## Role induction and information about recovery

☐ Describe clinical background, experience, treatment approach

☐ Introduce specific treatment program: number of sessions, frequency, patterns of change/improvement for previous clients

☐ Explore client's beliefs about treatment and if appropriate describe general patterns of recovery in substance use

About **1 in 3** clients are abstinent 3-6 months after starting treatment

All substances: in any one year 7-9% of people in treatment will achieve **six consecutive months** of abstinence – a higher proportion substantially reduce their levels of use in a given year: cannabis: 17%, amphetamines: 16%, opioids: 9%, cocaine: 5%, alcohol: 26%

Recovery has **different definitions for each person** depending on what is important to them; it may incorporate changes in substance use (moderation or abstinence), social, emotional, and physical functioning

Patterns of use often fluctuate and can be cyclical, with periods of abstinence and periods of lapsing, though over the long-term people tend to **use less often, for shorter periods of time, and with smaller amounts**

Clients often **learn valuable lessons** from lapses

## Collaboration and agreement between client and clinician

- ☐ Negotiation and agreement between client and clinician on achievable goals

- ☐ Discussing barriers to treatment completion and collaboratively exploring solutions

- ☐ Client's beliefs around responsibilities of clinician and client

May discuss:

How in-session collaboration between clinician and client has a strong relationship with treatment outcome

The importance of respect and equality in therapeutic relationship

How making change will be demanding for both client and clinician, and that significant work occurs between sessions

How the clinician will support the client's goals, describe the therapeutic process, and help the client link with support after termination

At treatment commencement, the clinician may also discuss additional services (e.g., housing, employment) that can support the client in achieving their treatment goals

# Maximizing Engagement and Retention Checklist (MERC)

## Ongoing engagement, reinforcement and support after termination

- ☐ SMS appointment reminders, adapted to client preferences, (e.g., time of day/content)

- ☐ Support after completing treatment, such as telephone, SMS, email check-ins (aftercare) and links with case management may help to sustain change

- ☐ Checking in with client around whether there are any social reinforcers that might help them stay motivated

For example:

certificate of attendance

handwritten letter from clinician describing their progress/achievements

treatment contract

check-in SMS/email between sessions

# Maximizing Engagement
# and Retention
# Checklist (MERC)

## Using the Checklist

It is intended that this checklist is used in the first two sessions with a client and may be adapted according to treatment setting (e.g., describing the structure of treatment will be relevant only for longer interventions) and the client's existing level of knowledge – it may be helpful to ask the client about their familiarity with particular concepts before offering information.

### Role induction and information about recovery

There is evidence for statistically significant relationships between the following constructs. A credible treatment rationale is associated with improved treatment compliance/outcome. Therapist credibility is associated with both client and therapist-rated treatment outcomes. Outcome education is significantly associated with attendance – on average, clients expect recovery to occur more quickly than therapists, and this tends to predict length of time in therapy – however, discussing typical treatment time can result in improved attendance (Swift & Derthick, 2013). In addiction specifically, there is a small, significant relationship between role induction (discussion of specific treatment program and client's beliefs about treatment) and improved treatment retention, particularly in early treatment (Harrison et al., 2007; Katz et al., 2004; Katz et al., 2011; Pfund et al., 2018). Additionally, expectations about the effectiveness of counselling significantly predicted treatment retention and satisfaction in outpatient substance use treatment, whereby stronger beliefs in the importance of medication (rather than counselling) slightly increased the likelihood of disengaging from treatment (Kuusisto, et al., 2011).

### Collaboration and agreement between client and clinician

A recent meta-analysis identified a statistically significant relationship between agreement on goals and treatment outcomes, and therapist-client collaboration and treatment outcomes (Tryon et al., 2018). Both relationships showed a medium effect size across a range of outcomes. In the common factors model of therapy, domains of alliance and goal consensus/collaboration both have a medium effect on treatment outcomes (Wampold, 2015). In addiction treatment, there is evidence for a small effect of these elements in the context of role induction (Katz et al., 2004; Katz et al., 2011).

### Ongoing engagement, reinforcement, and support after termination

There is preliminary evidence for the effectiveness of social reinforcement as a treatment component for increasing attendance and abstinence in substance use (Hartzler et al., 2012; Moos, 2007). There is evidence for a small effect size on treatment retention for the first three months of therapy when social reinforcement is a component of a treatment protocol (DeMarce et al., 2008; Lash et al., 2013; Lash et al., 2007). There is evidence from large trials that SMS reminders have a small, statistically significant effect on treatment attendance, particularly early in treatment. One study suggests SMS reminders can increase the likelihood of attending intake appointments by ~5% and ongoing appointments by ~1.5% (Blaauw et al., 2019), while another found that those receiving SMSs were 7% more likely to attend any given session in a 12-week treatment period (Gullo et al., 2018). Meta-analyses have found a small but consistent effect of case management on treatment linkage and retention (Vanderplasschen et al., 2019), and continuing care on long-term substance use outcomes (Blodgett et al., 2014).

# Maximizing Engagement and Retention Checklist (MERC)

## Using the Checklist

**Authors:** Adam Rubenis (Turning Point), Elizabeth Katz (Towson University), Amanda Baker (University of Newcastle), Jennifer Nation (Turning Point) and Shalini Arunogiri (Turning Point)

**Design:** Lauren Deeth, Sally Brown

**Contact:** adam.rubenis@gmail.com

### References

Blaauw, E., Riemersma, Y., Hartsuiker, C., Hoiting, J., & Venema, S. (2019). The Influence of a Short Message Service Reminder on Non-Attendance in Addiction Care. Substance Use & Misuse, 54(14), 2420-2424.

