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Collaborative development of a clinician-administered checklist to facilitate retention and therapeutic engagement in substance use treatment

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Treatment completion in addiction

- A range of psychosocial approaches are effective if clients attend treatment (Dutra et al., 2008; Ii et al., 2019; Magill et al., 2019)
- In Australia, ~40% of those commencing AOD treatment do not complete their episode of care (AIHW, 2020)
- Methamphetamine: 68-76% attendance for two sessions, 33-62% attendance for four (Baker et al., 2001; Baker et al., 2005; Feeney et al., 2006)
- AOD treatment meets 27–56% of demand (Ritter et al., 2019)

Pre-treatment

- Verbal feedback/information may be superior to written (Ogle & Baer, 2003)

- Face-to-face induction sessions may result in small improvements to attendance, with more intensive interventions potentially more effective (Connors, Walitzer, & Dermen, 2002; Harrison et al,. 2007; Katz et al., 2004; Katz et al., 2007; Katz et al., 2011)

Autonomy and ease of access

- Two studies suggested less wait time resulted in higher likelihood of attending early appointments (Booth & Bennett, 2004; Simioni, Rolland, Labreuche, Ramdane, & Cottencin, 2016), one study found opposite relationship for long-term retention (six months) (Wagner, Acier, & Dietlin, 2018)

Between sessions prompts and reminders

- SMS (Blaauw, Riemersma, Hartsuiker, Hoiting, & Venema, 2019; Gullo, Irvine, Feeney, & Connor, 2018), and telephone (Booth & Bennett, 2004; Jackson, Booth, Salmon, & McGuire, 2009; Hubbard et al., 2007) reminders appear to have a small impact, strongest in early treatment

Combined approaches

- Contracting, prompting, reinforcement: small benefit in first 3 months of treatment when delivered as a comprehensive package – relatively low cost per client (Lash et al., 2005; Lash et al., 2007; Lash et al., 2013; DeMarce, Lash, Stephens, Grambow, & Burden, 2008)
- Multiple engagement strategies (i.e., IVR, SMS, postcards) significantly increased re-engagement with treatment (Carlini et al., 2015)

Conclusions and implications

- Although much is unknown, the characteristics of these interventions show promise
- Implementation science: adaptability, trialability, complexity, design and cost (Damschroder et al., 2009)
- Small-effect size can be cost-effective if clinician burden is low (Andersson & Titov, 2014)

Development of a tool for clinicians

- Integrating low-cost strategies with elements of the common factors model and principles of implementation science.

- Clinicians (*N* = 15) identified time, the need to be able to individualise treatment, and difficulties changing practice as barriers to implementation.

Maximising engagement and retention checklist (MERC)

Role induction and information about recovery

Describe clinical background, experience, treatment approach (Swift & Derthick, 2013)

Introduce specific treatment program: number of sessions, frequency, patterns of change/improvement for previous clients (Katz et al., 2004)

Explore client's beliefs about treatment and if appropriate describe general patterns of recovery in substance use (Kuusisto et al., 2011; Swift & Derthick, 2013)
- ~1/3 of clients are abstinent 3-6 months after starting treatment (Dutra et al., 2008)
- All substances: in any one year 7-9% of people in treatment will achieve six months of abstinence (Fleury et al., 2016)
- Those in treatment who substantially reduce their levels of use in a given year: cannabis: 17%, amphetamines: 16%, opioids: 9%, cocaine: 5% (Calabria, 2011), alcohol: 26% (Maisto et al., 2018)
- Recovery has different definitions for each person and may incorporate changes in substance use and social, emotional, physical functioning (White, 2007)
- Patterns of use often fluctuate and can be cyclical, with periods of abstinence and periods of lapsing, though over the long-term people tend to use less often, for shorter periods of time and with smaller amounts (Miller, 1996; White, 2007)

Collaboration and agreement between client and clinician

Clear agreement between client and clinician on achievable goals (Tryon, 2018)

Discussing what might get in the way of completing treatment and collaboratively exploring solutions (Katz et al., 2004; Miller & Rollnick 2012)

