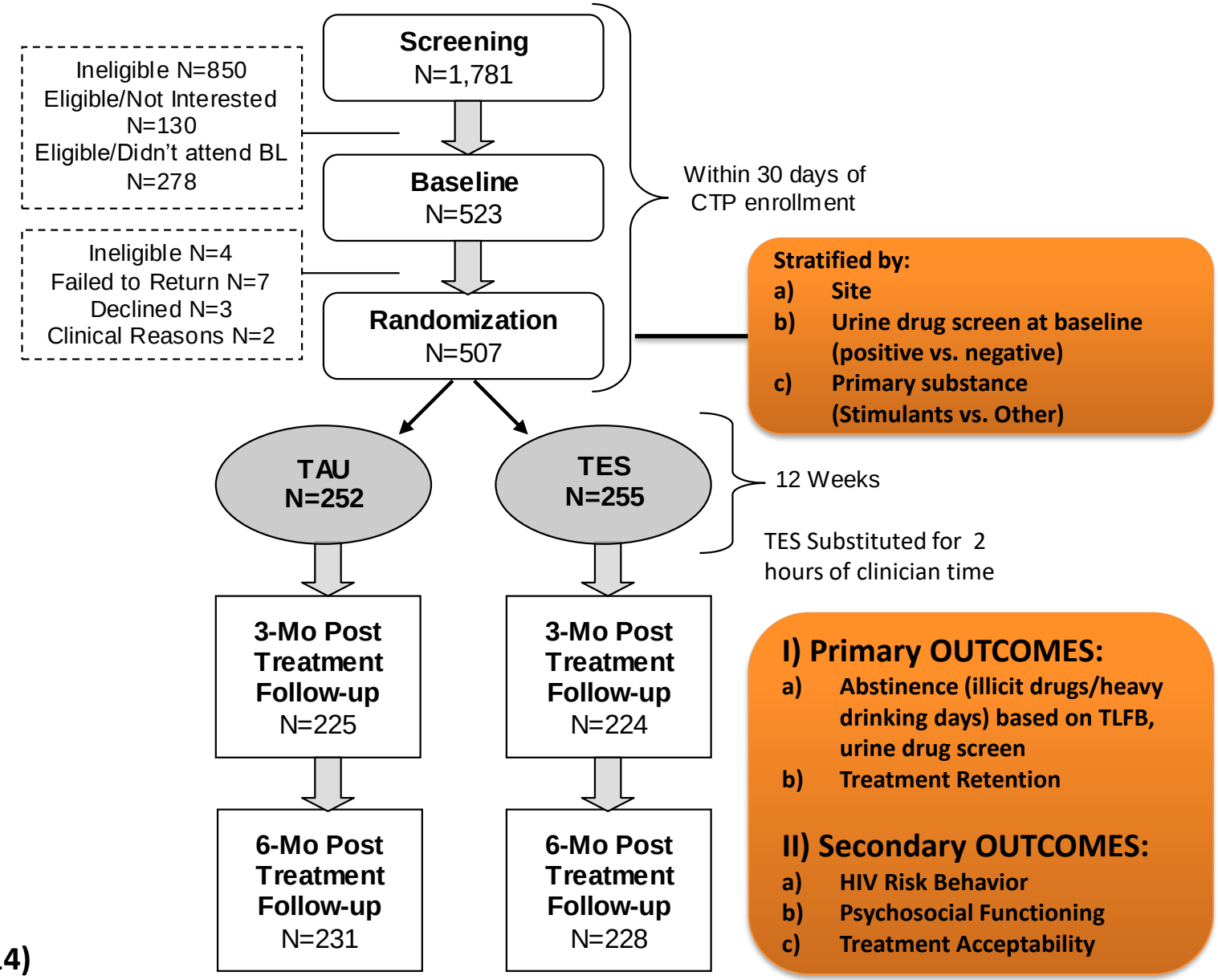
Study Design & Participant Flow



(Campbell et al., 2014)

TES doubled the odds of abstinence among clients who tested positive for substances upon entry into the study

TES improved retention

(48% of TES clients stayed in Treatment for 12 months compared to 40% of TAU)

CBT4CBT

CBT4CBT is a computer-based version of cognitive behavioral therapy (CBT) used in conjunction with clinical care for current substance users

Six modules and follow up assignments focus on key concepts in substance use, including cravings, problem solving and decision making skills

The multimedia presentation, based on elementary level computer learning games, requires no previous computer experience.

