



Mechanisms of Action in Alcoholism Treatment

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Although a variety of behavioral treatments for alcoholism have empirical support for their effectiveness, the specific ways in which treatments work remain largely unknown.

In collaboration with Richard Longabaugh of Brown University's Center for Alcohol and Addiction Studies, research is currently underway at ISAP to identify mechanisms of effective treatment for alcoholism. Supported by grants from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), investigators are looking at the effects of therapist interventions on patients during and after their participation in three psycho-social treatments for alcoholism.

The specific aims of this research are to examine process-oriented patient-treatment matching effects that involve interactions between (1) the therapist's level of confrontation in relation to the patient's level of reactance (i.e., opposition to the influence of others), (2) the therapist's level of confrontation in relation to the patient's level of trait anger (i.e., angry feelings as a personality trait), and (3) the therapist's level of structure in relation to the patient's level of reactance.

This research also seeks to identify mechanisms through which these patient-treatment interactions exert their effects on alcohol use. The mechanisms being investigated include patients' change in thoughts about alcohol use, expression of change talk (in which the patient presents arguments for

change), and resistance to the therapeutic process.

Under the supervision of Project Director Diane Herbeck, the study completed extensive observer ratings of over 1,000 videotaped treatment sessions for over 400 patients. Key findings to date are:

- Among a sample of aftercare participants, a significant *therapist structure by patient reactance* interaction effect was observed. The nature of the interaction was such that increased therapist structure during treatment predicted fewer abstinent days and more heavy drinking days for persons at a high level of reactance compared to persons at a low level of reactance.
- Mediation analysis of the *therapist structure by patient reactance* interaction effect identified out-of-session pro-recovery activities as a significant mediator of the effect. Pro-recovery activities explained nearly half of the total variance of the interaction effect. Further examination of the mediation effect indicated that increased structure for participants low in reactance was associated with increased pro-recovery activities. Increased structure for participants high in reactance was associated with decreased pro-recovery activities.
- Mediation analysis supported the role of decreased session attendance as a partial

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Representatives from treatment and recovery programs throughout California have reason to celebrate. They demonstrated that they could successfully implement the Network for the Improvement of Addiction Treatment (NIATx) process improvement model within their agencies, and as a result, positively impact their clients' access to treatment and engagement and their retention in treatment.

Half-day Completion Conferences to signal the end of the *Adopting Changes in Addiction Treatment* project were held Nov. 16 in Arcadia, CA, and Nov. 18, in Sacramento, CA. A total of 93 individuals, including treatment program staff from 21 counties and project staff from the Pacific Southwest Addiction Technology Transfer Center (Pacific Southwest ATTC) and UCLA ISAP participated in the conferences.

Adopting Changes in Addiction Treatment was a one-year project funded by the California Endowment and sponsored by the Pacific Southwest ATTC, the County Alcohol and Drug Program Administrators' Association of California, and the NIATx National Program Office. The key activity for this project was the establishment of five regional NIATx/ACTION Campaign learning collaboratives (Southern California, Northern California, Capitol Region, Bay Area, and Central Valley). In total, 173 agencies/programs from 49 counties participated in one of the five learning collaboratives.

The Completion Conferences brought together agency participants from the various learning collaboratives to celebrate rapid-cycle change project successes, discuss challenges, and brainstorm next steps. Participants described how they improved access to and engagement and retention in treatment, and how they plan to sustain effective changes and continue to utilize process improvement tools in these challenging economic times. Lastly, participants were recognized for their participation in the year-long California Endowment-funded project.

The NIATx model is centered on four key aims for treatment programs: (1) reducing wait time, (2) reducing no-shows, (3) increasing admissions, and (4) increasing client continuation (retention). Learning collaborative members learned about various tools to establish a "Change Team," implement rapid-cycle (Plan-Do-Study-Act) change projects, and share project findings with other learning collaborative members. Several Change Teams implemented multiple change projects, which were decided upon through agency walk-throughs and data collection, over the course of approximately six months.

A small sampling of effective rapid-cycle change projects includes the following:

- Provide a mentor for an incoming client to increase 30-day treatment continuation (Heritage House, Orange County);
- Establish a "group intake" session and brief alcohol and drug and mental health screening tools to eliminate counselor down-time and reduce intake no-shows (Calaveras County Behavioral Health Substance Abuse Program);
- Create a PowerPoint presentation to provide uniform information at orientation to streamline the orientation process and reduce early dismissals (San Diego County Occupational Health Services and Sonoma County Alcohol and Other Drug Services' DUI Programs); and
- Delay giving kitchen duty to new residents for first two months of treatment to reduce early drop-outs (Hope House, Nevada County).