Client's beliefs around responsibilities of clinician and client. May discuss:
- How in-session collaboration between clinician and client has a strong relationship with treatment outcome (Wampold, 2015)
- The importance of respect and equality in therapeutic relationship
- How making change will be demanding and require effort from both client and clinician, and that significant work occurs between sessions (Mausbach et al., 2010)
- How the clinician will support the client's goals, describe the therapeutic process, and help the client link with support after termination (Vasquez et al., 2008)

Ongoing engagement, reinforcement and support after termination

Checking in with client around whether there are any social reinforcers that might help them stay motivated (e.g., certificate of attendance; handwritten letter from clinician describing their progress/achievements; treatment contract; check-in SMS/email between sessions; Lash et al., 2007; Hartzler et al., 2012)

SMS appointment reminders, adapted to client preferences, (e.g., time of day/content) (Blaauw et al., 2019; Gullo et al., 2018)

Support after completing treatment, such as telephone, SMS, email check-ins (aftercare) and links with case management may help to sustain change (Blodgett et al., 2014; Vanderplasschen et al., 2014)

- Continue co-development and feedback with clinicians previously interviewed
- Feasibility and acceptability testing with clinicians within Turning Point

References

- Andersson, G., & Titov, N. (2014). Advantages and limitations of Internet-based interventions for common mental disorders. *World Psychiatry, 13*(1), 4-11.
- Australian Institute of Health and Welfare. (2020). *Alcohol and other drug treatment services in Australia, 2018-19,* Canberra: Government of Australia. Retrieved from: https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-2018-19/contents/key-findings
- Blaauw, E., Riemersma, Y., Hartsuiker, C., Hoiting, J., & Venema, S. (2019). The Influence of a Short Message Service Reminder on Non-Attendance in Addiction Care. *Substance Use & Misuse, 54*(14), 2420-2424. doi:10.1080/10826084.2019.1650774
- Booth, P. G., & Bennett, H. E. (2004). Factors associated with attendance for first appointments at an alcohol clinic and the effects of telephone prompting. *Journal of Substance Use, 9*(6), 269-279.
- Carlini, B., Miles, L., Doyle, S., Celestino, P., & Koutsky, J. (2015). Using Diverse Communication Strategies to Re-Engage Relapsed Tobacco Quitline Users in Treatment, New York State, 2014. *Preventing Chronic Disease, 12*, 1-10. doi:10.5888/pcd12.150191
- Connors, G. J., Walitzer, K. S., & Dermen, K. H. (2002). Preparing clients for alcoholism treatment: Effects on treatment participation and outcomes. *Journal of Consulting and Clinical Psychology, 70*(5), 1161-1169. doi:http://dx.doi.org/10.1037/0022-006X.70.5.1161
- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation science, 4*(1), 1-15.
- DeMarce, J. M., Lash, S. J., Stephens, R. S., Grambow, S. C., & Burden, J. L. (2008). Promoting continuing care adherence among substance abusers with co-occurring psychiatric disorders following residential treatment. *Addictive behaviors, 33*(9), 1104-1112.
- Dutra, L., Stathopoulou, G., Basden, S. L., Leyro, T. M., Powers, M. B., & Otto, M. W. (2008). A meta-analytic review of psychosocial interventions for substance use disorders. *American Journal of Psychiatry, 165*(2), 179-187.
- Gullo, M. J., Irvine, K., Feeney, G. F. X., & Connor, J. P. (2018). Short message service (SMS) reminders improve treatment attendance in alcohol dependence, but are less effective for patients high in impulsivity. *Addictive Behaviors, 87*, 97-100. doi:http://dx.doi.org/10.1016/j.addbeh.2018.06.025
- Harrison, S. R., Toriello, P., Pavluck, A., Ellis, R., Pedersen, E., Gaiennie, R., & Kissinger, P. (2007). The impact of a brief induction on short-term continuation in a therapeutic community. *American Journal of Drug and Alcohol Abuse, 33*(1), 147-153. doi:http://dx.doi.org/10.1080/00952990601091135
- Hubbard, R. L., Leimberger, J. D., Haynes, L., Patkar, A. A., Holter, J., Liepman, M. R., . . . Thorpe, E. A. (2007). Telephone enhancement of long-term engagement (TELE) in continuing care for substance abuse treatment: a NIDA clinical trials network (CTN) study. *The American Journal on Addictions, 16*(6), 495-502.

