

Top 10 CTN Accomplishments in Behavioral Therapies in the Past 10 Years



Kathleen M Carroll PhD
Yale University School of Medicine
New England Consortium Node

Top Ten Take Homes from our First Ten Years

1. Multiple successes in establishing a partnership and building a research infrastructure
2. Safety of behavioral treatments*
3. The power of incentives*
4. Broad utility of Stage Model
5. EVTs stand up in real world settings*
6. Behavioral treatments do have specific effects*
7. TAU is pretty good*
8. Effort, support, and commitment essential for adopting and sustaining EVTs
9. Challenges of retention and broadening our scope*
10. We still have a long way to go*

Top Ten Take Homes from our First Ten Years

1. Multiple successes in establishing a partnership and building a research infrastructure

- Few of the anticipated problems were significant barriers
 - *Plenty* of treatments and concepts
 - Multisite RCT model and methods quickly adopted
 - Clinicians and providers eager to learn new treatments
- Bidirectionality proved a productive, effective strategy
- EVTs now broadly accepted



Top Ten Take Homes from our First Ten Years

1. Multiple successes in establishing a partnership and building a research infrastructure
2. **Safety of behavioral treatments***
 - Systematic evaluation of FDA-defined SAEs in behavioral trials
 - Led to important secondary analysis and recommendations beyond CTN



Petry et al, JCCP (2008)

SAEs in behavioral tx' s summary

- In 4 studies, 1687 participants, 260 SAEs (12% of sample)
- SAEs (as defined by the FDA) are common in substance abusers.
- The two therapies did not increase the incidence rates of SAEs relative to standard care.
 - Prize Contingency Management not associated with gambling
 - Motivational Interviewing not associated with less abstinence
- *None of the events recorded were deemed by IRBs or DSMBs to be even possibly study related.*
- EVTs are safe, cannot make that assumption about untested therapies

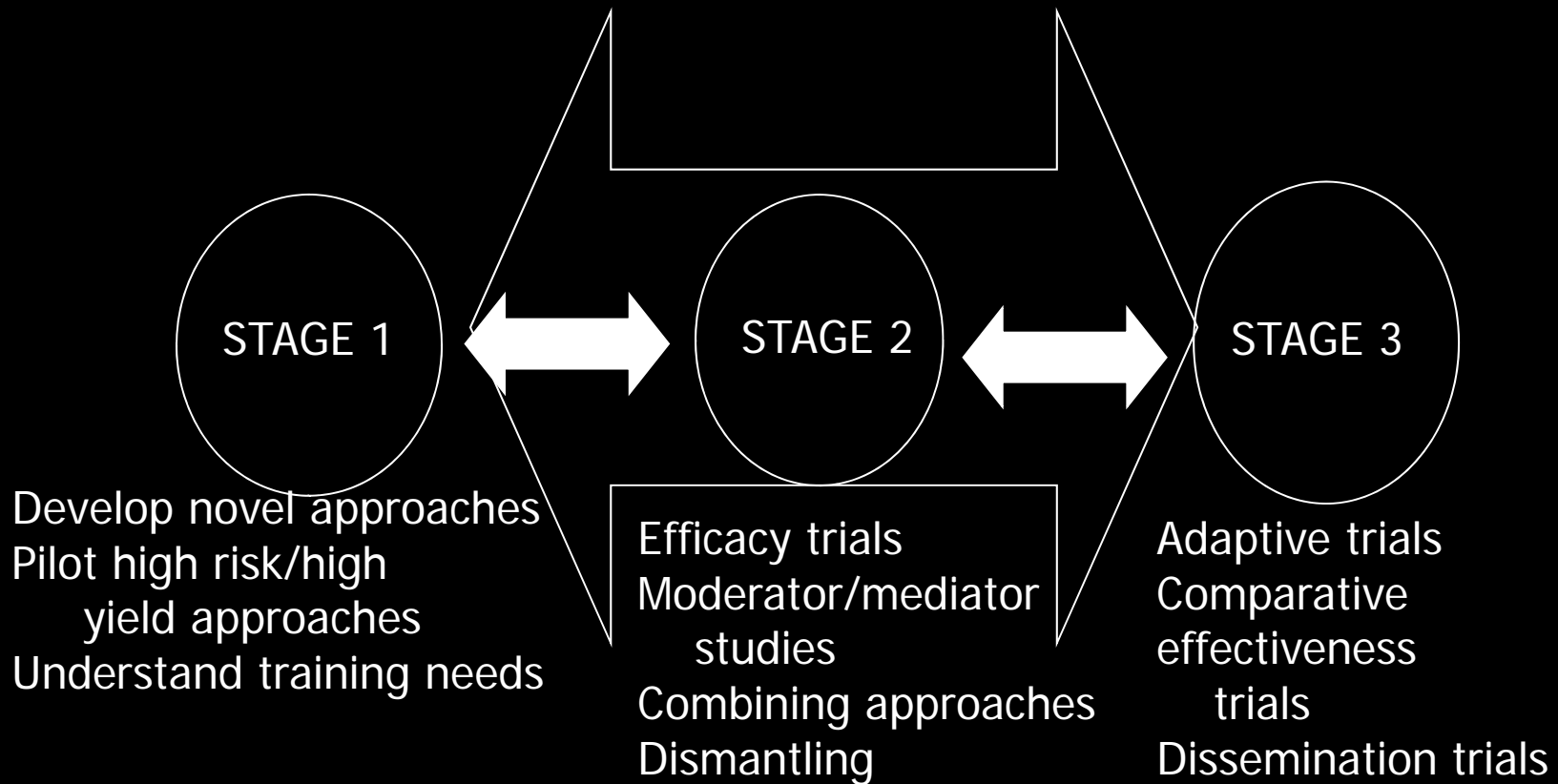
Top Ten Take Homes from our First Ten Years

