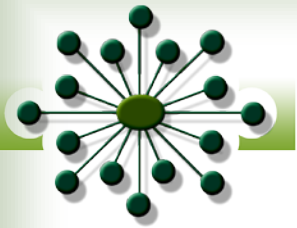


2009 Web Seminar Series

# Recruitment and Retention

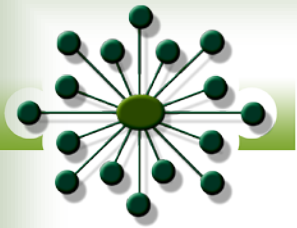
Instructors: Kimberly Pressley, MA  
Lynn Kunkel, MS, CCRP

"This training has been funded in whole or in part with Federal funds from the National Institute on Drug Abuse, National Institutes of Health, Department of Health and Human Services, Under Contract No.HHSN271200522081C."



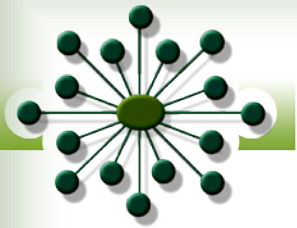
# Introduction

- This is a two-hour seminar discussing recruitment and retention tools and strategies
- The target audience includes novice and mid-level research and node staff

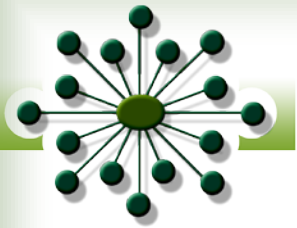


# **Training Outline**

- Recruitment overview and purpose
- Retention overview and purpose
- Research recruitment tools
- Developing and maintaining rapport with clinic staff, participants and their families
- The customer service side of retention

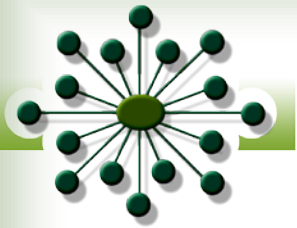


- **Why do we have recruitment and retention training again...and again?**
  - Remind ourselves of the importance
  - Opportunity to share experiences



# Clinical Trial Purpose

1. Answer a research question
2. Test efficacy of behavioral and medication trials
3. Assist in setting policies
  - **Recruiting** an adequate number of appropriate participants
  - **Retaining** as many as possible for the study protocol
  - **Collecting** adequate data



# Recruitment Key Elements

## ■ Population

- Know protocol inclusion / exclusion criteria
- Where would this population hang out?
- What would motivate them to join the study?
- Where do they get their information?

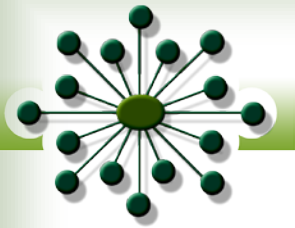


## ■ Competing Priorities

- Competition for participants/patients
- Availability of alternative treatments

## ■ Regulations

- Local regulations
- IRB variability



# Recruitment Key Elements

*continued*

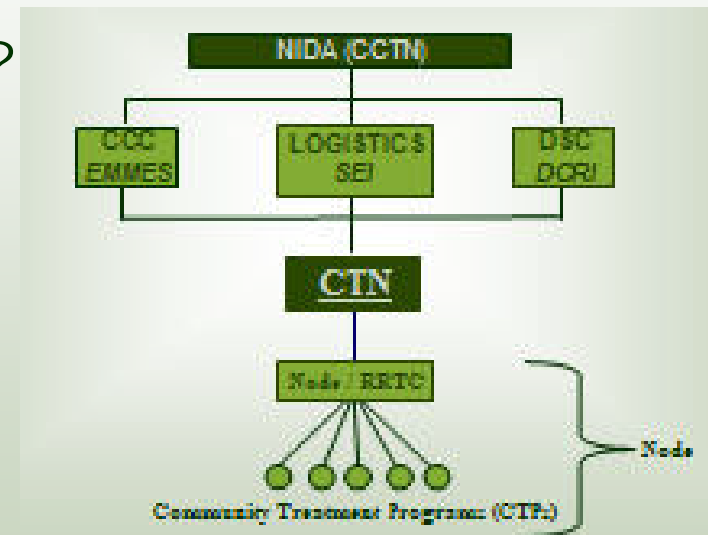


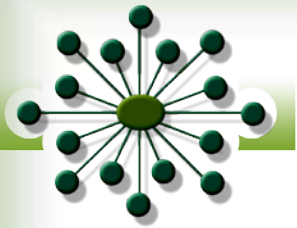
## ■ Treatment Program

- Where/how does the treatment program get clients?
- What is the client flow?
- Are there seasonal changes?

