and lifestyle, their level of health and social functioning, their work, study or parenting, and their housing or accommodation. The intent of each question is explained below.

Make sure you introduce this section of ADOM to the service user, by saying (as an example), “The questions in this next section look at what’s been happening in your life over the past four weeks related to your health and wellbeing.”
Assure the service user that:
- it is straightforward and you will go at their pace
- “there are no right or wrong answers. It’s about how you see your world and what’s been happening over the past four weeks”.

Remind them that:
- this is their opinion of how things have been
- it is confidential. ADOM records their rating of how things have been, not what’s happening.

Question 12 reads: “In the past four weeks, how often has your general physical health caused problems in your daily life?”
- This question is checking general physical health, so you need to keep it broad. The service user’s state of health may be affected by the effects of substance use, but it may also be related to a co-existing physical health problem or medical condition, not affected by substance use.

Question 13 reads: “In the past four weeks, how often has your general mental health caused problems in your daily life?”
- Introduce by saying, “The first question asked about your general physical health, this next question asks about your general mental health and wellbeing.”
- Keep this question broad, as the response can get complex. For example the service user’s response may be an impact from substance use (improved or worsened in relapse) or may be due to a primary co-existing mental health problem such as depression, anxiety or schizophrenia, which could be worsened by substance use. However, it can also be a primary problem, present even when the service user is abstinent.

Question 14 reads: “In the past four weeks, how often has your alcohol or drug use led to problems or arguments with friends or family members?”
- This question can cover conflict or difficult relationships, or fights or arguments caused by substance use, or could relate to conflict with partners, parents, friends or children. It could also relate to the need for family intervention, as a person may be abstinent but still be in conflict; they may need help with family functioning and communication, now that they are abstinent, or their family or friends may have problems trusting them.

Question 15 reads: “In the past four weeks, how often has your alcohol or drug use caused problems with your work, or other activities, in any of the following: social, recreational, looking after children and other family members, study or other personal activities?”
- You should focus on the service user’s perception for each of the above areas.

Question 16 reads: “In the past four weeks, how often have you engaged in any of the following: paid work, voluntary work, study, looking after children or other caregiving activities?”
- This question is about meaningful activity to the service user; it is pro-social, broader than work, as not everyone will be in paid employment.

Question 17 reads: “In the past four weeks, have you had difficulties with housing or finding somewhere stable to live?”
- Keep the question broad, as responses may be related to substance use or other factors.
Criminal or illegal activity - ADOM Section 2: question 18

Question 18 relates to criminal or illegal activity. Remind the service user that this question only records the frequency of criminal or illegal activity, and does not require the service user to explain or identify what occurred. It relates to any criminal or illegal activity, whether it has been detected or not. Again, using a calendar may help service users to recall events.

Question 18 reads: “In the past four weeks, how often have you been involved in any criminal or illegal activity such as driving a motor vehicle under the influence of alcohol or drugs, assault, shoplifting, or supplying an illicit substance to another person?”

- This question is about illegal activity, which may or may not be related to substance use. Do not record use of illegal substances, as this has already been recorded in Section 1 of the ADOM form.

Level of satisfaction with recovery - ADOM Section 3: questions 19 and 20

Please note: Questions 19 and 20 are under development and will be part of a validation study during 2014 – 2015. The questions have been included based on feedback from service users (during Part B focus groups) that a question measuring satisfaction or progress with their recovery would be useful. This proposal was supported by the ADOM implementation project advisory group.

Question 19 asks the service user to identify how close they are to where they want to be in their recovery - that is their progress towards their wellbeing. Show the service user the scale and explain its purpose. In particular, emphasise that recovery is about their goals and view of recovery.

Question 19 reads: “If ‘10’ on this scale is where you want to be in your recovery (best possible) – where would you put yourself right now?”

- This can lead to positive discussion about change, and be used as part of recovery planning etc. For example try asking, “If you were at your best possible rating right now what would be happening in your life?”; “What would help you get there?”; “What do you see as the most important thing to focus on to get there?”

Question 20 asks the service user to rate their satisfaction with progress towards their goals. Show the service user the scale and explain its purpose.

- Question 20 reads: “How satisfied are you with your progress towards achieving your recovery goals?”

- Again this can lead to discussion about change, or lack of change, related to their treatment goals and progress.

