IMPLEMENTING COMPUTERIZED INTERVENTIONS FOR ADDICTIONS TREATMENT ON A DETOXIFICATION UNIT

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ABSTRACT

Background The goal of this Quality Improvement project was to introduce online therapeutic interventions to patients admitted to the detox unit. Such emerging technologies have been shown to be promising. We hypothesized that having computerized therapeutic modules would enhance treatment activity on the unit during off shifts.

Methods A multidisciplinary Process Team was created to design and implement the E-Recovery program. Patients admitted to inpatient detox were given a welcome letter asking them to try at least one of two modules (http://rethinkingdrinking.niaaa.nih.gov and www.smokefree.gov), and an anonymous feed-back survey to complete. Print versions of the materials were also available if preferred by the patients. Participants were given a canteen coupon to use after discharge. The anonymous survey evaluated the participants’ satisfaction with the modules as well as their prior experience with using computers, and their current level of cigarette use. Staff members were given a questionnaire to provide their feedback as well.

Data analysis Data were analyzed using the SAS statistical package. Descriptive statistics, including means and standard deviations were calculated. T-tests were used to compare means. The Pearson correlation coefficient was calculated to evaluate the strength of a linear relationship between variables. Statistical significance was defined as p<.05

Results Participants were all male, with a mean age of 53 (SD=10). Their previous use of computers averaged about once a week (70% of participants using it for information purposes) (p=.03). The Majority of patients used the paper versions of the alcohol (84%) and smoking (65%) modules. There were no significant differences in ratings about the modules’ qualities (helpfulness, ability to motivate, user friendliness, taught techniques) during the weekend and off shift when there are fewer groups available. Participants who found the modules helpful also found them to be user friendly, a source of new learning, and motivational (p=.0001). Results suggest that emerging technologies streamline and improve work done in addiction treatment settings.

Background

 Research suggests that emerging technologies streamline and improve work done in addiction treatment settings.

 These programs are designed to raise patients’ awareness of the impact alcohol or/and drugs have on patients’ lives, as well as the lives of family, coworkers and society.

 In these programs participants are encouraged to accept responsibility for past actions and make a commitment to change future behavior.

 They contain many of the tools that are commonly used in face-to-face settings such as drinking diaries, goal setting exercises and relapse-prevention techniques.

 We hypothesized that offering computerized therapeutic modules would enhance treatment activity on the unit, as well as therapeutic value of admission during the weekend and off shift when there are fewer groups available.

METHODS

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Patients admitted to inpatient detox were given a welcome letter asking them to try at least one of two modules (http://rethinkingdrinking.niaaa.nih.gov and www.smokefree.gov), and an anonymous feedback survey to complete. Print versions of the materials were also available if preferred by the patients. Participants were given a canteen coupon to use after discharge. The anonymous survey evaluated the participants’ satisfaction with the modules as well as their prior experience with using computers, and their current level of cigarette use. Staff members were given a questionnaire to provide their feedback as well.

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REFERENCES