**Progress Report on the Recovery Unplugged Treatment Effectiveness Study**

**August 15, 2017**

**Overview**

This document is a progress report discussing several general elements of the Recovery Unplugged Treatment Effectiveness Study. There are three primary sections – each with its own mini conclusion section and then a few general conclusions offered at the end.

**In-Treatment Study**

We have been monitoring participant flow into the study at least biweekly since the study commenced back in January of 2017.

In general, the numbers have maintained consistency despite short-term fluctuations and are consistent with the following rates:

As of the week ending August 11, 2017, approximately 231 residents had been admitted to the PHP program at Recovery Unplugged (using January 13, 2017 as the start date).

Of 231 total residents,

* 176 (76%) have been exposed to the study consent
* 55 (24%) have not been exposed to study consent (because they were going to stay for an atypical stay or the decision was based on clinical reasons)

Of the 176 residents exposed to the study consent,

* 145 (82%) agreed to participate
* 31 (18%) refused study participation

Of the 145 residents consented to the study,

* 114 (79%) persisted as study participants
* 31 (21%) either dropped out or had to be removed from the study

Of the 31 consented residents who dropped from the study,

* 16 (52%) left AMA prior to being considered a viable study participant
* 9 (29%) elected to discontinue their participation
* 5 (16%) were removed from study for a technical reason (e.g., was consented prior to learning their treatment stay was going to be short – for stabilization).
* 1 (3%) was removed due to difficulty scheduling (considered passive refusal)

*Conclusions regarding in-treatment study*

* 76% percent of admitted residents were exposed to consent.
* 82% of residents exposed to consent, agreed to participate.
* Christian was originally hoping this number would be closer to 90%, but it is stable and consistent with some published data we have seen.
* The in-treatment study attrition rate is approximately 21%.
* Only 10 out of the 145 consented residents dropped out of the study because they did not like participating (7%).

**Follow-Up Study**

We currently have 96 individuals in the follow-up study.

* This number represents 66% of the 145 residents who initially consented to the study
* This number represents 85% of the 114 residents who persisted as study participants

Of the 96 individuals in the follow-up study, 80 are eligible for the one month follow-up.

Of the 80 participants eligible for the one month follow-up,

* 49 (61%) have completed the interview
* 31 (39%) are overdue for the interview
* We have information on 14 of the 31 (45%) individuals overdue for the one month interview (e.g., 5 are currently in additional substance use treatment)

There are 49 participants eligible for the three month follow-up.

Of the 49 eligible,

* 19 (39%) completed the interview
* 30 (61%) are overdue
* We have information on 20 of the 30 (67%) individuals overdue for the three month

*Conclusions regarding follow-up study numbers*

* Our percentage of completed interviews is lower than optimal and might affect the kinds of journals we can publish results in.
* That said, when we combine the number of interviews completed with the number of individuals we have known status on, our percentages are more optimal.
* In other words, we completed 49 of 80 interviews for those eligible for the one month follow-up. Of the 31 individuals overdue for the interview, we have obtained relapse status from a collateral informant for 7 individuals, we know 5 are currently in additional substance use treatment, 1 is attending other treatment, and 1 is in jail. If we add these 14 individuals with known status to our number of interviews completed, we get (49 + 14 = 63), which is 79% of those eligible for the one month interview, a more optimal percentage.
* The numbers are similar for the three month interview.

**Study Personnel**

The in-treatment portion of the study is managed exclusively by Shya Garrett. Christian is in regular contact with Shya. Her performance in managing the myriad aspects of the study has been stellar. She is organized, personable, and exercises sound judgment.

The follow-up study is managed by Olivia Larson, who oversees a team of ‘trackers’ and ‘interviewers.’ We currently have two team members tracking research participants and seven team members conducting follow-up interviews. Olivia’s performance in managing the myriad aspects of the follow-up study has also been stellar. Olivia and Christian are in regular contact regarding ongoing study-related issues.

Olivia is in the process of training three additional interviewers.

Christian has assembled a ‘stats team’ to help with data base management, measure scoring, and data analyses that will be used for conference submissions and manuscripts.

The team is currently comprised of four doctoral students, an undergraduate student, Olivia Larson, and Morgan Levy.

*Conclusions regarding study personnel*

* Including Christian, we currently have 14 individuals associated with the study in various capacities (and are in the process of training three additional interviewers).
* For now, we have enough individuals to manage all study-related activities.
* Olivia Larson has recommended that we train between two and four individuals to help with participant tracking, so we will discuss the best way(s) to make that happen.

**Dissemination of Study Findings**

In October of 2017, Christian and other members of his team will be presenting four posters at the Addiction Health Services Research Conference in Madison, Wisconsin. The posters will evaluate in-treatment changes on several important outcomes including cognitions around substance use, mental health symptoms, positive mental health (e.g., hope, gratitude), emotion regulation, shame, and self-compassion.

Attending the conference will be our first opportunity to discuss our findings publically in a health sciences context.

Once we have attended the conference, we will plan our next one or two dissemination projects.

**Ongoing Evaluation and Procedure Changes**

Christian closely monitors all study-related operations and myriad procedural changes have been undertaken.

We have eliminated a portion of the data collection that was occurring with the help of the individual clinicians. After several months of data collection, Christian decided that the cost-benefit ratio was not favorable.

In September or October, Christian hopes to make some changes that will reduce the time necessary to complete one of the initial in-treatment assessments. He will send an update on that issue at a later date.

**Overall Conclusions**

* Both phases of the study are adequately staffed and operating in accordance with study-related procedures.
* Follow-up interview completion rates are lower than industry standards, but the sample is unique with respect to age and primary substance of abuse. Although industry standard are dominated by alcohol treatment recipients, younger, opiate-dependent samples are harder to track and retain over time.
* Preliminary study findings on in-treatment changes on several clinical targets will be presented at a national conference in Madison, Wisconsin in October of 2017.