4.6 Helping service users with timelines - tips

It is recognised that addiction clinicians are skilled in engagement and gathering information about the frequency and amounts of alcohol and other drugs used, and the service user’s lifestyle and wellbeing. The following tips are offered only to highlight the importance of engagement in gaining accurate information.
Introducing ADOM

- The clinician should talk about the process of completing ADOM with the service user, stressing that it is their answers that are important. Also stress that the clinician’s role is to record their answers correctly, so you will check at times to make sure you are getting it right.

- Go through the ADOM service user information handout (see Appendix 1.5).

Having a calendar handy

- Identify the date of this session and highlight the 28 days prior to this date. See Appendix 1.4 for a calendar that can be printed off and used for this purpose.

- Ask the service user to highlight any significant or special events during the past four weeks. Record these on the calendar.

- Work back through the weeks with them, when they are having trouble remembering.
  - Say, “I understand it’s really hard to remember or be 100 percent sure. So what would be your best guess for this?” Make sure they agree with what is recorded.
  - If a service user says, “I was using every day”, the clinician may check by saying, “So, can I check, when you think back, there were no days in the past four weeks when you didn’t use X?”

- Compare one week with another. Break it down to before and after any special events that they may have identified on the calendar.

Deciding on a rating

- If a service user can’t decide on the rating for a question, i.e. it is difficult to decide because there was variation over the time (with improvement now), ask if they think that it was more or less than specific ratings, for example. “more than twice a week” or “less than daily or almost daily”.

5. ADOM information

5.1 Glossary

This glossary provides a description of the key terms used in the ADOM information collection protocol. It is recommended that all clinicians are familiar with these definitions.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADOM</td>
<td>The Alcohol and Drug Outcome Measure. ADOM is a set of 20 questions for service users, responses to which are collected at specific stages in the service user’s treatment journey. ADOM includes Section 1 – questions about type and frequency of substance use; Section 2. – questions about lifestyle and wellbeing questions; and Section 3. – questions about the service user’s satisfaction with their recovery goals. Data from each ADOM collection provides information about change in the service user’s status in relation to their substance use, lifestyle and wellbeing.</td>
</tr>
<tr>
<td>ADOM collection</td>
<td>Refers to the process of the clinician introducing and facilitating the service user’s responses to each of the ADOM questions. All clinicians will be trained to fully understand the intent of each question, and the importance of providing a confidential and safe environment for service user responses.</td>
</tr>
<tr>
<td>ADOM ratings</td>
<td>This refers to the service user’s responses to ADOM – their answers to each of the ADOM questions are called ratings. The ratings are recorded and reviewed for change at following treatment stages.</td>
</tr>
<tr>
<td>Casemix</td>
<td>The NZ CAOS Casemix Classification for Mental Health uses the HoNOS measures for adults and children (HoNOS/HoNOS65+ and HoNOSCA). It groups service user episodes into one of 42 classes, based on a range of nine variables. Analysis of the outcomes allows providers to better focus on the differences between providers in the way in which services are delivered. Casemix can assist services in understanding what may contribute to improved outcomes for particular groups of service users. ADOM was not included in the development of the NZ Casemix Classification.</td>
</tr>
<tr>
<td>CEP</td>
<td>People experiencing co-existing mental health and substance use problems.</td>
</tr>
<tr>
<td>Clinician</td>
<td>Includes all health professionals – addiction clinicians, doctors, nurses and allied health staff – working in addiction and mental health services.</td>
</tr>
<tr>
<td>Community-based outpatient addiction service</td>
<td>Outpatient services, such as one-on-one counselling, groups, intensive outpatient day programmes and community detoxification (managed withdrawal) services.</td>
</tr>
<tr>
<td>Enrolled</td>
<td>A service user who is an ‘open’ service user in the community-based outpatient addiction service’s patient management system.</td>
</tr>
<tr>
<td>Episode of care (treatment start to treatment end)</td>
<td>For the purposes of ADOM, an episode of care is a continuous period of contact between a service user and a community-based outpatient addiction service or programme. An episode of care has a defined date of treatment start and treatment end with the same service. A service user may only be the subject of one such episode of AOD care at any given time.</td>
</tr>
</tbody>
</table>
### Focus of care
Identifies the main type of care provided over the previous period of care, e.g. either the past 6 or 12 weeks. Refer to Section 4.4 of this guide, which sets out the extra information that clinicians should record alongside the ADOM collection occasion information.

