13.1 Aftercare calls suit less relapse-prone patients

Findings For less relapse-prone patients, a flexible aftercare regime mixing initial support groups with regular phone calls is at least as effective as entirely face-to-face contact, yet far less time-consuming.

Cocaine and/or alcohol dependent patients who completed treatment and achieved at least a week's abstinence during four weeks of intensive outpatient group therapy in Philadelphia were randomly referred to one of three aftercare regimes. The first stepped down group therapy to twice weekly counselling/12-step sessions, a typical US regime. The second was also twice weekly, but one session was individual and both offered cognitive–behavioural relapse prevention training. The third began with a one-to-one meeting during which the therapist asked patients to phone them at set times once a week. To ease the transfer, phone patients were also offered at least four weekly support groups. Before the 15-minute calls they used a workbook to record their substance use and recovery activities over the past week. These were reviewed with the therapist and plans made for progressing towards agreed goals over the following week. Therapists attempted to contact patients after missed calls. After 12 weeks all patients reverted to the centres' usual weekly aftercare groups.

At about seven hours per patient, total therapeutic contact time in the phone option was half that of the other two, yet over the two years after treatment intake it tended to result in better substance use outcomes. On some measures (sustained abstinence from both alcohol and cocaine, biochemical markers of heavy drinking, rapid move to cocaine-negative urine tests) the advantages over the typical regime were statistically significant. However, this near equivalence masked (in terms of abstinence) a more favourable reaction to typical aftercare among the fifth of patients most vulnerable to relapse, balanced by a more favourable reaction to phone care among the less vulnerable majority.

LINKS Nuggets **11.7** **4.3** • *The power of the welcoming reminder*, issue 11 • *Gone but not forgotten*, issue 3

In context Previous research from the same group found little overall difference in outcomes between the two face-to-face aftercare options, but that relapse prevention training is preferable for patients still dependent at the end of the initial treatment. The present study confirms that these approaches differ little for other, more successful patients. The novel finding is that for these patients, relegating most aftercare contacts to phone calls usually achieves outcomes at least as good. Duplicate findings at the two study sites suggest that this might apply more broadly to similar services and populations.

Patients with the best prognosis seemed somewhat hampered by the more demanding face-to-face aftercare options, perhaps because these conflicted with the resumption of family and employment obligations. However, the applicability of phone-only aftercare does have limits. Phone patients first had (usually several) face-to-face contacts with their therapist. A third were judged to need and received more than the initial four support groups. And the study excluded patients who ended initial treatment without a week's abstinence, yet the most relapse-prone fifth still benefited more from typical aftercare groups.

Practice implications Reduced workload and less disruption for the patient make phone-based aftercare well suited to the long-term monitoring now being recommended. The very limited evidence base suggests that is also preferable for less relapse-prone patients but that face-to-face care should be retained for the more vulnerable. In this study such patients were identified on the basis of an indicator combining dual alcohol/cocaine dependence, drug use and poor self-help group attendance during prior treatment, lack of social support, and a less than absolute commitment to abstinence and belief in one's ability to achieve it. Where such indicators can be identified, vulnerable patients can be engaged in a relatively intensive aftercare regime while the remainder can step down via initial face-to-face sessions to brief phone contacts. A step back up can be taken if problems develop. This strategy is likely to be both more effective and more cost-effective than standard face-to-face care for all.

Featured study McKay J.R. *et al*. "The effectiveness of telephone-based continuing care for alcohol and cocaine dependence: 24-month outcomes." *Archives of General Psychiatry*: 2005, 62(2), p. 199–207 DS

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