



Treatment Regimes Involving Patient Choice among Non-engagers in Substance Dependence Outpatient Programs

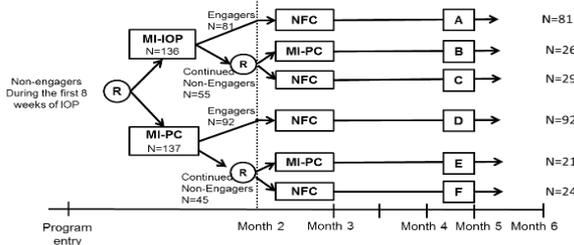


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Introduction

- An adaptive intervention is a sequence of individually tailored decision rules that specify whether and how treatments should be altered over time.
- The ENGAGE study (J. McKay, PI; N=273; NIDA; P60DA05186; NIAAA; K24DA029062) was a 24-week Sequential Multiple Assignment Randomized Trial (SMART) aiming to develop an adaptive intervention that uses motivational interviewing techniques to re-engage cocaine/alcohol dependent patients in intensive outpatient treatment programs (IOP).
- There are two adaptive interventions and two non-adaptive interventions embedded in the ENGAGE study, which enable the investigation of the incorporation of personal choice in motivating patients to attend treatment.

The ENGAGE Study



- MI: Motivational phone-based interviews
- MI-IOP: Motivational interviews that encouraged attendance in the original IOP
- MI-PC: Motivational interviews which gave patients a choice in programs
- NFC: No further contact
- IOPPC (A+B): Start with MI-IOP, then if at week 8 the participant is classified as a continued non-engager, offer MI-PC; otherwise offer no further contact.
- IOPNFC (A+C): Start with MI-IOP then offer no further contact regardless of the patient's week 8 engagement status.
- PCPC (D+E): Start with MI-PC, then if at week 8 the participant is classified as a continued non-engager, offer MI-PC; otherwise offer no further contact.
- PCNFC (D+F): Start with MI-PC then offer no further contact regardless of the patient's week 8 engagement status.

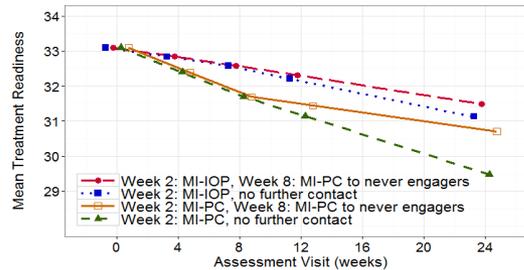
Research Objective

- The objective of my research is to compare the embedded (adaptive and non-adaptive) interventions in the ENGAGE study to determine which leads to better treatment readiness and self-efficacy among the patients.

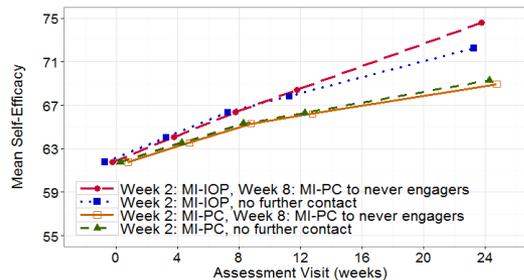
Method & Results

- My research compares end-of-study mean scores amongst the four embedded interventions to determine whether some are associated with better treatment readiness and self-efficacy than others. Generalized estimating equations with weighted and replicated longitudinal data from the ENGAGE study are used to estimate the regression coefficients and the adjusted means.

Estimated Mean Treatment Readiness over Time by Intervention Type



Estimated Mean Self-Efficacy over Time by Intervention Type



Results & Discussion

Treatment Readiness

Contrast	Estimate	SE	95% CI
PCPC – PCNFC	1.23	0.74	(-0.23, 2.69)
IOPPC – PCPC	0.79	1.06	(-1.30, 2.87)
IOPNFC – PCPC	0.43	1.02	(-1.57, 2.44)
IOPPC – PCNFC	2.02	1.12	(-0.18, 4.22)
IOPNFC – PCNFC	1.66	1.10	(-0.49, 3.81)
IOPPC – IOPNFC	0.36	0.82	(-1.26, 1.97)

- Offering MI-IOP initially to re-engage patients in treatment resulted in greater treatment readiness at week 24 than offering MI-PC. However, none of the contrasts between any intervention were statistically significant.

Self-Efficacy

Contrast	Estimate	SE	95% CI
PCNFC – PCPC	0.35	2.94	(-5.41, 6.11)
IOPPC – PCPC	5.68	4.93	(-3.98, 15.35)
IOPNFC – PCPC	3.29	4.75	(-1.57, 2.44)
IOPPC – PCNFC	5.33	4.85	(-6.03, 12.61)
IOPNFC – PCNFC	2.94	4.73	(-6.33, 12.21)
IOPPC – IOPNFC	2.38	3.60	(-9.44, 4.65)

- Offering MI-IOP initially to re-engage patients in treatment resulted in greater self-efficacy at week 24 than offering MI-PC. However, none of the contrasts between any intervention were statistically significant.

Conclusion

- Patients who receive MI-IOP after two-weeks of nonengagement in an IOP may have better treatment readiness and global self-efficacy than those who receive MI-PC after two-weeks. However, because the results were not statistically significant, further research is required.

Mentors: Susan A. Murphy, Elizabeth Freiheit