

Evaluation of Web-based Recovery Monitoring with Clinical Alerts

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A Web-based concurrent recovery monitoring system (RecoveryTrack™) has been implemented in all publicly funded outpatient substance abuse treatment programs in the state of Delaware. Although monitoring and feedback approaches have been recommended and many lines of evidence support their potential value, none has been formally evaluated in community based substance abuse treatment. The specific aims of this project are to conduct a three-phased study to modify RecoveryTrack™ so that counselors and their supervisors are provided with an automated Clinical Alert when a patient's regularly administered monitoring assessment indicates a High Risk of drop out from treatment, and to adapt a cognitive-behavioral intervention (CBI) to equip counselors in responding to High Risk patients. We will assess the feasibility of Clinical Alerts + CBI at a small treatment program, in advance of conducting a pilot randomized clinical trial at one large treatment program. Phase I - Analyze RecoveryTrack™ and outcomes data to create a clinical algorithm that predicts early treatment attrition; reprogram RecoveryTrack™ with a Clinical Alert feature for each of the first three monitoring assessments to inform counselors when a patient is at High Risk to drop out of treatment; and adapt a CBI into a brief intervention counselors can learn and employ in responding to Clinical Alerts. Phase II – Conduct a feasibility study at one treatment site to refine Clinical Alerts + CBI and the study measures/procedures. Phase III - Conduct a pilot randomized clinical trial comparing retention and substance outcomes of patients of counselors trained in Clinical Alerts + CBI to those of counselors using RecoveryTrack™ without Clinical Alerts (control condition). The primary hypothesis is that patients who evidence a High Risk for attrition will have longer lengths of stay in the Clinical Alerts + CBI condition than High Risk patients in the control condition. Secondary patient hypotheses are that High Risk patients in the Clinical Alert + CBI condition will attend more treatment sessions, have more drug-free urine results, and receive more supplemental services than High Risk patients in the control condition.

RecoveryTrack™ including Clinical Alerts + CBI is a monitoring and intervention system by which clinical staff can easily incorporate an evidence-based psychosocial intervention into their usual practice with minimal training. Furthermore, this monitoring and intervention approach has the potential to be portable, practical and sustainable as recommended for the field. It will allow both counselors and supervisors to monitor patient clinical status and progress and to intervene with patients at high risk for treatment attrition, improving patient outcomes. Enhancing the clinical value of monitoring and integrating it with an evidence-based response may also increase workforce compliance with data collection and utilization in clinical practice.