## ■ Resources

- CTN Clinical Trials Network
- RRTC Regional Research and Training Center
- CTP Community Treatment Provider
- Community





# Recruitment Key Elements

*continued*

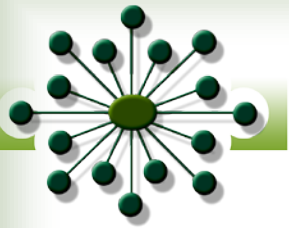


## ■ Stakeholders

- NIDA National Institute on Drug Abuse
- Lead Node
- Local RRTC
- Treatment Program

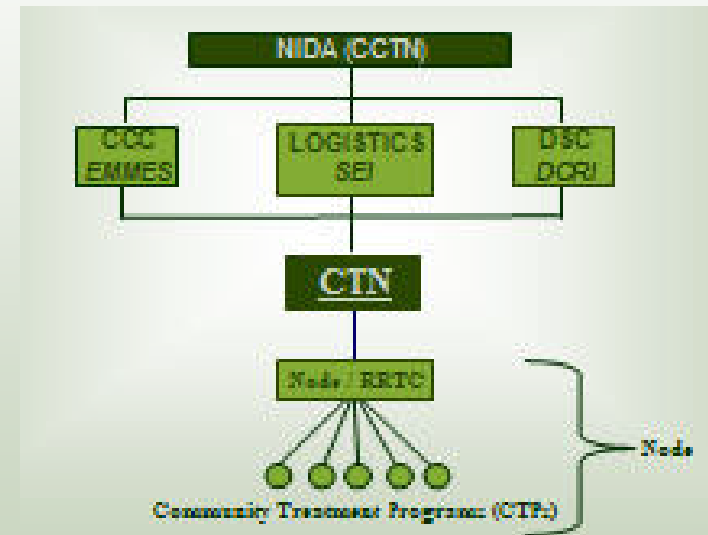
*Strategies are most effective when done together in a coordinated fashion.*





# Recruitment System Level Approach

- CCTN
- Lead Node/protocol
- DSMB and IRB
- Node RRTC and CTP
- IRB requirements
- Others?





# **Recruitment**

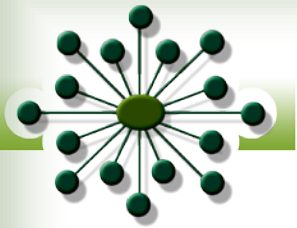
## **System Level Approach**

*continued*

- **Participation, Communication and Management**
  - Identify and support successful strategies
  - Incorporate lessons learned
  - Data-driven decision making
  - Active management of timelines

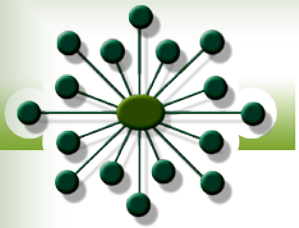
*It's all about  
building relationships*





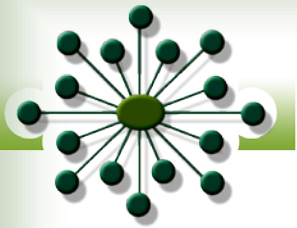
# Developing and Maintaining Rapport

- **Developing and Maintaining Rapport**
  - Clinic staff
  - Participants
  - Participant family members
- **Counseling Principles**
  - Starts with listening
    - Address concerns that led to current treatment episode
    - Hear the participant's story
    - Take your time
    - Reflect and validate



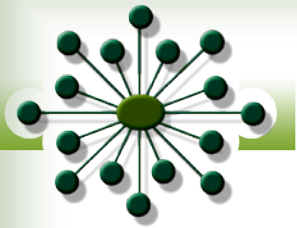
# Customer Service Matters

- The Customer Service Side
  - Flexibility
  - Environment
  - Building a positive reputation



# Recruitment Tools

- **Respondent Driven Sampling (RDS)** 
  - Method used for sampling “hidden” populations
  - Those best able to access members of “hidden” populations are their own peers
- **LRADAC obtained IRB approval for RDS in CTN-0028 to enhance recruitment**