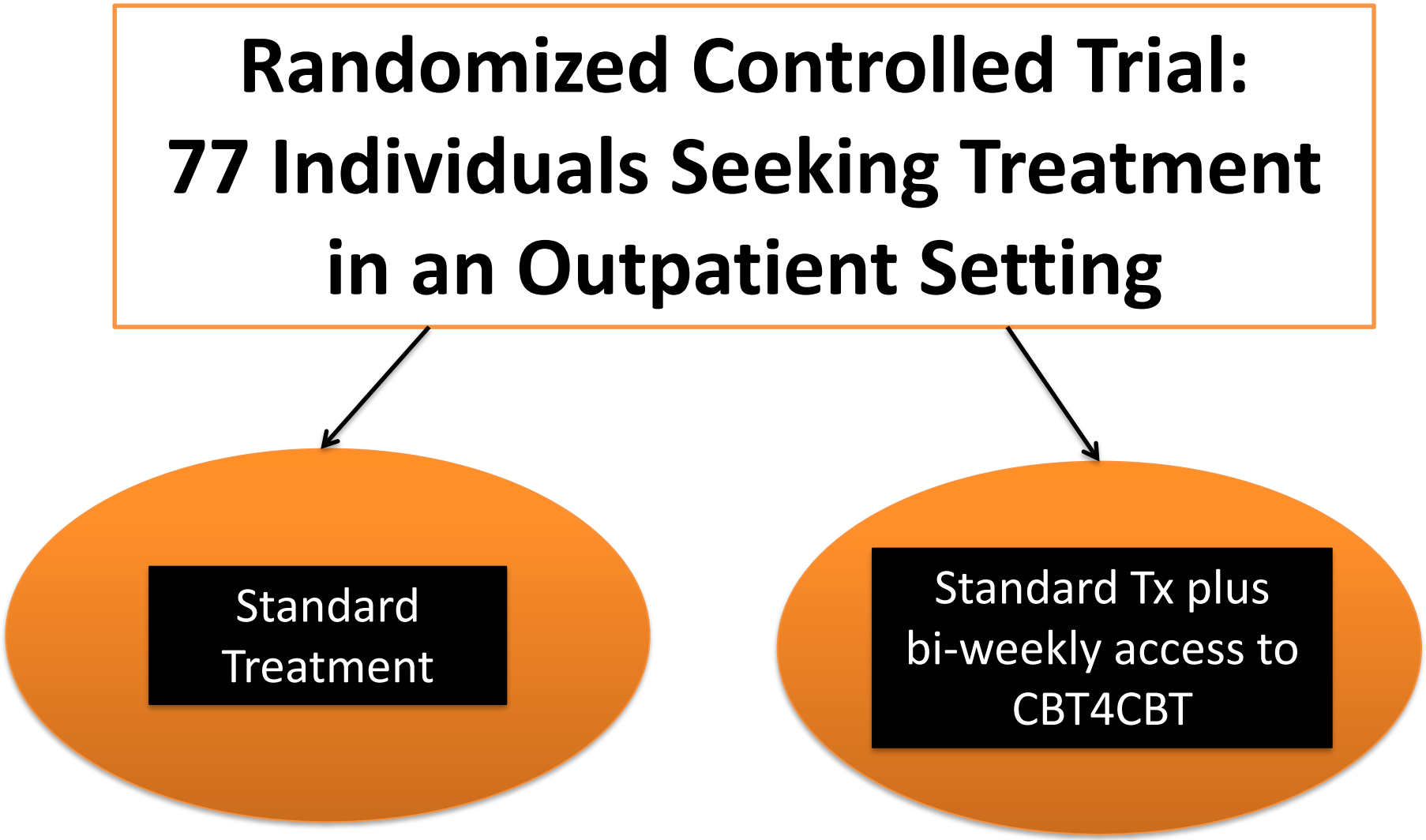
Recognize Avoid Cope

CBT4CBT Computer Based Training for Cognitive Behavioral Therapy

Demo

http://www.cbt4cbt.com

CBT4CBT Study Design



CBT4CBT Outcomes

- Participants assigned to the CBT4CBT condition submitted significantly more urine specimens that were negative for any type of drugs, especially cocaine and tended to have longer continuous periods of abstinence during treatment

- The number of days abstinent was not significantly different between groups, nor was the retention rate between conditions.

