

11.7 Check how your former patients are doing

Findings A simple quarterly check on how former patients are doing, followed if needed by motivational and practical aid, can double the number of relapsers who re-enter treatment.

This was the key finding of a [study](#) of people referred for substance misuse treatment by a central assessment unit in Chicago. Of the 533 referrals who met the study's requirements (mainly that they were and would remain resident in the city), 448 completed the baseline interview. Typically they were dependent on cocaine, though many abused alcohol or opioids. Most had serious mental health or behavioural problems and were out of work, a quarter were homeless, 85% were black, and, unusually, 59% were women.

Three months later (when 9 in 10 had left treatment) they were randomly assigned to 21 months of quarterly 'recovery management check-up' interviews, or to the same schedule of re-assessment interviews without (except rarely in emergency) any attempt to re-connect them with treatment. The check-ups identified clients who needed to return to treatment based on a 'Yes' to one of six questions probing for problem substance use, as well as whether the client themselves felt in need. Those who screened positive (usually about 30%) were transferred to a 'linkage manager' whose role was to motivate treatment re-entry and to give practical assistance. This could include providing transport and escorting the client to the intake interview, an extension implemented after less hands-on assistance produced disappointing attendance rates.

Check-up clients returned to treatment typically within 376 days compared to 600 days for the controls, 13% more returned at some stage, and when they did, they spent nearly four weeks longer in treatment. Among patients actually assessed as in need, just 1 in 10 controls returned to treatment within three months, a proportion doubled by the check-ups. At the end of the study, 43% of checkup patients were still in need of treatment compared to 56% of controls.

In context The check-ups were based on research showing that lasting recovery typically occurs only after several treatment episodes over several years, that the sooner relapse is picked up and re-treated the better, but also that drug users may be hard to recontact and reconnect with treatment. Check-ups and efforts to return relapsers to treatment seem in the end to have reduced the numbers still in need of help. Nevertheless, just a third of those encouraged to return did so. Whether the rest actually needed to is unclear; the criteria would have embraced someone who simply drank on average once a week and had a drunken day every three months. Other question marks include whether the reduction in treatment-need at two years was simply because more check-up patients were *already* in treatment. The main practical issue is whether the excellent recontact rates could be replicated outside a research context. The study used a method tailored to addicted populations which involves extensive verification and 'priming' of contact points while the patient is in the initial treatment [► Additional reading](#). Also, the check-ups piggy-backed on visits made for research purposes, which subjects were paid to attend.

Practice implications Maintaining contact with treatment leavers is important because it helps retain them in aftercare and to encourage (if needed) return to treatment, both associated with better long-term outcomes. Even if done in writing or over the phone, the most effective approaches convey individualised concern and incorporate motivational interviewing techniques. To reach the most damaged populations and individuals most likely to be in trouble, follow-up needs to be active, intensive and persistent, and, to match the natural course of recovery, may need to taper over several years. Once recontacted, clients may require practical as well as motivational aid to re-enter treatment. Services will need to balance resources put into this against those put into reaching and treating new clients, bearing in mind that much of this will be wasted without adequate follow-up.

Featured studies Dennis M. *et al.* "An experimental evaluation of recovery management checkups (RMC) for people with chronic substance use disorders." *Evaluation and Program Planning*: 2003, 26(3), p. 339–352. [DS](#)

Additional reading Scott C.K. "A replicable model for achieving over 90% follow-up rates in longitudinal studies of substance abusers." *Drug and Alcohol Dependence*: 2004, 74, p. 21–36. [DS](#)

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