The learning collaborative project was featured in poster presentations delivered at the College on Problems of Drug Dependence Annual Meeting in June 2009 and the Addiction Health Services Research Conference in October 2009, as well as a workshop presented at the NIATx Summit/SAAS National Conference in July 2009. A comprehensive final report is under development.

START Study of Opioid-Dependence Therapies Completes Recruitment, Retention Study Begins

www.uclaisap.org/ctn

By Albert Hasson, Project Director (alhasson@ucla.edu)

Three and a half years after the first participant was randomized at Evergreen Treatment Services in Seattle, WA, the *Starting Treatment with Agonist Replacement Therapies* (START; CTN Protocol 0027) study completed participant recruitment Oct. 30.

A total of 1,269 treatment-seeking individuals meeting DSM-IV criteria for opioid dependence were randomized to either methadone or Suboxone treatment in START. Undertaken at the request of the U.S. Food and Drug Administration, the primary objective of START is to compare changes in liver enzymes related to 24 weeks of treatment with Suboxone (buprenorphine plus naloxone) to changes in liver enzymes related to 24 weeks of treatment with methadone.

Staff at the eight participating START sites recruited 1,269 participants, more than 10% of all participants recruited into all 32 CTN trials combined, making it one of the CTN's largest trials.

Implemented in outpatient opioid treatment programs around the nation (Bay Area Addiction Research and Treatment [BAART], Turk Street, San Francisco; Connecticut Counseling Center, Waterbury; Hartford Dispensary, Hartford, CT; Matrix Institute on Addictions, Los Angeles; CODA [Comprehensive Options for Drug Addiction], Portland, OR; Evergreen Treatment Services, Seattle, WA, Bi-Valley Medical Clinic, Sacramento, CA; and NET Steps, Philadelphia, PA), the START study staff have completed nearly 22,000 participant visits, over 143,000 medication visits, and more than 9,000 blood sample collections.

Led by Walter Ling, ISAP director and principal investigator, and Andy Saxon, co-investigator of the CTN Pacific Northwest Node at the University of Washington, START is a cooperative endeavor between the NIDA CTN and Reckitt-Benckiser, the patent holder for Suboxone. The last participant is expected to complete the program in June 2010.

Congratulations to the START study team, including the clinical coordinating centers, EMMES Corporation, Duke Clinical Research Institute, NIDA CTN staff, and staff of the eight participating sites.

The START Retention Study Is Underway

As a result of the differential retention in participants randomized to Suboxone (~43%) versus participants randomized to methadone (~73%) in the START study, NIDA CTN representatives asked Yih-Ing Hser of UCLA ISAP to undertake a qualitative survey to determine the potential causes for this disparity.

Under the direction of Project Director Cheryl Teruya, ISAP staff are scheduled to visit each of the eight participating START sites to conduct interviews and/or focus groups with program staff and participants to better understand the dynamics impacting retention in the START study.

To date, more than 70 individual interviews and four focus groups have been completed at the Matrix Institute on Addictions and BAART. Two more sites, Bi-Valley Medical Clinic and CODA, are scheduled for visits in December, with the final four programs completing the process during the first quarter of 2010.

STAGE 12

Congratulations to the Pacific Region Node community treatment program in Hawaii, Hina Mauka, for completing participant recruitment for CTN 0031, the STAGE 12 protocol. STAGE 12 is comparing the effectiveness of a 12-step program and treatment as usual in reducing drug use.

Thanks!

A special thanks to the following ISAPIans and community treatment program (CTP) representatives responsible for recently submitting the CTN competing renewal application:

From ISAP: Brian Perrochet, Maureen Hillhouse, Christie Thomas, Mark Oyama, Paul Restovich, Thomas Freese, Beth Rutkowski, and Sherry Larkins.

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New Studies and Findings on Prison-Based Treatment for Substance-Abusing Offenders

www.uclaisap.org/CJS

By Stacy Calhoun, Project Director (scalh@ucla.edu)

The prison population has grown substantially over the last two decades, largely due to the use of incarceration for drug-related offenses. About two-thirds of offenders who have a history of heavy use return to drug use and crime within three months of their release from prison.

With the provision of treatment in correctional settings, offenders who would otherwise not voluntarily seek treatment have the opportunity to receive it. However, lack of client motivation and participation in prison-based treatment are major obstacles in stopping the cycle of addiction and crime.

Thus, there is a need to develop and evaluate specific interventions for substance-abusing inmates in order to determine the most effective and cost-efficient way to increase client engagement in the treatment process.