(Carroll et al., 2014)

CBT4CBT was more positively evaluated by participants

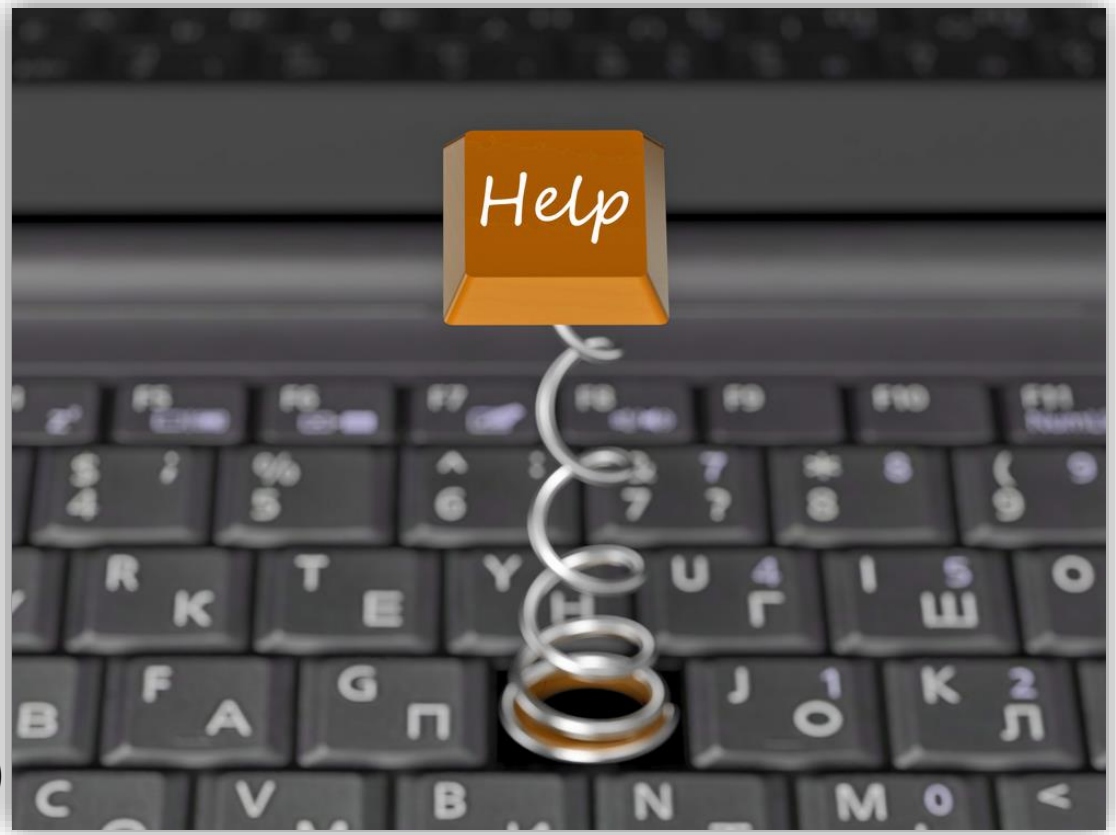
(Carroll et al., 2014)

Completion of homework assignments in CBT4CBT was significantly correlated with outcome and a significant predictor of Tx involvement.

(Carroll et al., 2014)

Conclusion

CBT4CBT plus clinical practice is more effective in reducing drug use during treatment than standard therapy alone.