# Recruitment Tools

*continued*

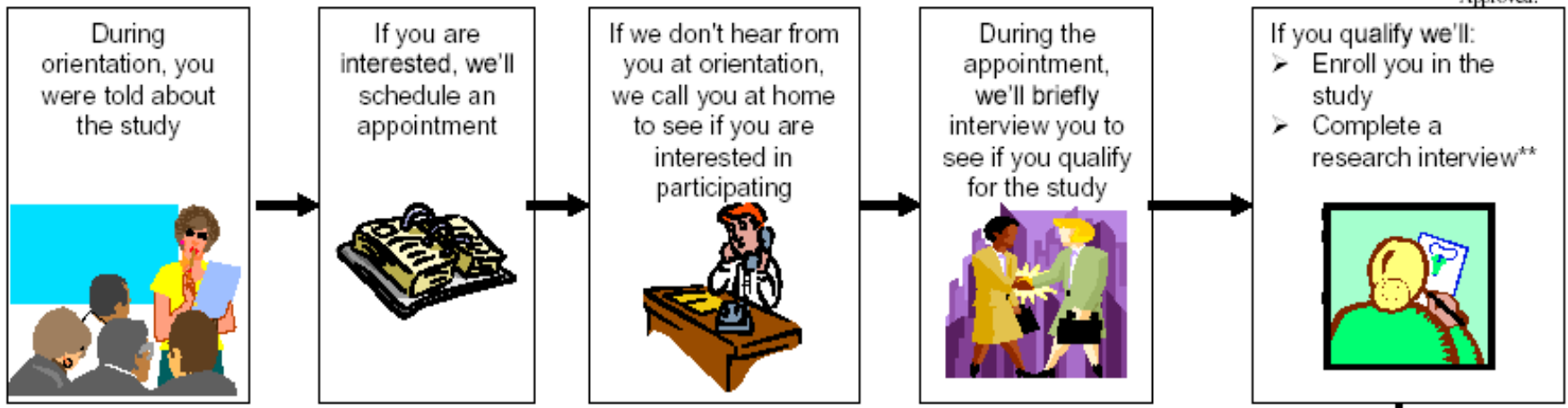
## ■ Respondent Driven Sampling (RDS)

- Participants distributed flyers
- Referral compensation



## ■ Strategy Results

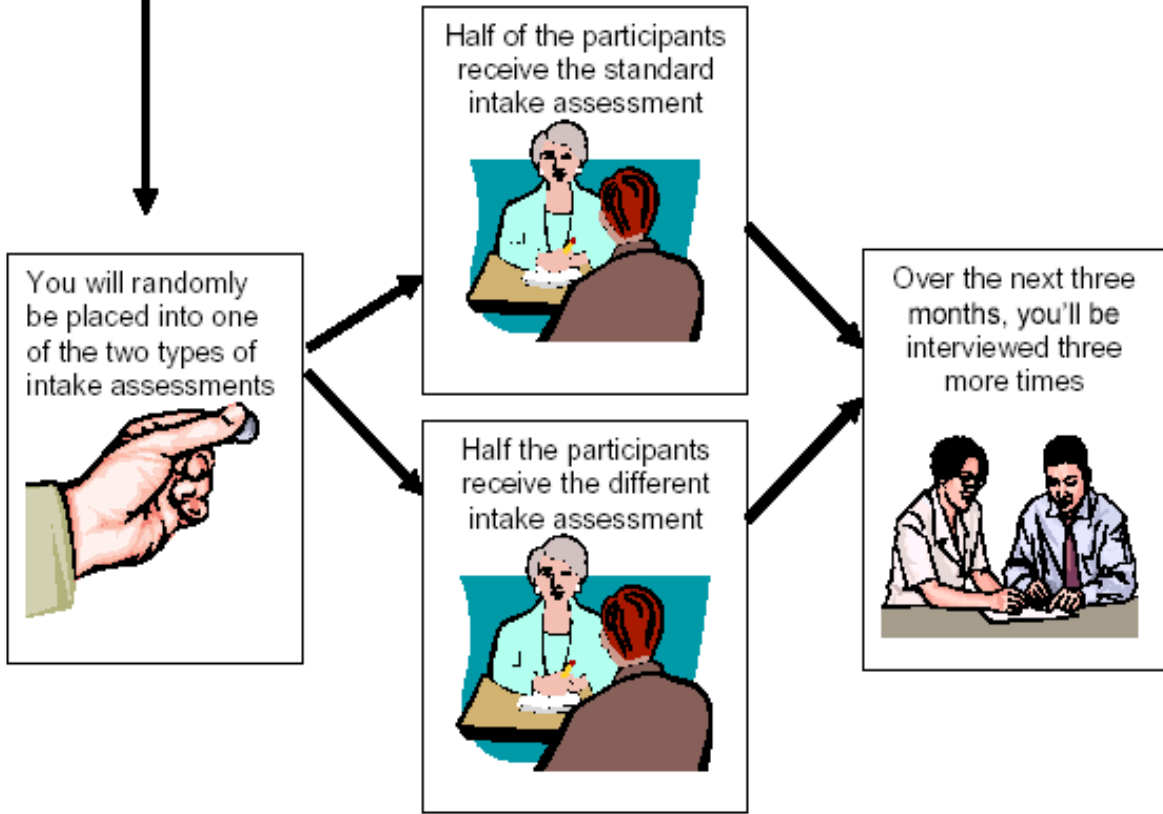
- Pre-RDS
  - 16 Randomized
    - 14 from existing CTP referral source
    - 2 from participant referrals
- Post-RDS
  - 16 randomized
  - 5 from existing CTP referral source
  - 11 from RDS

