

Qualitative Reports of Interventionists in the SMART-ED Study: Challenges and Themes

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Background

- Interventionists involved in the NIDA Clinical Trials Network (CTN) Screening, Motivational Assessment, Referral and Treatment (SMART-ED) protocol conducted 30-minute motivational enhancement therapy sessions with patients presenting to medical EDs who screened positive for problematic substance use.
- Interventionists, working from a centralized call center, attempted to complete two 20-minute telephone “booster” sessions within a week following a patient’s ED discharge.

Objective

- As part of their final supervision session and in discussions with the research team following completion of the treatment phase of the study, brief and booster interventionists reported the unique challenges and lessons learned.
- We present brief interventionists' and booster interventionists' perspectives on the unique challenges, lessons learned, and themes that emerged in providing brief interventions in medical ED settings and booster sessions over the phone.

Perspectives of ED Brief Interventionists



Themes and Challenges: Conducting Screening, Motivational Assessment, Referral and Treatment in the ED

- The inherent nature of the emergency department
 - Patient flow through and variable wait times in the ED
 - Availability of space allowing adequate privacy
 - Frequent interruptions, with medical care taking priority
 - Patient concerns about confidentiality and the possible impact of disclosure of substance use on their medical care
 - Patient acuity that precludes ability to provide informed consent and participation

Themes and Challenges: Conducting Screening, Motivational Assessment, Referral and Treatment in the ED

- Maintaining focus on addictions in the face of multiple competing priorities
 - Patients desire to discuss medical reasons for ED visit
 - Psychosocial/mental health needs that might require attention
 - Temptation of interventionists to address basic needs such as housing, employment
- Issues inherent in “dual roles” for research assistants, all of whom have been trained in motivational interviewing
 - Using MI techniques appropriately during intervention, and not using them during screening and assessment.

Booster Phone Sessions Following ED Visit



Rationale:

Why Include Booster Sessions

- Brief motivational interventions appear to have more limited effectiveness with drug abusers than with alcohol-involved individuals
- While the initial brief intervention may get individuals to focus on changing risk-related behaviors, it may be insufficient to motivate them to develop and implement a change plan
- The “teachable moment” thought to be associated with care in the ED may not actually occur given the challenges outlined above and may fade rapidly if it does occur, leading to the recommendation that “booster sessions” be provided, either in person or via phone

Rationale: Why Include Booster Sessions

“A booster session or referral for follow-up sessions outside the confines of a busy ED may be needed in addition to a 10-minute intervention in the course of clinical care.”



Mechanics of Booster Sessions

- Booster calls were made from a centralized, study-wide intervention booster call center, by interventionists who received standardized training and supervision and who had electronic access to necessary information from baseline visit and initial ED intervention
- Participants received up to 2 phone “booster” sessions, ideally completed at 3 and 7 days following the ED visit, but with further attempts to engage participants for up to one month post-discharge from the ED
- Each booster call was to be approximately 20 minutes long, consisting of motivational interviewing focused on substance use issues
- The purpose of the booster sessions was to check whether participants had engaged in treatment, review and reinforce change plans, address barriers to treatment engagement, seek a commitment for behavior change, and support continuing efforts.