### HoNOS (Health of the Nation Outcome Scales)
HoNOS is a clinical outcome measure used to measure the health status of service users who use mental health services. It is not an assessment in itself, but rather is completed following an assessment, using all available information.

The HoNOS family includes HoNOS (for adults), HoNOSCA (for children and youth), HoNOS65+ (for adults over 65), HoNOS Secure (for forensic services) and HoNOS LD for services for people with a learning disability.

HoNOS measures are rated with the use of an accompanying glossary. In a mental health setting, HoNOS is also collected for service users with co-existing problems.

### Outcome measure
An outcome measure identifies change by using a standard tool or measure (questions) at defined points over a period of time.

It is important to remember that outcome measures are designed to demonstrate all change – this does not mean only improvement (progress). Therefore, to be most beneficial to the service user’s recovery, the clinician must present the outcome measure in a non-judgmental manner, to ensure the service user is able to openly report and discuss whatever change has occurred.

### Period of care
The interval, within an episode of care, between one ADOM collection occasion and the next, e.g. either 6 or 12 weeks.

### PRIMHD
PRIMHD³ (Programme for the Integration of Mental Health Data) is the national integrated mental health information collection programme. PRIMHD integrates two formerly separate data collections (service provision and activity data), which were previously collected under the Mental Health Information National Collection (MHINC)⁴, with outcomes data collected through Mental Health Standard Measures of Assessment and Recovery (MH-SMART)⁵.

### Recovery
Defined as "the ability to live well in the presence or absence of one’s mental illness/addiction (or whatever people choose to name their experience)"⁶.

### Service user
A person who experiences, or has experienced, mental health or addiction problems, and who uses, or has used, mental health or addiction services. It covers the terms tangata whai ora, client, consumer, and patient.

### Treatment stages
Defines specific clinical treatment stages within an episode of care, (e.g. assessment, treatment start, review, discharge)

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⁵ See [www.tepou.co.nz – outcomes pages](http://www.tepou.co.nz – outcomes pages)

5.2 Frequently asked questions

Why use ADOM?

ADOM has been developed as an easy-to-use outcome measure that can be integrated within standard clinical pathways and processes. It provides an easy way of monitoring and discussing both positive and less positive changes, as viewed by the service user.

Using ADOM as a summary of clinical and service user decision-making, regarding treatment planning and recovery, provides both the clinician and the service user with the opportunity to assess the effectiveness of the service user’s latest treatment plan. It can also prompt discussion regarding the service user’s future goals.

It is recommended that services implementing ADOM consider integrating ADOM collection within their clinical processes, policies and pathways. The collection protocol in this guide (Section 4) aligns ADOM collection occasions with key treatment stages to support this.

Some benefits of integrating ADOM within best-practice clinical pathways include the following.

- There is evidence that monitoring progress with a service user is an important component of good care and treatment planning, and improves treatment outcomes. ADOM can assist in clarifying recovery goals and tracking progress.
- It is highly desirable that the ADOM data system in use in services should provide a graphic illustration of ADOM collection occasions for individual service users. Having this available when meeting with the service user, provides easily understood feedback for the service user and gives an at-a-glance summary of the areas where change has, or has not, occurred (see Appendix 1.2).
- Providing feedback to a service user, on ADOM results that are important to them, can be an effective motivational tool for you to use in your work.
- Looking at the changes demonstrated in ADOM graphs can be very informative for service users. Highlighting the progress a service user has made towards their goals can reinforce recovery progress.

How does ADOM work?

ADOM was developed for use in adult community-based addiction services where change can be measured over a period of time. ADOM is collected at key treatment stages, e.g. assessment, reviews and discharge. The results (ratings) from each collection can be compared to demonstrate change, which may be improvement and progress, or deterioration and relapse.

The process for collecting ADOM is a collaborative one in which the clinician facilitates the process of working through the measure, in a manner that supports service user-initiated responses (ratings) to each question.

How useful will ADOM be for service users?

Feedback is an important part of clinical engagement between the service user and the clinician. The results of each ADOM collection may be shown to the service user in a visual style by using the ADOM feedback wheel sheet (see Appendix 1.2). Service users have reported that they found it really useful to see their ADOM rating results in a graphic or visual format, and to be able to compare their ADOM results over time using this format.
Why monitor clinical outcomes?

It is important to remember that outcome measures are designed to demonstrate all change, not purely improvement (progress). Therefore, to be most beneficial to the service user’s recovery journey, the clinician must present the outcome measure to the service user in manner that ensures the service user is able to openly report and discuss whatever change has occurred.