References (cont.)

- Ii, T., Sato, H., Watanabe, N., Kondo, M., Masuda, A., Hayes, S. C., & Akechi, T. (2019). Psychological flexibility-based interventions versus first-line psychosocial interventions for substance use disorders: Systematic review and meta-analyses of randomized controlled trials. *Journal of Contextual Behavioral Science, 13*, 109-120.
- Jackson, K. R., Booth, P. G., Salmon, P., & McGuire, J. (2009). The effects of telephone prompting on attendance for starting treatment and retention in treatment at a specialist alcohol clinic. *British Journal of Clinical Psychology, 48*(4), 437-442. doi:http://dx.doi.org/10.1348/014466509X457469
- Katz, E., Brown, B., Schwartz, R., Weintraub, E., Barksdale, W., & Robinson, R. (2004). Role induction: a method for enhancing early retention in outpatient drug-free treatment. *Journal of Consulting and Clinical Psychology, 72*(2), 227-234.
- Katz, E. C., Brown, B. S., Schwartz, R. P., King, S. D., Weintraub, E., & Barksdale, W. (2007). Impact of role induction on long-term drug treatment outcomes. *Journal of addictive diseases, 26*(2), 81-90.
- Katz, E. C., Brown, B. S., Schwartz, R. P., O'Grady, K. E., King, S. D., & Gandhi, D. (2011). Transitioning opioid-dependent patients from detoxification to long-term treatment: efficacy of intensive role induction. *Drug and alcohol dependence, 117*(1), 24-30.
- Lash, S. J., Burden, J. L., Parker, J. D., Stephens, R. S., Budney, A. J., Horner, R. D., . . . Grambow, S. C. (2013). Contracting, prompting and reinforcing substance use disorder continuing care. *Journal of Substance Abuse Treatment, 44*(4), 449-456. doi:http://dx.doi.org/10.1016/j.jsat.2012.09.008
- Lash, S. J., Gilmore, J. D., Burden, J. L., Weaver, K. R., Blosser, S. L., & Finney, M. L. (2005). The impact of contracting and prompting substance abuse treatment entry: a pilot trial. *Addictive behaviors, 30*(3), 415-422.
- Lash., S. J., Stephens, R. S., Burden, J. L., Grambow, S. C., DeMarce, J. M., Jones, M. E., ... & Horner, R. D. (2007). Contracting, prompting, and reinforcing substance use disorder continuing care: A randomized clinical trial. *Psychology of Addictive Behaviors, 21*(3), 387–397.
- Laudet, A. B., Stanick, V., & Sands, B. (2009). What could the program have done differently? A qualitative examination of reasons for leaving outpatient treatment. *Journal of substance abuse treatment, 37*(2), 182-190.
- Magill, M., Ray, L., Kiluk, B., Hoadley, A., Bernstein, M., Tonigan, J. S., & Carroll, K. (2019). A meta-analysis of cognitive-behavioral therapy for alcohol or other drug use disorders: Treatment efficacy by contrast condition. *Journal of consulting and clinical psychology, 87*(12), 1093.
- Ogle, R. L., & Baer, J. S. (2003). Addressing the service linkage problem: increasing substance abuse treatment engagement using personalized feedback interventions in heavy-using female domestic violence shelter residents. *Journal of Interpersonal Violence, 18*(11), 1311-1324. doi:10.1177/0886260503256659
- Ritter, A., Chalmers, J., & Gomez, M. (2019). Measuring unmet demand for alcohol and other drug treatment: The application of an Australian population-based planning model. *Journal of studies on alcohol and drugs. Supplement*, 42.
- Simioni, N., Rolland, B., Labreuche, J., Ramdane, N., & Cottencin, O. (2016). Stratifying delays for assessment by type of substance to improve the probability of attendance in outpatient services. *Drug and alcohol dependence, 166*, 187-193.
- Wagner, V., Acier, D., & Dietlin, J.-E. (2018). Outpatient Addiction Treatment for Problematic Alcohol Use: What Makes Patients Who Dropped Out Different from Those Who Did Not? *Substance Use & Misuse, 53*(11), 1893-1906. doi:https://dx.doi.org/10.1080/10826084.2018.1441310