Perspectives of Booster Session Interventionists

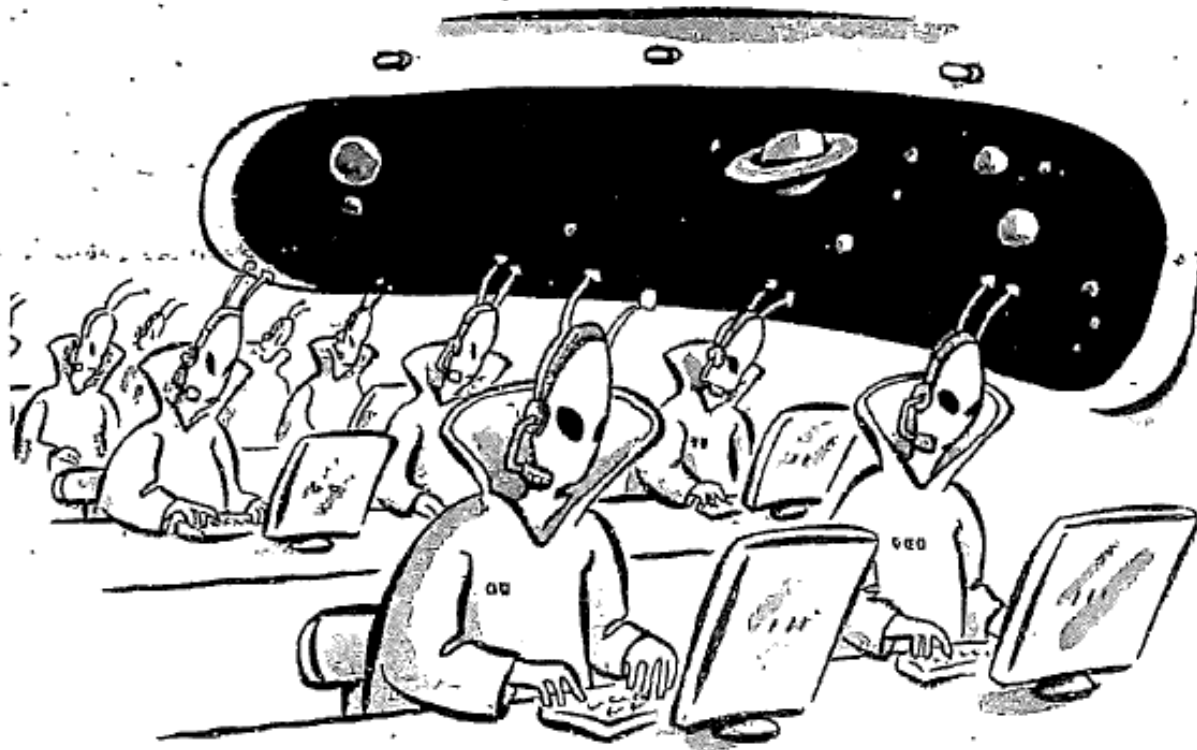


Themes and Challenges: Conducting Booster Counseling Calls following the ED

- Difficulties reaching participants following their ED visits.
 - Wrong phone number or contact information, despite completed locator forms in ED
 - Lack of minutes on patients' cell phones
 - Lack of financial incentive as provided for follow-up assessments
 - Lack of privacy to take calls (e.g., on bus, in noisy location, others around whom they did not want to have hear conversation)
 - Failure of participant to return calls despite saying that they would
 - Differences in time zones between call center and patients' locations
 - Hesitancy to accept call from unfamiliar area code

Cartoon Parade®

ILLUSTRATION: GRAFILU. CARTOON: RINA PICCOLO



"This is a call center, sir—I'm not in your area."

August 12, 2012

Themes and Challenges: Conducting Booster Counseling Calls following the ED

- Difficulties engaging some patients once contacted
 - Lack of awareness of the call or its purpose despite attempts of ED interventionists to provide “warm handoffs” and informing participants that they would be receiving follow-up calls
 - “Cold call” on part of booster counselor who is different from the interventionist seen by patient in the ED
 - Differences in engaging individuals who viewed their ED visits as related or not to their drug use
- Differences in the perceived need and willingness to change behavior between those whose primary drug is marijuana, which was viewed as much less problematic, versus other classes of drugs.

Summary

- While potentially effective in impacting substance use, there are many complexities involved in providing brief addiction intervention in the ED setting.
- While augmenting an initial intervention delivered in the ED with subsequent booster sessions shortly after the ED visit has been recommended and may contribute incrementally to outcomes, there are also complexities in implementing such booster sessions.
- Being aware of, understanding, and preparing for such challenges is critical to the successful implementation of addiction treatment programs or research aiming to implement brief interventions in the ED environment.