Monitoring clinical outcomes provides the service user and the clinician with a focused summary of what is happening for the service user, in relation to their substance use, lifestyle, wellbeing and recovery, during their treatment journey. This can be used to:

- inform and shape treatment
- assist service users to review their recovery journey
- provide clinicians with a means of reviewing treatment planning and goals.

Outcome information can also add value at a team and service level. For example, it can:

- assist organisations to recognise the impact of service models, service delivery and interventions
- assist in identifying case complexity, through clinically significant items or index of severity reporting.

Is ADOM a validated measure?

Yes. ADOM and ADOM Sections 1 and 2 are both validated measures. The last two questions in Section 3 of ADOM are under development and will be part of a validation study within the next two years. Full reports on ADOM and ADOM validation can be accessed on www.tepou.co.nz and www.matuaraki.org.nz

Is ADOM anything like HoNOS to use?

Both ADOM and HoNOS are outcome measures developed for specific populations and service settings. HoNOS has 12 to 15 questions, and ADOM has 20. ADOM is service user-rated and is completed in collaboration with the clinician, while HoNOS is a clinician-rated measure.

How does the collection of ADOM relate to PRIMHD?

See Section 5.3 for technical FAQ regarding ADOM and PRIMHD.

Are services working with people with co-existing mental health and substance use problems expected to collect HoNOS and ADOM?

ADOM may be collected by addiction clinicians working with people with co-existing mental health and substance use problems, where the service user is enrolled with a service. Process pathways for the collection of more than one outcome measure (i.e. ADOM and HoNOS) will require local protocols. Over time, some best-practice standards, in terms of using more than one outcome measure, are likely to be developed.

What if a service user changes services?

The discharging service may provide the new service with a copy of the discharge ADOM. (The service user may be given the discharge ADOM and provide it to the new service when they enter the new service within 28 days.) The new service may either accept the discharge ADOM (if within 28 days) or, together with the service user, complete a new ADOM at treatment start, following assessment.
Who do I contact for further information or to provide feedback?

For further information, or to give feedback about the ADOM Implementation Project, please go to www.tepou.co.nz and www.mataraki.org.nz.

5.3 How ADOM relates to PRIMHD

PRIMHD is the national integrated mental health information collection programme. It has a vision of improving health outcomes for all mental health service users in New Zealand. PRIMHD integrates two formerly separate data collections (service provision and activity data), previously collected under the Mental Health Information National Collection (MHINC)\(^7\), with outcomes data collected through Mental Health Standard Measures of Assessment and Recovery (MH-SMART)\(^8\).

PRIMHD is one of nine priority projects described in the implementation plan of the National Mental Health Information Strategy\(^9\).

The collection of quality outcome data through PRIMHD will progress the development of a national dataset that supports a better and more detailed understanding of changes in health, wellbeing and circumstances for people accessing mental health and addiction services.

PRIMHD data will integrate outcomes and activity data to answer the ‘to what effect’ part of the question as demonstrated in Table 3.

Table 3: Who receives what services, from whom, with what effect (outcome)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who receives?</td>
<td>Demographic and clinical characteristics of mental health service users.</td>
</tr>
<tr>
<td>What services?</td>
<td>Details of mental health services delivered.</td>
</tr>
<tr>
<td>From whom?</td>
<td>Service characteristics (team type).</td>
</tr>
<tr>
<td>With what effect?</td>
<td>Consumer outcome data, such as severity of symptoms (HoNOS family, ADOM, KPP).</td>
</tr>
</tbody>
</table>

The dataset will also provide services with valuable information to support planning activities. For this reason, it is important that the sector continues to maintain momentum for embedding the collection of outcome measures into routine practice.

Will ADOM be reported to PRIMHD alongside mental health outcomes data?

The Ministry of Health (MOH) have indicated that PRIMHD will be able to accept ADOM data from DHBs and NGOs from July 2014. The MOH have also indicated that ADOM reporting may be voluntary in the first year (2014-2015) and then mandated for reporting from July 2015. For those addiction services that voluntarily use ADOM prior to it being mandated, the information protocol in Section 4 of this document has been developed with the potential for reporting to PRIMHD in mind.

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7. See www.health.govt.nz/search/results/PRIMHD
8. See www.tepou.co.nz – outcomes pages
Will ADOM information be available to participating addiction services to analyse?