(Carroll et al., 2014)

Summary of TAC Interventions

- **Promising TAC Interventions exist to treat alcohol, tobacco, gambling, & illicit drug use**
- **TES & CBT4CBT are two interventions that are currently leading the way**
- **Clinicians & administrators need to think through how they can use these new technologies in clinical treatment**

Activity #2

“Profiles” of Evidence-based TAC Interventions

Group 1: CBT4CBT

Group 2: Therapeutic Education System

Review your assigned “profile” and prepare the following to be presented to the larger group:

1. What would you tell a contemplating “adopter”
2. What questions would you suggest they ask in order to determine programmatic fit

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for Substance Use Disorders

Module 4
Clinical Integration

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I’m interested in using TAC interventions to enhance our services, but how would I go about integrating this type of intervention into the flow of clinical services?

"Models" of Integration for TAC Interventions

- **Brief Intervention** - **particularly in settings where SUD treatment services are limited (e.g., primary care settings [FQHCs], mental health, etc.)**

  Hasin et al., 2013; Ranney et al., 2014; Rose et al., 2010;

- **Stand alone treatment** - **comprehensive service (up to 65 modules available) delivered over a structured period of time (e.g., 12 weeks)**

  Chaple et al., 2014, Chaple et al; in press

- **Clinician extender** - **administered as an adjunct to treatment whereby clinicians "prescribe" TBIs (or portions of) to enhance therapeutic intervention.**

  Marsch et al., 2014; Campbell et al., 2014

TAC interventions may replace a portion of a clinician's typical interaction with clients, which may allow a treatment provider:

- **to provide more treatment and treat more clients with the same number of clinicians**
- **to free up clinicians to spend time with those with the greatest need for more intensive care**
- **to more effectively manage high patient caseloads**

Marsch et al., 2014; Campbell et al, 2014

Clinical Considerations for TAC

- **Integrating into the treatment plan**
  - **Use in individual therapy**
  - **Use in group therapy**
  - **Select relevant order and content of modules**
  - **Use for homework assignments**
- **Orienting client to system, its purpose and use**
- **Processing experience with clients**
- **Documentation in progress notes**
- **Tracking participation**

TES Module Demonstration

Substance Use Refusal Skills

Activity #3

Access TES Module

Pair up or use your own laptop/tablet

http://train.healthsim.com

username: train1 to train20

password: train1 to train20

site ID: 1

TES Modules for Exercise

Introduction to Behavior Chains

Analyze Your Own Behavior Chains

Introduction to Problem Solving

Problem Solving

Consider These Questions

- **How is the content clinically relevant to support the work you do?**
- **How could this intervention be used to enhance what you do in clinical practice?**
- **How could this intervention be used to offset some of the work that you do?**
- **How might clients enjoy this technology?**

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Module 5

Administrative Planning

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The key is to select TAC interventions that support the organization's future strategy and add perceived value to customers – both consumers and payers

(Adler, 2013)

Administrative Considerations

- Reimbursement
- Return on Technology Investments
- Staff Turnover
- Budgeting Considerations
- Start-Up Costs
- Ongoing Maintenance Costs
- Privacy and Security
- Implementation Strategies

While TAC Interventions are not currently reimbursable, they could provide a return by:

- Reducing
  - the cost of service per unit
  - the cost of service per case
- Improving
  - payer preference
  - consumer preference
  - operating performance
  - consumer outcome or functioning
- Facilitating
  - a new consumer service
  - a new payer relationship

(Adler, 2013)

Customer Demand

Although reimbursement structures for technology-mediated services under both private and public health insurance plans are emerging, depending on State licensing and reimbursement policies providers may try to recapture their costs in other ways.

(McGinty et al., 2006)

For example …

… the use of TAC interventions may be incorporated as a value-added service that assists providers in meeting other contractual obligations, such as the use of EBPs.

(McGinty et al., 2006)

Budgeting Considerations

- The costs associated with various types of technology-mediated interventions vary widely
- Need to project for infrastructure development (startup) along with cost of ongoing maintenance
- Investment in the initial infrastructure is costly and not typically reimbursable
- As the use of technology to deliver health services explodes, States and payers are scrambling to establish regulations to keep pace

(McGinty et al., 2006)

Start-Up Costs

Equipment

including computers, tablets, and servers

Allocating and configuring space, cabling and other communications lines, building reconfiguration, equipment, and cooling systems