TOP TEN SURE-FIRE WAYS TO FAIL

10. "Don't worry, research isn't any extra work"

9. "Oh, gee, we didn't think you'd mind our monopolizing the time of your physician"

8. "Oh, gee, we didn't think you'd be bothered by our completely changing your intake procedures"

7. "Hey, it's no problem, we'll just have your clinicians do_____ (*fill in any horrid time-consuming task here*)"

6. "I know, why don't you just stop doing your regular treatment and start doing *OUR* much better treatment"

TOP TEN SURE-FIRE WAYS TO FAIL

5. "Oh, it's a research thing, you wouldn't understand"
4. "Golly, you think a 10 hour assessment battery is too *long*?"
3. "You mean want us to *pay* for space the study uses?"
2. "Nah, we don't need to include the Program Staff in the planning meetings"
1. "Nah, we don't have to bother tell the clinic staff how the study came out!"

"Yale-DCF-ABH-Genesis" Project SAFE pilot study

- Developed and implemented by four institutional collaborators

- Target treatment initiation in individuals referred by child protection system

- Design blended both efficacy and effectiveness strategies

Emphasis on 'effectiveness'

- **Study took place at Community Treatment Program (CTP) with no prior involvement in research**

- **Clinicians = CTP staff**

- **Broad inclusion criteria for participants**

- **Assessments brief; limited to those already in clinic's battery**

Project SAFE

Links substance abuse & child welfare systems

1. DCF worker identifies parent/caregiver suspected of substance abuse
2. DCF worker calls ABH 800-number, receives appointment within 24 hours.
3. Parent receives substance use evaluation
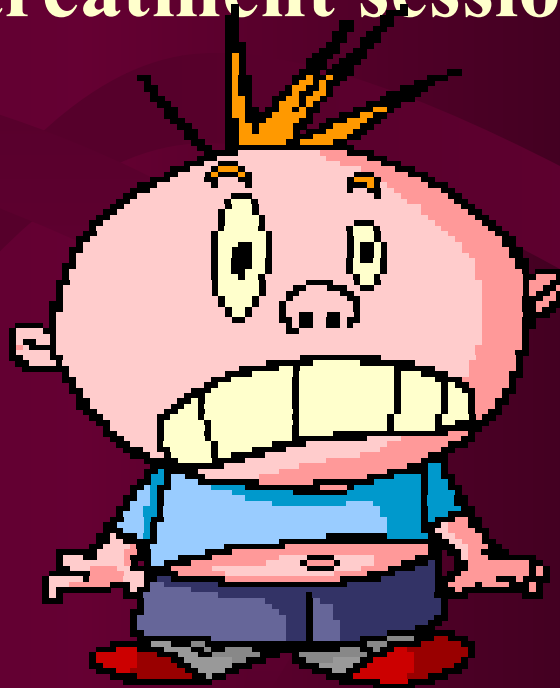4. Free treatment provided within ABH Network

Project SAFE: Successes

- **23,447 referrals since 1995**
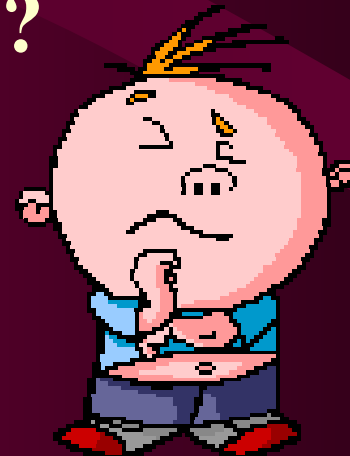- **68% complete initial evaluation**
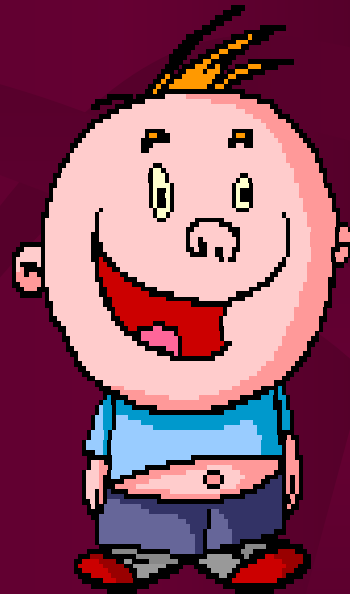
Project SAFE: Challenges