Some minimum database requirements have been developed to help services ensure they have effective data collection, reporting and feedback processes in place. Te Pou is working towards ensuring all participating services have access to feedback. A minimum requirement for local systems would be the ability to produce an ADOM Feedback Wheel. See Appendix 1.2 for the ADOM Feedback Wheel. Te Pou and Matua Raḵi will work with addiction services who are voluntarily collecting ADOM prior to it being mandated, with a view to developing clinically useful reporting of ADOM data.

Will data held in PRIMHD for AOD service users be accessible, to allow comparison with ADOM data?

Services providing data to PRIMHD should have access to their own PRIMHD and addiction service data locally. Te Pou will be working towards ensuring that this data is also available through the Ministry of Health’s PRIMHD reporting processes.
Appendices: Example ADOM implementation documents

This section provides examples of key documents that will support clinicians’ use of ADOM. These are:

- Appendix 1.1: (a) ADOM collection form (Form V2.0) and (b): ADOM clinician prompt sheet – situated on the back of the ADOM collection form, to provide easy access to prompts for ADOM-trained addiction clinicians.
- Appendix 1.2: ADOM feedback wheel – example of graphs for three collections. To be set up in the service’s ADOM data collection and reporting system to produce visual graphs for service users (can also be used manually).
- Appendix 1.3: Blank ADOM Feedback Wheel - Example
- Appendix 1.4: ADOM calendar – for use with service users when completing ADOM
- Appendix 1.5: ADOM information for service users – this is the recommended content for a handout to be developed by addiction services and will be available on the ADOM webpage.

Warning
Note that these documents are included here for reference purposes only. Addiction services implementing ADOM can access current versions of all key ADOM documents at www.tepou.co.nz and www.mataraki.org.nz.
### Alcohol and Drug Outcome Measure (ADOM)

**Client Name:**

**Gender:**
- [ ] Male
- [ ] Female

**Ethnicity:**

**Team:**

**Referral Source:**
- [ ] Mandated
- [ ] Voluntary

**Reason for collection:**
- [ ] New
- [ ] Other ADOM Service
- [ ] Assessment only (up to 2 contacts)
- [ ] Treatment review: 6 weeks
- [ ] 12 weeks
- [ ] Treatment End: Routine
- [ ] DNA
- [ ] Other ADOM Service
- [ ] Other

**Date of Collection:**

**Collected by:**

**Number of days covered:** (7-28)

**Focus of care:**
- [ ] Engagement/Assessment
- [ ] Active Treatment
- [ ] Continuing care
- **CEP:**
  - [ ] Yes
  - [ ] No

### Section 1: Alcohol and other drug use

**In the past four weeks how many days did you use/drink:**

<table>
<thead>
<tr>
<th>Days used</th>
<th>Notes</th>
<th>Main substance of concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1. Alcohol**

**2. How many standard drinks did you consume on a typical drinking day?**

[Refer to MLAQ commons client intake page]

**3. Cannabis**

**4. Amphetamine-type Stimulants**
- e.g., methylphenidate, dexam, ketan

**5. Opioids**
- e.g., oxycodone, pethidine, morphine, Nustap anal, codeine

**6. Sedatives/ Tranquillizers**
- e.g., Clonazepam (Valium), Temazepam, Benzos

**7. Any other drugs?**
- Specify what drugs (maximum of 3 "other drugs")
  - e.g., Ecstasy, chlorpromazine, solvents, GHB, party pills etc.

**8. How many cigarettes have you smoked per day, on average?**

**9. Main substance of concern. For Questions 1 to 8 above, please identify up to three main substances of concern by writing a 1, 2 or 3 in the right hand column to identify priority.**

**10. On how many days have you injected drugs?**

- [ ] Yes
- [ ] No

**11. Have you shared any injecting equipment?**

- [ ] Yes
- [ ] No

### Section 2: Lifestyle and wellbeing

**In the past four weeks:**

<table>
<thead>
<tr>
<th>Hot at all</th>
<th>Less than 3 weeks</th>
<th>3 or more times a week</th>
<th>Three or more times a week</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
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<td>6</td>
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<td>8</td>
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</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**12. How often has your general physical health caused problems in your daily life?**

**13. How often has your general mental health caused problems in your daily life?**

**14. How often has your alcohol or drug use led to problems or arguments with friends or family members?**

**15. How often has your alcohol or drug use caused problems with your work or other activities in any of the following: social, recreational, looking after children or other family members, study or other personal activities?**

