

# The Rewarding Early Abstinence and Treatment Participation Study

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# Study Design

- **Hybrid I:**
  - **Clinical effectiveness trial with process evaluation to assess potential barriers and facilitators to implementation.**

# Targeted change

- **Clinical Treatment Intervention:**
  - **Implement Contingency Management:**
    - Provide tangible incentives to substance use disorders (SUD) patients for meeting objective behavioral goals while in treatment.
  - In this case, provide VA canteen vouchers for negative urine screens.

# Levels of Change

- **Facility:**
  - Must have approval to use hospital funds for incentives
- **Clinic:**
  - Must restructure how urine screens are collected and how clinic addresses results
- **Individual Clinicians:**
  - Must change approach to urine screening and reaction to results

# Characteristics of the change

- **Core to perceptions of current practices:**
  - Changing approach to urine screening from punitive to reinforcing.
- **Complex:**
  - Clinic has to secure funding and change logistics of how they collect urine screens.
  - Individual providers have to change how they address test results.

# Characteristics of Change

- **Motivation to Change:**
  - **Research evidence:** One of the most effective approaches for promoting abstinence during and after treatment.
  - Identified in the VA Uniform Mental Health Services Handbook as an evidence-based treatment for SUD that must be available to appropriate patients.

# Context Assessment

<b>Construct</b>	<b>Why &amp; How</b>
Adaptability	<ul style="list-style-type: none"><li>•Clinics are encouraged to target urine screen results but may also target other objective positive treatment behaviors, e.g., treatment attendance.</li><li>•Clinics may determine appropriate subgroup of patients for the intervention.</li><li>•Clinics may determine whether to have one staff person responsible or case managers responsible for their own case load.</li></ul>

# Context Assessment

<b>Construct</b>	<b>Why &amp; How</b>
Trialability	<ul style="list-style-type: none"><li>• Intervention could be tested for a few months and evaluated before making a commitment to maintain it as standard care.</li></ul>
Cost	<ul style="list-style-type: none"><li>• Clinics require available funds to purchase rapid test cups and reinforcers.</li><li>• Legal concerns about using VA medical care funds for “gifts”.</li></ul>

# Context Assessment

<b>Construct</b>	<b>Why &amp; How</b>
Knowledge and Beliefs about the Intervention	<ul style="list-style-type: none"><li>• While research evidence is strong, SUD providers may not be familiar with the evidence.</li><li>• Intervention conflicts with fundamental philosophy of treatment held by some SUD providers.</li></ul>

# Theory Selection

<b>Level of Theory</b>	<b>Specific Theory</b>	<b>Rationale</b>
Individual Organization	Name: PARIHS Type: Explanatory	Prompts assessment of: <ul style="list-style-type: none"><li>• Individual knowledge and attitudes.</li><li>• Context barriers and facilitators.</li><li>• Facilitation needs.</li></ul>
Organization	Name: RE-AIM Type: Explanatory	Prompts assessment of: <ul style="list-style-type: none"><li>• Acceptability and effectiveness.</li><li>• Tools and resources needed for adoption, implementation, and maintenance.</li></ul>

# Tailored Implementation Strategy

<b>General Approach based on theory</b>	<b>Specific Action</b>	<b>Tools</b>
<p>Use identified barriers and facilitators to inform OMHS implementation strategy.</p>	<ul style="list-style-type: none"><li>•Train providers on evidence base and providing the intervention.</li><li>•Encourage a “trial” to counteract negative attitude.</li><li>•Provide tools to assist implementation.</li><li>•Reduce barriers to obtaining and using medical care funds.</li></ul>	<ul style="list-style-type: none"><li>•Educational materials</li><li>•Seed money directly from OMHS for trial</li><li>• Intervention protocol, tracking database</li><li>•Policy revision to provide mandate for allocating funds to CM.</li></ul>

# Usefulness of the theory(s)

- **Guided comprehensive process evaluation leading to identification of barriers and facilitators which informed OMHS's implementation strategy.**