



# The Northern New Englander

## Clinical Trials Network Newsletter

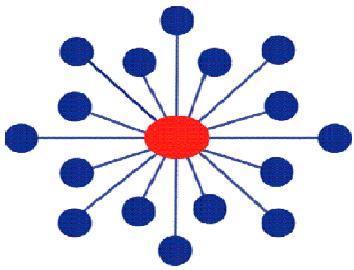
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## CTN Research Utilization

### Special Features:

- *Copersino on CTN Research Utilization*
- *Local News & Announcements*
- *Levy's Corner*



**By Marc Copersino Ph.D., Node Research Utilization Coordinator**—The mission of the CTN is to develop, refine, and deliver new treatment options to patients in community treatment programs (CTPs) through the collaboration of scientists and practitioners. As part of this mission, the CTN is disseminating the Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA:STEP) package as a tool to help agency supervisors train and coach their staff in the clinical method of motivational interviewing.



Motivational interviewing (MI) is a client-centered yet directive counseling approach for eliciting behavior change by exploring and resolving ambivalence about recovery (Miller and Rollnick, 2002). Motivational interviewing was originally developed by Dr. William Miller (1983) for the treatment of alcohol use disorders. Since that time, MI has been applied effectively to treat other substance use disorders as well. Among the first three interventions to be studied in the CTN, the effectiveness of MI in enhancing treatment process and outcomes in substance abusers was studied in two multi-center trials (protocols CTN-0004 and -0005) led by Dr. Kathleen Carroll of Yale University. Results of these studies showed that community-based clinicians can effectively implement MI when provided training and supervision, and that integrating MI techniques during the first month (28 days) of treatment may have positive effects on early retention (Carroll, et al, 2005).

Through the NIDA/SAMHSA Blending Initiative, the MI Blending Team developed the MIA:STEP package (see <http://www.nida.nih.gov/blending/MIASSTEP.html> for more information). As part of their dissemination plan, the MI Research Utilization Workgroup hopes to prepare at least one trainer for every Node and Addiction Technology Transfer Center. Motivational Interviewing Supervisor Training (MIST) will provide advanced training for individuals already proficient in the clinical method of MI who wish to become an "MI Supervisor/Trainer." Recipients of this training will provide training for agencies within their service area, as well as ongoing feedback and coaching to help counselors strengthen their MI skills. MIST training will be offered via two 2-day workshops and will be delivered by members of the MI Research Utilization Workgroup. The first training is likely to be held in Kansas City this May 07, with the second training being planned for this August at a place yet to be determined.

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## Copersino; Research Utilization

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Eager to participate in this opportunity, the NNE Node nominated Mr. Thomas Allan in November to receive MIST training for our Node. Tom is the Outpatient Program Manager at Mercy Recovery Center in Westbrook, Maine, and an expert MI trainer. He has been a member of the Motivational Interviewing Network of Trainers (MINT) since 2004, which is an international group of trainers who have participated in Drs. Miller and Rollnick's Training of Trainers workshops. To ensure proficiency in the clinical method of MI, candidates must submit an audiotaped clinical work sample of MI that will be rated for proficiency and adherence by Dr. Miller. Tom has submitted his audio tape and is awaiting feedback. In the meanwhile, he is continuing to bring MI forth as a tool within Mercy Hospital. After staff from

the Recovery Center in Westbrook shared their experiences with the medical-surgical staff at Mercy Hospital in Portland, physicians and nurses expressed interest in learning to use MI with patients having other chronic relapsing diseases, such as diabetes and hypertension. Tom plans to use his expertise to provide education and training for that purpose, further broadening the scope of how CTN-tested interventions may influence delivery of new treatment options in community clinics.



As always, please feel free to contact me (mcoopersino@mclean.harvard.edu) about Blending Products, or about any other issues relevant to research utilization in our node. Also, please let me know if there is a particular issue or topic you would like covered or presented in future columns.

## Recent Journal Publications



There are several recently-published or in-press publications having NNE Node co-authors.

### Based on the work of the CTN Women and Gender Special Interest Group

**Greenfield SF**, Brooks AJ, Gordon SM, Green CA, Kropp F, McHugh RK, **Lincoln M**, Hien D, Miele GM. Substance abuse treatment entry, retention, and outcome in women: a review of the literature. *Drug Alcohol Depend.* 2007 Jan 5;86(1):1-21.

### Results of the NIDA-CTN Baseline Study protocol (CTN-0008)

McCarty D, Fuller BE, Arfken C, Miller M, Nunes EV, Edmundson E, **Copersino M**, Floyd A, Forman R, Laws R, Magruder KM, Oyama M, **Prather K**, Sindelar J, Wendt WW. Direct care workers in the national drug abuse treatment clinical trials network: characteristics, opinions, and beliefs. *Psychiatry Serv.* 2007 Feb;58(2):181-90.

### Results of the Patient Feedback protocol (CTN-0016)

Forman R, Crits-Christoph P, Kaynak O, Worley M, Hantula DA, Kulaga A, Rotrosen J, Chu M, Gallop R, **Potter J**, **Muchowski P**, Brower K, Strobbe S, Magruder K, Chellis AH, Clodfelter T, Cawley M. A feasibility Study of a Web Based Performance Improvement System for Substance Abuse Treatment Providers. (in press: *Journal of Substance Abuse Treatment*).