**16. How often have you resided in any of the following: paid work, voluntary work, study, looking after children or other caregiving activities?**

**17. Have you had difficulties with housing or finding somewhere stable to live?**

**18. How often have you been involved in any criminal or illegal activity such as driving a motor vehicle under the influence of alcohol or drugs, assault, shoplifting, supplying an illicit substance to another person? (Point out if using these drugs)**

### Section 3: Recovery

**19. Overall, how close are you to where you want to be in your recovery?**

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10

**20. How satisfied are you with your progress towards achieving your recovery goals?**

- [ ] Not at all
- [ ] Slightly
- [ ] Moderately
- [ ] Considerably
- [ ] Extremely

---

10 This form is an example only. Current versions of up-to-date ADOM resources can be accessed at [www.tepou.co.nz](http://www.tepou.co.nz) and [www.matuaraki.org.nz](http://www.matuaraki.org.nz)
Appendix 1.1(b): ADOM clinician prompt sheet

11. This form is an example only. Current versions of up-to-date ADOM resources can be accessed at www.tepou.co.nz and www.matuaraki.org.nz

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**ADOM Clinician Prompt Sheet**

**About the ADOM**

ADOM was developed for use in community-based outpatient addiction services, including community-based after-care programmes, where outcomes (change) can be measured over a period of time. Addiction clinicians are required to complete ADOM training with a recognised ADOM trainer, and be familiar with the guidance contained in the ADOM Guide for Addiction Clinicians before collecting ADOM with service users.

**Introducing the ADOM to service users**

To introduce ADOM, provide the handout ADOM information for service users and go through with the service user. Cover all points in the sheet and check for other questions and concerns.

**When is ADOM collected?**

- **Clinical Delivery**
- **4 Weeks**
- **6 Months**
- **12 Months**
- **24 Months**
- **Discharge**

**Community Addiction Services / After Care Programmes**

- **Treatment Start**
- **6 Months**
- **12 Months**
- **24 Months**
- **Discharge**
- **Discharge ADOM**

**How to complete the ADOM**

- To be completed in person in a collaborative manner between service user and clinician.
- Frame the interview – use the calendar page to clarify the last 36 days and record important events during this period that the service user recalls – this will help as you go through the form. Start at the top of the form and work through it.
- Number of days covered: The client must have been in the community for 7 or more consecutive days immediately prior to an ADOM collection. Do not complete an ADOM until this is the case.
- Timeline – work back through each week and record number of days as you go – then add for total.
- Introduce each question, and if needed explain the intent of the question – give the client time to think about it.

**Section 1 - Alcohol and other drug use**

- The questions do not apply to prescribed medications; however, any misuse of prescription medication should be included, for example, taking more than prescribed; injecting of medications not intended to be injected.
- Use the ALAC conversion table (right) for alcohol.

**Section 2 - Lifestyle and wellbeing**

- Before completing Section 2, highlight confidentiality and how the questions only record frequency, not the activity.
- Rating Scale – (NO – 0; N: Not at all; IF YES – support the client to look at the calendar and calculate frequency by week.

**Section 3 - Recovery**

- Identify the response that best describes the service user’s current feeling about their recovery progress.

---

**What is a standard drink?**

Standard drinks measure the amount of alcohol you are drinking. One standard drink equals 10gms of pure alcohol.

<table>
<thead>
<tr>
<th>Standard Drinks</th>
<th>Number of Drinks</th>
<th>Number of Standard Drinks</th>
<th>Number of gms of Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wine</strong> Glass</td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td><strong>Beer</strong> Can</td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td><strong>Sparkling Water</strong></td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td><strong>Hard Cider</strong></td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td><strong>Orange Juice</strong></td>
<td>2</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td><strong>Milk</strong></td>
<td>3</td>
<td>3</td>
<td>30</td>
</tr>
</tbody>
</table>

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11. This form is an example only. Current versions of up-to-date ADOM resources can be accessed at www.tepou.co.nz and www.matuaraki.org.nz
Appendix 1.2: Example ADOM feedback wheel

Example 1: Recovery progress

Q19. Overall, how close are you to where you want to be in your recovery? (Where 10 = best possible)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 8 | 10 |

Q20. How satisfied are you with your progress towards achieving your recovery goals?

