Australia – Eastern Territory

- 8 TCs
- 75 Community Based Day TC Programs
- OST Support Programs
- 4 Outclient Services
- 4 Detox Services
A randomised controlled trial of a computer-based depression and substance abuse intervention for people attending residential TC substance abuse treatment

Historically AOD TCs delivered AOD interventions and relied on mental health services, working in either a parallel or sequential fashion, to address the mental health of their residents.

This has **now changed** dramatically with TCs significantly building their capacity to provide treatment that integrates mental health and AOD interventions.
One approach that can be considered is to use computer-based interventions.

Emerging research has demonstrated that computer-delivered interventions can produce clinically significant improvements across a range of outcome domains.
Use an integrated computer delivered CBT intervention for co-occurring depression and alcohol or substance use disorders

Self-Help for Alcohol/other drug use and Depression program - SHADE

A 10-session multimedia psychotherapy treatment program incorporating motivational, behavioural & cognitive components

SHADE delivers therapeutic content via video demonstrations, voiceovers, and in session exercises
A clinical intervention that incorporates aspects of motivational interviewing and CBT.

SHADE program content is delivered in an integrated fashion and is designed to encourage a reduction in depression and alcohol and/or substance use.
The purpose being to establish the effectiveness of ‘adding’ the SHADE program to an already established TC program

The study is conducted as a randomised trial.

Participants allocated to the treatment condition will complete the SHADE Program

A typing training program will be used as an active control condition
A baseline assessment was completed

Participants were randomly assigned to either
The SHADE Condition
or
An active Control Condition (i.e. computer delivered typing tutorial program; Type Master Pro)

Randomisation occurred by -
• Gender
• Length of time in the program (4-weeks or less, 4-weeks or more)
• Current use of anti-depressant medication
SHADE participants attended 2 x 1 hour sessions each week, completing the program in five-weeks.

The sessions were conducted on computers located at the TCs.

Research assistants provided technical support whilst participants were completing SHADE – this involved helping the participant to become familiar with using the program, but not providing clinical support.
Outcome measures are collected at baseline, weekly during the five weeks of the treatment program and then at 3, 6, 9, and 12-month follow-up.

The two primary outcome variables will be:

a) level of substance use;

b) level of depression.

Independent assessors, who are blind to intervention allocation, conduct follow-up telephone assessments to collect outcome data.
The level of substance use will be measured using the Composite scores for AOD use from the Addiction Severity Index – 5th Edition.

The Opiate Treatment Index will be used as an alternate measure of AOD use in the last month.

The Timeline Follow-Back Method will be used to improve participants’ recall of their alcohol and substance use on the ASI and OTI.
The Beck Depression Fast Screen and the depression subscale of the Depression, Anxiety and Stress Scale will be used to examine changes in depression levels.

Additional measures used during treatment –

- PENN Alcohol Cravings Survey
- Drug Taking Confidence Questionnaire
- Dysfunctional Attitudes Scale
- Drug Risk Response Test
- Ways of Responding Questionnaire
What was found

- No significant differences in outcomes for those that undertook SHADE and those that didn’t
- Computer based interventions can be utilised without negatively impacting treatment outcomes.
- Protocols such as SHADE will add to the evidence based practice framework for TCs.
Benefits of computer based approaches

- Does not rely on staff having specialist training
- Is cost-efficient to deliver
- Does not require additional staff
- Does not adversely effect outcomes
Questions?

Thank You