# Local News & Announcements

## AdCare Hospital

**Director: Patrice Muchowski, ScD**

AdCare Hospital recently started its own clinical research program, to support its vision of promoting research designed to improve treatment outcomes. AdCare will be starting Monthly Research Forums under the leadership of Dr. Monika Kolodziej, who has been hired to develop the Research and Evaluation Program at AdCare Hospital.

## Stanley Street Treatment and Resources (SSTAR)

**Director: Nancy Paull, MS**



- SSTAR was awarded a 3 year 21 million dollar contract to provide acute behavioral health services to medically indigent Rhode Islanders from the state of Rhode Island. This contract will include acute psychiatric

hospitalizations; step down to less intensive levels of care; inpatient and outpatient substance abuse detoxification, development of a unit for co-occurring disorders; and outpatient interim care medication and case management services.

- SSTAR was awarded a Robert Wood Johnson Foundation grant, “Jobs to Careers” one of nine funded in the nation. The SSTARreach program is an innovative work-based learning program delivered with educational partners such a Bristol Community College, Bridgewater State College and Community College of Rhode Island to help front line employees in the addiction field prepare for professional careers. A central element is the creation of career paths which SSTAR expects will improve staff retention, and reduce recruitment and orientation costs. SSTAR’s grant was recently highlighted in the December issue of Behavioral Healthcare.

- Dr. Genie Bailey (Director, SSTAR Dual Diagnosis Unit) made a presentation at the annual meeting of the American Academy of Addiction Psychiatry titled “On TRaC: Treatment Readiness Case Management for

Dually Diagnosed Women: An Integrated Model. Does it work?”

- SSTAR will be celebrating its 30th anniversary with a two day conference September 27th and 28th which will highlight promising practices from around the globe. Presenters have been invited from Germany, Lebanon, England, Sweden, Russia, Iran, and of course the United States. More details will be forthcoming.

## CAB Health and Recovery Services

**Director: Michael Levy, PhD**

- CAB was awarded a grant from CSAT to operate a juvenile drug court in Essex County. This began 9/30/06 and is for three years. As part of this initiative, CAB will be implementing an intervention called ACRA/ACC, an evidence-based practice; and will also incorporate contingency management.

- CAB was also awarded a contract from DSS for their Spiritus House program, which was up for competitive renewal. Spiritus House is a safe house for women -- who have been affected by domestic violence, substance abuse and mental health issues – and their children.

- A paper, written by CAB Director Dr. Michael Levy, was accepted for publication in the Journal of Psychoactive Drugs. The title of the paper is “An exploratory study of OxyContin use among clients with substance use disorders,” and it should come out later this year.



# Levy's Corner

*Dr. Michael Levy is the Director of Clinical Treatment Services at CAB Health & Recovery Services, Inc. in Peabody, Massachusetts, and author of a syndicated column where he responds to reader's questions about mental health conditions, resources, and*



*problems. In this section of our newsletter, we have reprinted two letters from the column.*

Dear Dr. Levy:

I hear a lot about people using prescription pain killers and that this is a big problem. I am wondering how big of a problem is this and is there any true sense of the extent of the problem? Or is it a lot of hype? Thanks.

**In fact, this is not hype and the use of prescription narcotic analgesics or pain killers is a growing concern. Drugs that fall in this class include Vicodin, Lortab, Lorvet, and OxyContin, to name several, and the drug that is most often used is Vicodin. Looking at data from the National Survey on Drugs and Health, which is conducted by the Substance Abuse and Mental Health Services Association, it was found that there were 2.4 million people age 12 and older who first began the non-medical use of these drugs during the past 12 months. This is an increase over previous years and exceeds the number of people who first tried marijuana or cocaine during this same time period, which was 2.1 million and 1 million people, respectively. In fact, the non-medical use of prescription narcotic analgesics is the one class of drug that has shown an increase. In fact, surveys have shown that other drug use has either decreased or remained the same.**

**So this is a real problem and prevention efforts are clearly needed and are underway.**

Dear Dr. Levy:

My husband is an alcoholic and stopped drinking a couple of weeks ago. I think that his memory is still off and I am wondering if this could be due to his drinking. Also, do you think that this will improve?

**Certainly, heavy drinking can affect a person's brain and it can cause memory problems along with other cognitive difficulties, which may include attention, abstract reasoning, planning, judgment, and problem solving difficulties. For some people, these problems can be long-standing, but the good news is that for most people, the brain heals and gets better. And healing is dependent upon time and most important, abstinence.**

**Research has shown that within the 4-6 weeks of abstinence, many of these problems resolve. However, more subtle cognitive problems can take up to one year, if not several years.**

**So in answer to your question, your husband's memory problems can be due to his past drinking, and the chances are that his memory will get better with time and continued abstinence. And certainly, it would be a good idea for him to make an appointment with his physician to ensure that he has no medical problems that could play a role in his memory problems. And also, if things do not improve, further evaluation would be indicated.**

Dear Dr. Levy:

Have you heard of a drug called Acomplia that is used for craving for alcohol? Thanks.

**Acomplia, or generic name, rimonabant, is a medication that may be soon approved by the Food and Drug Administration for the treatment of over-eating and possibly even for smoking, but not for alcohol. Research trials have shown that this medication may help to reduce craving for food and nicotine. It works by blocking cannabinoid receptors in the brain, which have something to do with craving for food and nicotine. In one study, smokers who took this medication had two times the rates of quitting smoking, and at the same time, they did not gain weight.**



**Currently, this medication is available in England and some European countries. It is anticipated that it may soon become available in this country.**