Only 36% of those who present for an evaluation and are referred for treatment attend 1 or more treatment sessions
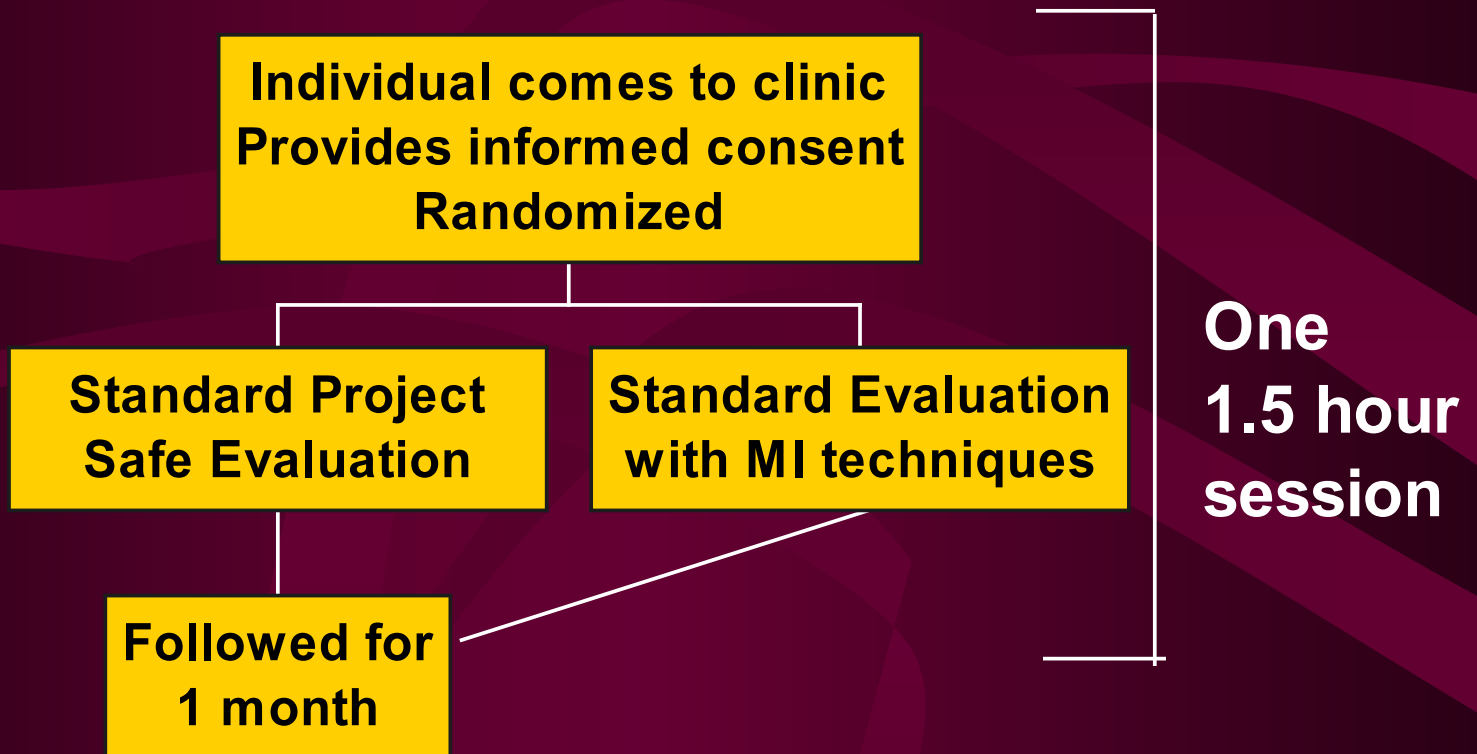
Research question:

- **Motivational approaches have high level of empirical support among alcohol/smoking populations, but….**

- **Can Motivational Interviewing techniques be used in 'real world' clinical programs to enhance treatment initiation?**

Study Design

Individual comes to clinic
Provides informed consent
Randomized

Standard Project Safe Evaluation

Standard Evaluation with MI techniques

Followed for 1 month

One 1.5 hour session

Motivational techniques

Heighten awareness of personal consequences of use:

– *"What bothers <u>you</u> about your substance use?"*

Express empathy:

– *"It must have been difficult for you to come here today."*

Avoid resistance:

– *"What you decide to do about your substance use is up to you."*

Clinician training

- <u>One day</u> training
- Emphasis on integrating motivational techniques into 'standard' intake evaluation done at clinic
- MI has high appeal to clinic staff
- Clinicians note they're 'already doing this', so 'you won't find a difference'

Research/clinical dynamic tensions

- Access to training resources
- Challenges associated with randomization
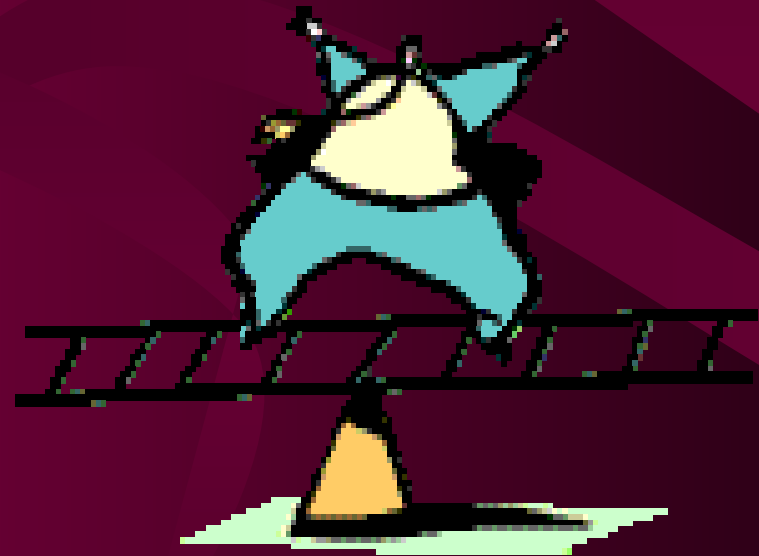
Strategies for success

- **Four groups met <u>several</u> times and solved problems collaboratively**

- **Involvement of key staff at all phases of project: planning, implementation, analysis, and presentation of results**