The following describes two prison-based interventions, one that the ISAP Criminal Justice Research Group is in the process of evaluating, and the other for which an evaluation has been completed.

Computerized Psychosocial Treatment for Offenders with Substance Use Disorders

Michael Prendergast and colleagues are collaborating with National Development and Research Institutes (NDRI), Temple University, and the University of Kentucky to evaluate a self-directed and interactive computer-based psychosocial treatment that targets substance use and HIV risk behavior. This has been funded by the National Institute on Drug Abuse under the American Recovery and Reinvestment Act (ARRA).

NDRI, the lead center for this study, has developed and tested the Therapeutic Education System (TES). TES is theoretically grounded in evidence-based psychosocial treatments (Community Reinforcement Approach and cognitive behavioral therapy). This computer-based therapeutic tool allows complex interventions to be delivered with fidelity to the evidence-based model and at low cost, due to its self-directed nature (e.g., minimal staff time/training needed), thus offering consid-

erable potential for future sustainability and dissemination within criminal justice systems.

This study employs random assignment of 526 incarcerated male and female offenders with substance use disorders to either TES ($n = 263$) or standard care ($n = 263$), in a multisite trial conducted in eight prison substance abuse programs in Colorado, Washington, Kentucky, and Pennsylvania.

The study's main aims are to: (1) test the effectiveness of TES compared to standard care at 3 and 6 months after prison discharge on measures of drug use, HIV risk behavior, and reincarceration rates, and (2) evaluate the cost and cost-effectiveness of TES relative to standard care.

Gender-Responsive Substance Abuse Treatment for Women in Prison

A considerable amount of research over the past two decades has outlined the complex differences between incarcerated men and women that are relevant to their rehabilitation. Thus, there has been increased interest in developing gender-responsive treatment for women offenders. Nena Messina and colleagues recently completed an experimental pilot study that compared post-release outcomes for 115 women who participated in prison-based substance abuse treatments.

In this study, women were randomized to either a gender-responsive treatment (GRT) program using manualized curricula (*Helping Women Recover* and *Beyond Trauma*) or a standard prison-based therapeutic community (TC). Data were collected from the participants at prison program entry and 6 and 12 months after release.

Results indicate that both groups improved in psychological well-being; however, GRT participants had greater reductions in drug use, were more likely to remain in residential aftercare longer (2.6 months vs. 1.8 months), and were less likely to have been reincarcerated within 12 months after parole (31% vs. 45%, respectively). Findings show the beneficial effects of treatment components oriented toward women's needs and support the integration of GRT in prison programs for women.

SAMHSA-Funded ISAP Projects Foster New Collaborations Among Los Angeles County Agencies

www.uclaisap.org/evaluation

By Rebecca Beattie, Evaluation Coordinator (rhbeattie@ucla.edu), and Anne Bellows, Project Director (abellows@mednet.ucla.edu)

Two ISAP evaluation projects have spurred new collaborations between agencies in Los Angeles County and led to the expansion of services available to short-term detainees who abuse substances and to individuals with co-occurring disorders (COD).

The projects, the *Co-Occurring Disorders Court (CODC) Project*, and the *Screening, Brief Intervention, Referral, and Treatment (SBIRT) Jails Project*, are both funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The *CODC Project* brings together Judge Michael Tynan's drug court, Special Services for Groups (SSG), and the Acton Rehabilitation Center (ARC) to provide services to individuals with COD. ARC, which provides residential substance abuse treatment, and SSG, which provides outpatient mental health and substance abuse treatment, are now combining forces.

Prior to the *CODC Project*, individuals from Judge Tynan's court did not have easy access to residential treatment. However, as a result of the collaboration between ARC and SSG, qualifying individuals who are referred from Judge Tynan's court now receive residential treatment at ARC, supplemented by case management and psychiatric services from SSG.

This collaboration was forged so that once these individuals are ready to leave ARC, they continue to receive outpatient treatment from SSG, allowing for a smoother transition back into the community.

The *SBIRT Jails Project* has created a collaboration between Behavioral Health Services (BHS), Homeless Health Care Los Angeles (HHC-LA), the Los Angeles Police Department (LAPD), and the Los Angeles County Sheriff's department. BHS and HHC-LA are organizations that provide substance abuse screening, referrals, and treatment, as well as other resources.

This collaboration gives short-term detainees who are at high risk of abusing substances the opportunity to have their substance use assessed and, if indicated, to receive services through BHS and HHC-LA. By collaborating with the LAPD and the Sheriff's department, BHS and HHC-LA staff can now enter the prisons (Parker Center and Twin Towers) and screen short-term detainees just prior to their release. They can then refer detainees who screen positive to necessary services, including their own.