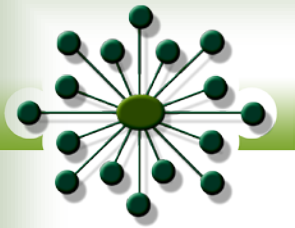


## Help Us Improve Treatment METS Study

# WHAT HAPPENS IN THIS STUDY??

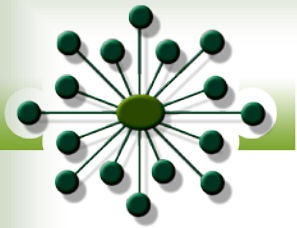
\*\* You will receive **\$20** for each of the four interviews with the research assistant. If you complete all four visits, you will receive an additional **\$20**. Each visit will include urine and breath tests. Results are completely confidential and will not be disclosed.





# **Retention Philosophy**

- Many potential retention problems can be prevented or minimized before participant enrollment
- Once a participant is enrolled, taking measures to enhance and monitor retention is essential
- Retention is a decision that the participant makes



# Retention

## Key Elements

### ■ Build rapport

- Treat participant with respect
- Respect their time and effort
- Be flexible w/ scheduling visits

### ■ Valuable contact information

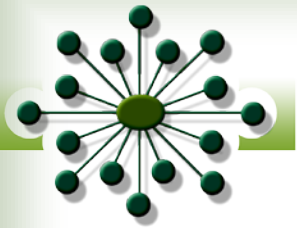
- Enable phone interviews

### ■ Know what resources are available

### ■ Make sure participant understands expectations

- How they differ from treatment



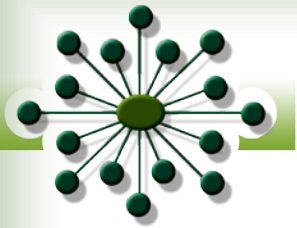


# Retention Tools

## ■ Locator Forms



- What is applicable to your participant
- Where they mingle
  - AA Meetings, Shelters, post offices, other information resources
- Quality contacts
  - Who are likely to see you every day
    - Neighbors, Friends, Employer
  - Who is the constant – they always go back to
    - Mothers, Grandmothers, Siblings
- Other identification
- Release of information for participants
  - Parole or probation officers, doctor offices, treatment agencies, social service agencies, family members



# Retention Tools

*continued*

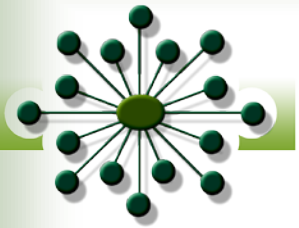
## ■ Other

□ Obituaries

□ Databases

- Incarceration, State Alcohol and Drug Data System, Credit Bureau Reports, Private Search Services





# Addressing Barriers

## Share your Stories

- **Survey findings** (31 completed responses)
  - Most Difficult to Recruit
    - Adolescents
    - Minorities and indigent populations
    - Stimulant abusers
    - Rx abusing patients
  - Proactive efforts to fit specific needs
- **The barriers**
  - Time
  - Fear and The Reputation of Research
  - Transportation
- **The success stories**
  - RDS



