ONGOING RECOVERY BASIC INFORMATION TOOL (ORBIT)

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The Federal Drug Free Work Place Program (DFWP) has now matured to the point of being able to return employees to sensitive testing designated positions (TDP) after completion of treatment for their addiction. The known tendency of addicted individuals to suffer multiple relapses prior to their final recovery has resulted in several positive urine tests (relapses) occurring among those Federal employees who have already completed treatment and who have been returned to TDPs. The very real potential for further relapses occurring after additional employees return to TDPs will be a critical factor in the ultimate success of the DFWP and in the public's impression of the program's effectiveness.

In response to this concern, NASA has begun development of its Ongoing Recovery Basic Information Tool (ORBIT) instrument. The aim of the NASA ORBIT is to provide Employee Assistance Program (EAP) professionals with an advanced clinical tool which will be helpful in supporting recovery from substance abuse and which will allow more accurate determinations of when clients may be successfully returned to sensitive positions.

The NASA ORBIT is a comprehensive instrument which helps identify and quantify the client's progress in those areas which most relate to recovery and continued abstinence. The NASA ORBIT instrument elicits detailed information from the referral source about the employee's clinical course during treatment, involves the client in the management of his/her own recovery, and includes the EAP professional's ongoing clinical impression of the employee's developing strengths and remaining weaknesses. These factors are then weighted and combined by a computer program to develop a numerical "score" which indicates the relative degree of the client's progress and his/her potential for continued abstinence. The NASA ORBIT "score" will provide the EAP professional with a powerful new clinical tool to assist in determining the advisability of returning clients to sensitive positions. The NASA ORBIT will also provide documented evidence to support recommendations which must be made to management concerning the return of employees to TDPs.

In addition, the range and thoroughness of the information elicited by the NASA ORBIT and the requirement to observe and record details of the client's clinical course will serve as a "prompt" for maintaining a high quality of care for these DFWP employees. Even without quantifications of the predictability of continued successful abstinence, we feel that the prompting function of the instrument alone will, in and of itself, greatly improve treatment standards and facilitate the recovery process.

The NASA ORBIT instrument consists of four major components. The first is completed by the treatment provider, and includes information about the client's medical history, past addiction history, and progress during treatment. The second component, completed by the EAP professional, consists of questionnaires relating to seven major areas identified as influencing recovery, including family environment, coping skills, vocational adjustment, personality factors, stress level, codependence, and leisure activities. The third component of the NASA ORBIT involves the client in helping to chart and monitor his/her own progress toward recovery. The fourth component is an individualized recovery and back-to-work plan in cooperation with the EAP professional, the employee, and the employee's supervisor.

The initial drafts of the NASA ORBIT instrument have been reviewed for content and clinical appropriateness by a panel of NASA EAP professionals. Interim revised drafts have again been reviewed and further revised. A selected group of EAP counselors has attended a three-day intensive training course in the use of the NASA ORBIT and are now field testing the instrument in their clinical practices.

We anticipate that twenty to thirty clients will have been assessed by the NASA ORBIT field test over the next six months. These clients will then continue to be followed for an additional year to determine successful abstinence. The information collected by the field test will be analyzed and compared to evaluate and improve the effectiveness of the items used for "scoring" the progress of clients and for predicting successful continued abstinence.

A case-control study will also be developed to identify and evaluate the determinants of successful abstinence among the population of Federal DFWP employees who have already completed treatment and who have been returned to TDP positions during the several years since the institution of the DFWP.

Data from the field trial and data from the case-control study will be analyzed to prepare the weighting scheme and to develop the final NASA ORBIT scoring formula. The revised instrument, the weighting scheme, and the scoring formula will then be Beta tested for reliability and predictability. Following successful Beta testing, the NASA ORBIT will be made available for use by all Federal agencies.

This instrument can also be tailored to include recover from alcohol addiction. A later effort will incorporate data from alcohol abusers in anticipation of the addition of alcohol testing to the DFWP. Also of interest is that we feel the core approach of the NASA ORBIT can be modified for use in the primary prevention of addictive behavior as well as during recovery.