UCLA ISAP is evaluating both of these projects. Preliminary results from staff surveys indicate that both projects profit from a strong collaboration. Project staff feel that these collaborations greatly benefit not only the clients, but the agencies themselves. SBIRT and CODC clients now have improved access to a previously unavailable network of resources, and the agencies have developed important working relationships that will continue to evolve as the projects grow.

Alcoholism Treatment

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mediator of a negative effect of confrontation on future alcohol use among patients at moderate or higher levels of trait anger who received cognitive behavior therapy (CBT). The mediation effect was not observed among patients who received motivational enhancement therapy or 12-step facilitation therapy. These findings suggest that in CBT, the negative impact of confrontation early in treatment is partially explained by a reduction in the number of sessions patients attend.

This research indicates that the examination of session-level phenomena can yield important new information about how people change during alcohol treatment.



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By Jerry Cartier, Project Director (jcartier@ucla.edu)

Screening, brief intervention, and referral to treatment, or SBIRT, is a procedure designed to (a) identify at-risk substance users using validated screening instruments and (b) provide a brief evidence-based intervention to mitigate high-risk substance use, stem the progression to dependence, and reduce the harmful health and societal effects of substance use.

SBIRT comprises three core components: (1) *Screening* of consenting patients using a validated brief instrument to identify risk level, (2) *Brief Intervention* using motivational interviewing techniques to encourage the patient to modify their behavior when the initial screen indicates the risk level as moderate or high, and (3) *Referral to Treatment* for those patients whose risk level indicates a probability of abuse or dependence.

The need to train medical personnel in SBIRT is founded in the actions of medical organizations and governmental agencies. The first to act was the American College of Surgeons Committee on Trauma, which mandated the use of alcohol screening for all of its members and required that all Level I and Level II trauma centers conduct SBIRT with their patients.

In 2008, the Federation of State Medical Boards set SBIRT as a universal goal. Also in 2008, the Office of National Drug Control Policy stated that federal health insurers would include coverage of SBIRT services to the over 5 million federal employees.

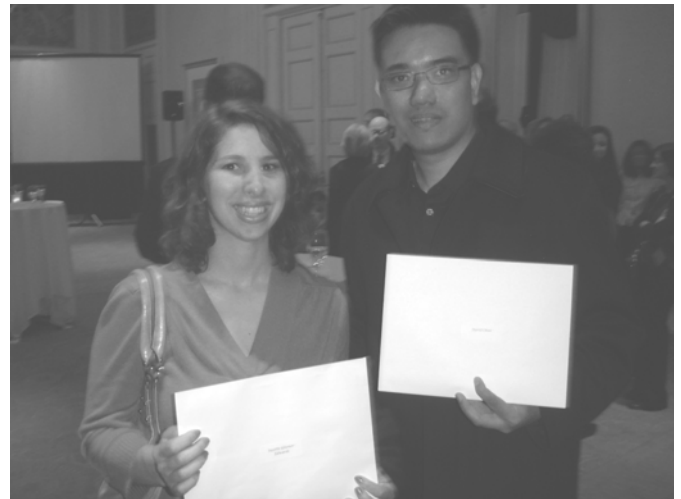
SAMHSA, using national cooperative agreements and funding, provides for both training and implementation of SBIRT in medical and community settings. Under this funding source, ISAP and the Pacific Southwest Addiction Technology Transfer Center (PSATTC) conducted statewide SBIRT trainings for primary care staff during 2009.

A total of 12 trainings were conducted in nine California counties (Alameda [2], Contra Costa [1], Fresno [1], Los Angeles [2], Nevada [1], Santa Barbara [1], Santa Clara [1], Solano [1], and Ventura [2]). The training was designed to meet the educational needs of physicians, nurses, medical

social workers, and other primary health care and mental health care professionals.

The morning session included background information on SBIRT and the rationale for using it in medical settings as well as the presentation of six screening instruments and interpretation of their respective scores. The afternoon session focused on the key elements of motivational interviewing and practice sessions with attendees.

Although follow-up is not funded under this initiative, program evaluations by participants indicated that the trainings were very well received, and subsequent requests for additional information and resources indicated that several agencies were prepared to implement SBIRT. If you would like additional information on SBIRT training, please contact Jerry Cartier at jcartier@ucla.edu.



ISAP Principal Investigators Suzette Glasner-Edwards and David Chim were recognized for receiving New Investigator Travel Awards at the 2009 Addiction Health Services Research Conference held in San Francisco Oct. 28-30. ISAP was the only university/department to have two awardees at the conference.

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