Not at all               Slightly               Moderately            Considerably          Extremely

Example 2: Additional ADOM information

<table>
<thead>
<tr>
<th>Legend</th>
<th>Review</th>
<th>Recovery (1-10)</th>
<th>Satisfaction (1-5)</th>
<th>Substance of Concern 1</th>
<th>Substance of Concern 2</th>
<th>Substance of Concern 3</th>
<th>Other Drug (highest days of use)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15.08.2013</td>
<td>4</td>
<td>1</td>
<td>Alcohol</td>
<td>Cannabis</td>
<td>Ecstasy</td>
<td>GHB</td>
</tr>
<tr>
<td>Orange</td>
<td>Treatment Start- New</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26.09.2013</td>
<td>6</td>
<td>3</td>
<td>Alcohol</td>
<td>Cannabis</td>
<td>Ecstasy</td>
<td>None</td>
</tr>
<tr>
<td>Blue</td>
<td>Review</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15.10.2013</td>
<td>7</td>
<td>4</td>
<td>Alcohol</td>
<td>Cannabis</td>
<td>Cigarettes</td>
<td>None</td>
</tr>
<tr>
<td>Green</td>
<td>Discharge Routine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12 This feedback wheel is an example only.
Appendix 1.3: Blank ADOM feedback wheel - Example

This form can be used for up to three ADOM collections. Record the date below and use a different colour pen each collection to show changes.

Date ____________ Date ____________ Date ____________

[Diagram of the ADOM feedback wheel]

Main substance of concern
Q.9 Substance Substance Substance

Recovery progress
Q.19 Overall, how close are you to where you want to be in your recovery (Where 10 = best possible)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Q.20 How satisfied are you with your progress towards achieving your recovery goals?

Not at all Slightly Moderately Considerably Extremely

Plan/goals


13 This form is an example only. Current versions of up-to-date ADOM resources can be accessed at www.tepou.co.nz and www.maturaki.org.nz
Appendix 1.4: ADOM calendar

The calendar is designed for use with service users to help them identify what’s been happening over the past 28 days.

<table>
<thead>
<tr>
<th>Week</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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</tr>
</tbody>
</table>

14 This calendar is an example only. Current versions of up-to-date ADOM resources can be accessed at [www.tepou.co.nz](http://www.tepou.co.nz) and [www.matusraki.org.nz](http://www.matusraki.org.nz)
Appendix 1.5: ADOM information for service users

This information is designed to introduce service users to the ADOM process, and should be available in all services using ADOM. Services should develop their own handouts incorporating this (and other relevant) information.

What is ADOM?

The Alcohol and Drug Outcome Measure (ADOM) was developed for use in community-based outpatient addiction services. It is a way to help both you and your clinician see the changes you have made over time. Answering the ADOM questions also helps our services to see what we are doing well and what areas we can improve on to better meet the needs of our service users.

The ADOM asks a series of questions about your alcohol and other drug use over the past four weeks. There are also questions about your lifestyle and wellbeing, how things have been for you and your satisfaction with your recovery goals.

Answering the ADOM questions regularly over time gives you a clear overview of the changes that have happened during your treatment, and also helps you to see the areas in your life where making changes has been harder. It allows for a clearer picture of what’s going on for you, and what areas you and your counsellor can focus on.

What you need to know

- The ADOM will only be completed with your consent and participation.
- The information you provide will be kept confidential at all times in accordance with the Health Information Privacy Code.
- The clinician you meet with will ask you to answer the questions with them. If you agree, this will happen at your first visit, then at review times during your involvement with our service and, finally, when you leave the service.
- Your clinician will support you to answer each of the questions based on how you think things have been for you over the past 28 days.
- You can refuse to answer any of the questions if you do not feel comfortable. The answers only record YES/NO, or the frequency of use or an activity. Specific events and personal information are not recorded.
- Your clinician can give you a visual copy of the ADOM to take home. This is easy to view and can be part of your discussion with your clinician – you will be able to look back on how you have answered the questions before and see where change has happened for you.

15. This form is an example only. Current versions of up-to-date ADOM resources can be accessed at www.tepou.co.nz and www.maturakii.org.nz
What happens to my information?

Any information collected from you using ADOM will be encoded so that no-one will knows which answers are yours. Once encoded, the information will be added to answers from other service users and may be viewed by:

- the Ministry of Health
- the Mental Health Commission
- research teams
- healthcare providers
- service user and tangata whai ora groups.

To find out more please visit www.tepou.co.nz and www.matuaraki.org.nz.