1. Multiple successes in establishing a partnership and building a research infrastructure
2. Safety of behavioral treatments*
3. **The power of incentives***
 - Consistent robust effects
 - Highly flexible:
 - Research use (perfect platform for pharmacotherapy studies, possibility of synergy)
 - Clinical use (improve compliance, retention, follow-up, staff retention)

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4. **Broad utility of Stage Model of Behavioral Therapies Development**

Stage model is iterative, not linear



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CTN 10th Carroll

Costs

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Early conceptions of Stage III

- Do EVT's work in the real world?
Generalizability to different patients, practitioners, settings
- Can providers implement these treatments?
How should they be trained to do so?
- Sustainability: will providers and clients use these treatments?

Answers: Yes



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5. **EVTs stand up in real world settings***
 - EVT with strong evidence base fare well in CTN (Contingency Management, Motivational Enhancement Tx)
 - Treatments with a less strong evidence base (e.g., Job Seekers' Workshop) don't stand up to 'noise' of real world

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6. Behavioral treatments do have specific as well as non-specific effects*

Specific and non-specific effects

- Relative lack of differences in outcome across multiple subgroups → EVTs should be first line treatments , *don't* need different treatments for all subgroups
- That said, MI/MET effects confined to alcohol subgroups

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7. **TAU is pretty good***
 - *Not a straw man*
 - More effective than many controls (e.g. wait list, attention)
 - **Challenge of variability**
 - **Challenge when tx main effects not found***

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8. **Effort, support, and commitment essential for adopting and sustaining EVTs**
 - Adoption of any EVT carries costs
 - Are those costs justified by the outcomes?
 - Success of Blending Products
 - Training, monitoring, and feedback part of the process for EVTs, inconsistently implemented outside of research

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9. **Challenges of retention and broadening our scope***
 - Short term focus
 - Most substance users never access treatment
 - Importance of examining SUD treatment in other settings, e.g., current trial of SBIRT in emergency departments

10-Top Ten Take Homes from our First Ten Years

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Tentative Top Ten to Tackle in the Next Ten

1. Development of a common outcome measure
2. Performance indices & clinical significance
3. Comparative effectiveness of EVTs
4. Addressing psychiatric and medical comorbidity
5. Incorporating more complex designs, building implementation science
6. Keeping clinicians engaged
7. Sustaining effects of treatment and training
8. Understanding multiple pathways to recovery
9. Reaching those we don't reach
10. Faster, fleeter and more productive