- **Frequent, ongoing communication including weekly meetings**

- **Integrate research into clinic activities**

More strategies

- **Researchers assumed responsibility for data collection & management**

- **Minimized assessment burden on clinicians**

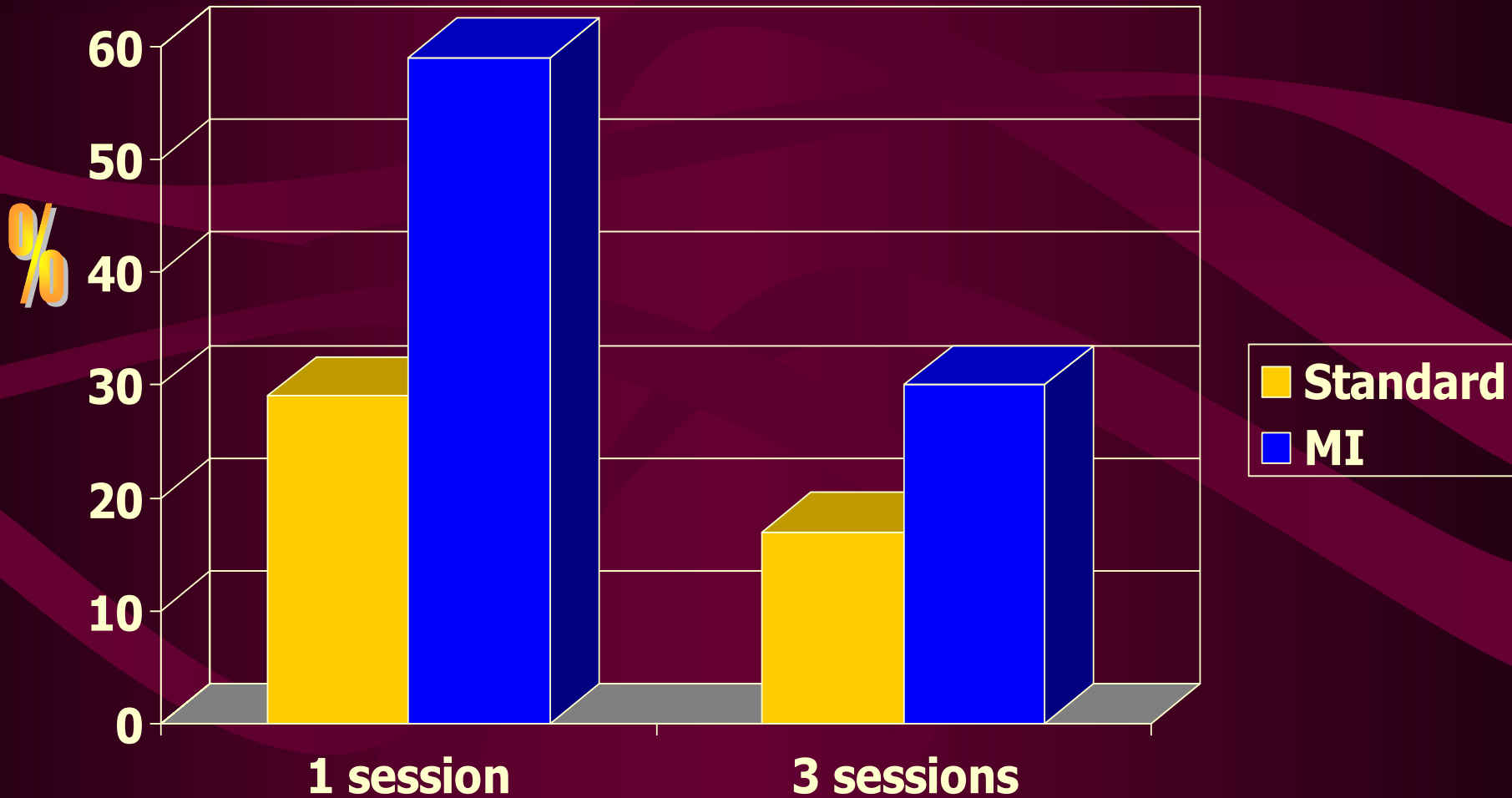- **Compensation to clinic and clinicians**
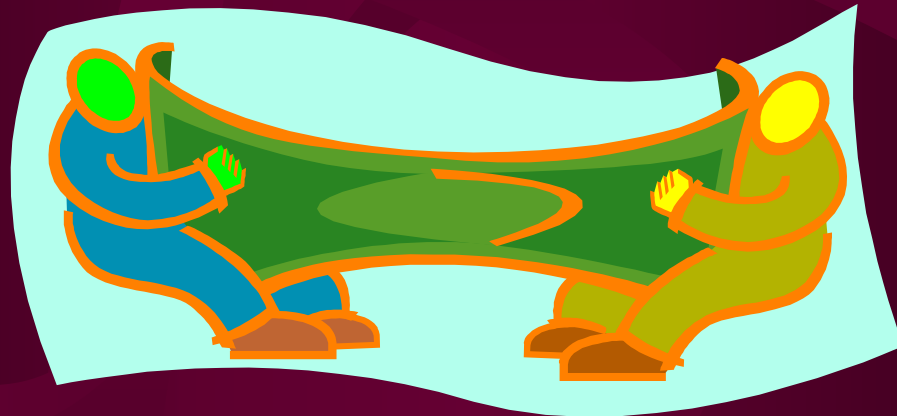
Participant characteristics
N=60

- 70% female
- 50% single/divorced
- Average of two children
- 92% report recent alcohol use
- 77% report recent marijuana use
- 53% report recent cocaine use

Rates of treatment initiation by group

More details

- *American Journal on Addictions* (2001). Motivational Interviewing to enhance treatment initiation in substance abusers: An effectiveness study. 10, 335-339

- *NIDA Research & Practice (2002)* First issue.

Bottom Line Implications

- **Motivational Interviewing techniques can be used effectively in community programs**

- **MI techniques are powerful and practical: One MI session doubled rate of treatment initiation**

- **Model for a CTN protocol taking place in 11 site nationally**

"Do's" for Clinical Researchers

- Involve all key staff at <u>all</u> phases of project
- Address issues that are relevant to both clinicians *and* researchers
- Integrate research staff into clinic activities
- Minimize burden on staff and clients

More "Do's"

- **Attend to both direct and hidden costs of research**
- **Be sensitive to challenges of research-clinical blending**
- ***Communicate, communicate, communicate***
- **Keep it SIMPLE**

- **Be FLEXIBLE**