Blodgett, J. C., Maisel, N. C., Fuh, I. L., Wilbourne, P. L., & Finney, J. W. (2014). How effective is continuing care for substance use disorders? A meta-analytic review. Journal of Substance Abuse Treatment, 46(2), 87-97.

Calabria, B., Degenhardt, L., Briegleb, C., Vos, T., Hall, W., Lynskey, M., … & McLaren, J. (2010). Systematic review of prospective studies investigating "remission" from amphetamine, cannabis, cocaine or opioid dependence. Addictive Behaviors, 35(8), 741-749.

DeMarce, J. M., Lash, S. J., Stephens, R. S., Grambow, S. C., & Burden, J. L. (2008). Promoting continuing care adherence among substance abusers with co-occurring psychiatric disorders following residential treatment. Addictive behaviors, 33(9), 1104-1112.

Dutra, L., Stathopoulou, G., Basden, S. L., Leyro, T. M., Powers, M. B., & Otto, M. W. (2008). A meta analytic review of psychosocial interventions for substance use disorders. American Journal of Psychiatry, 165(2), 179-187.

Fleury, M. J., Djouni, A., Huynh, C., Tremblay, J., Ferland, F., Menard, J. M., & Belleville, G. (2016). Remission from substance use disorders: A systematic review and meta-analysis. Drug and Alcohol Dependence, 168, 293–306.

Gullo, M. J., Irvine, K., Feeney, G. F. X., & Connor, J. P. (2018). Short message service (SMS) reminders improve treatment attendance in alcohol dependence, but are less effective for patients high in impulsivity. Addictive Behaviors, 87, 97-100.

Harrison, S. R., Toriello, P., Pavluck, A., Ellis, R., Pedersen, E., Gaiennie, R., & Kissinger, P. (2007). The impact of a brief induction on short-term continuation in a therapeutic community. American Journal of Drug and Alcohol Abuse, 33(1), 147-153.

Hartzler, B., Lash, S. J., & Roll, J. M. (2012). Contingency management in substance abuse treatment: a structured review of the evidence for its transportability. Drug and alcohol dependence, 122(1-2), 1-10.

Katz, E. C., Brown, B. S., Schwartz, R. P., O'Grady, K. E., King, S. D., & Gandhi, D. (2011). Transitioning opioid-dependent patients from detoxification to long-term treatment: efficacy of intensive role induction. Drug and alcohol dependence, 117(1), 24-30.

Katz, E., Brown, B. S, Schwartz, R. P, Weintraub, E., Barksdale, W., & Robinson, R. (2004). Role induction: a method for enhancing early retention in outpatient drug-free treatment. Journal of Consulting and Clinical Psychology, 72(2), 227-234.

Kuusisto, K., Knuuttila, V., & Saarnio, P. (2011). Pre-treatment expectations in clients: Impact on retention and effectiveness in outpatient substance abuse treatment. Behavioural and cognitive psychotherapy, 39(3), 257.

Lash, S. J., Burden, J. L., Parker, J. D., Stephens, R. S., Budney, A. J., Horner, R. D., . . . Grambow, S. C. (2013). Contracting, prompting and reinforcing substance use disorder continuing care. Journal of Substance Abuse Treatment, 44(4), 449-456.

Lash., S. J., Stephens, R. S., Burden, J. L., Grambow, S. C., DeMarce, J. M., Jones, M. E., … & Horner, R. D. (2007). Contracting, prompting, and reinforcing substance use disorder continuing care: A randomized clinical trial. Psychology of Addictive Behaviors, 21(3), 387–397.

Maisto, S. A., Hallgren, K. A., Roos, C. R., & Witkiewitz, K. (2018). Course of remission from and relapse to heavy drinking following outpatient treatment of alcohol use disorder. Drug and alcohol dependence, 187, 319-326.

Mausbach, B. T., Moore, R., Roesch, S., Cardenas, V., & Patterson, T. L. (2010). The relationship between homework compliance and therapy outcomes: An updated meta-analysis. Cognitive Therapy and Research, 34(5), 429–438.

Miller, W. R. (1996). What is a relapse? Fifty ways to leave the wagon. Addiction, 91(12s1), 15–28.

Miller, W. R., & Rollnick, S. (2012). Motivational interviewing: Helping people change. New York: Guilford Press.

Moos, R. H. (2007). Theory-based active ingredients of effective treatments for substance use disorders. Drug and Alcohol Dependence, 88(2-3), 109–121.

Pfund, R. A., Whelan, J. P., Peter, S. C., & Meyers, A. W. (2018). Can a motivational letter increase attendance to psychological treatment for gambling disorder? Psychological services, 17(1), 102–109.

Swift, J. K., & Derthick, A. O. (2013). Increasing hope by addressing clients' outcome expectations. Psychotherapy, 50(3), 284.

Tryon, G. S., Birch, S. E., & Verkuilen, J. (2018). Meta-analyses of the relation of goal consensus and collaboration to psychotherapy outcome. Psychotherapy, 55(4), 372–383.

Vanderplasschen, W., Rapp, R. C., De Maeyer, J., & Van Den Noortgate, W. (2019). A meta-analysis of the efficacy of case management for substance use disorders: A recovery perspective. Frontiers in psychiatry, 10, 186.

Vasquez, M. J., Bingham, R. P., Barnett, J. E. (2008). Psychotherapy termination: Clinical and ethical responsibilities. Journal of Clinical Psychology, 64(5), 653–665.

Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. World Psychiatry, 14(3), 271–277.

White, W. L. (2007). Addiction recovery: Its definition and conceptual boundaries. Journal of Substance Abuse Treatment, 33(3), 229–24