# Questions



### References on Retention in Research

#### ■ Peer-Reviewed Journal Articles

- Incentives for Retention of Pregnant Substance Users: A Secondary Analysis. / Brigham, Gregory S., et al. *Journal of Substance Abuse Treatment* 2009 (in press).
- Retention of Under-Represented Minorities in Drug Abuse Treatment Studies. / Magruder, Kathryn M., et al. *Clinical Trials* 2009;6(3):252-260.
- Issues in Designing and Implementing a Spanish-Language Multi-Site Clinical Trial. / Suarez-Morales, Lourdes, et al. *American Journal on Addictions* 2007;16(3):206-215.
- Addressing Ethnic Disparities in Drug Abuse Treatment in the Clinical Trials Network. / Carroll, Kathleen M., et al. *Drug and Alcohol Dependence* 2007;90(1):101-106

#### ■ Conference Poster

- Using Respondent Driven Sampling (RDS) to Enhance Recruitment of Dually-Diagnosed Adolescent Clinical Trials Participants. / Holmes, Beverly W., et al. Poster presented at the College on Problems of Drug Dependence (CPDD) annual meeting, Reno/Sparks, Nevada, June 20-25, 2009.

# National Drug Abuse Treatment

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### Retention of Under-Represented Minorities in Drug Abuse Treatment Studies.

Clinical Trials 2009;6(3):252-260. [doi: 10.1177/1740774509105224]

**Kathryn M. Magruder, PhD, MPH** (Medical University of South Carolina, SC Node), **Bichun Ouyang, PhD, Scott Miller, PhD, Barbara C. Tilley, PhD** (all from Medical University of South Carolina, SC Node).

**Abstract:** Differential attrition by minority populations can be as limiting to interpreting final results as poor initial recruitment of minority populations. This is especially important in drug abuse treatment studies, as minorities are over-represented in substance abuse clinical treatment programs. This ancillary investigation aimed to determine if there are differences in study retention rates by race/ethnicity and age, and to explore other client characteristics, as well as protocol and treatment program factors, that could account for differential retention rates. Analyzing data from six CTN trials (CTN-0001, -0002, -0005, -0006, -0007, and -0011), the researchers found that older African Americans and Caucasians had the greatest odds of retention and younger African Americans the lowest -- only age was significantly related to study retention. Additionally, primary drug of abuse, having HIV risk screening as a program benefit, and lower percentages of female admissions were also significantly related to study retention. In conclusion, efforts should be made to increase the study retention of younger participants to improve the validity and generalizability of drug abuse treatment study results. (*Article (Peer-Reviewed)*), *PDF, English, 2009*)

**Keywords:** African Americans | CTN platform/ancillary study | Minority groups | Retention | Young adults | Clinical Trials (journal)

Document No: 365

Submitted by Jack Blaine, June 2009.

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NIDA-CTN-0005		<a href="#">www</a>
NIDA-CTN-0006		<a href="#">www</a>
NIDA-CTN-0007		<a href="#">www</a>
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July 14, 2009.

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#### Resolutions for Unexpected Site Challenges: An Introduction to Risk Management

June 11, 2009.

[[video](#) | [slides](#)]

#### Fundamentals of Clinical Research in the CTN

March 11, 2009.

[[video](#) | [handout](#)]

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### Other Trainings



#### Historical Trauma: Healing Approaches in Native American Communities

- Videos of presentations from the July 1, 2008 conference, San Francisco, CA



#### Narrowing the Research-Practice Divide in Evidence-Based Medicine with Adoption of Electronic Health Record Systems: Present and Future Directions

- Presentations from the July 13-14, 2009 NIDA-sponsored conference in Bethesda, MD.



Supported by a grant from the National Institute on Drug Abuse to the University of Washington Alcohol and Drug Abuse Institute.

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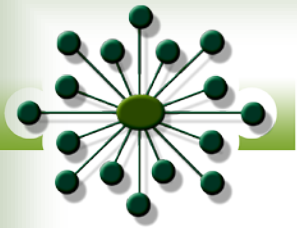
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This concludes our presentation today.  
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## Writing Site Specific SOPs

□ 9/15/09

## ■ Ethical Principles in Clinical Research

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