



Blenheim

Making
Research Work:
How Blenheim
hosted a
successful
Contingency
Management
Research Project

Foreword



The following quote sums up how Blenheim's involvement came about in Contingency Management research.

“The doors we open and close each day decide the lives we live.” ~Flora Whittemore

Well it wasn't a door but an e-mail I opened from Luke Mitcheson to Martin Brown and myself in May 2007.

“I wanted to keep you both in the loop regarding plans to run a small trial of Contingency Management in Lambeth Harbour. Things are moving at quite a pace - I think we have a strong chance of getting this funded from the NTA - I am making an assumption that you guys will be behind it - please let me know if I am mistaken.”

As a fairly new CEO, keen to make his mark, I said yes. Little did I know the small trial would turn out to be the largest randomised control study of Contingency Management with crack cocaine users in the UK and that the project would overrun by years.

What happened at a unique point in history was the forging of a project team including project staff, senior managers and researchers totally committed to delivering and exploring Contingency Management as a way of working with drug users.

Contingency Management proved an innovative option for chaotic service users giving a built in stabilisation process through its structured approach to effectively engage in treatment. I was often moved by hearing the thoughtful way those receiving Contingency Management chose rewards of deep personal significance.

In getting behind the project Blenheim staff committed themselves to delivering the project and as CEO it was with great pride I watched their enthusiasm and belief in the project grow. This commitment was unwavering even when progress was painfully slow and Blenheim had to pick up the funding for the project when money from the NTA was used up.

This was a true partnership between South London & Maudsley NHS Foundation Trust (SLAM), Blenheim and the researchers Gary Stillwell and John Marsden to further the evidence base for the treatment of drug use disorder. Despite significant obstacles it is to the immense credit of all involved that the project was completed. The links forged in adversity and endeavour continues to reap benefits today in a range of other projects.

John Jolly

Chief Executive
Blenheim

Making Research Work:

How Blenheim hosted a successful Contingency Management Research Project

There is consensus in the substance misuse field that all interventions delivered must be developed from a robust evidence base that is supported by rigorous research. Creating optimum conditions for a research project to flourish is a challenge, especially if the aim is to carry out the research in an authentic environment.

The London & Maudsley NHS Foundation Trust (SLAM) has been able to complete the first ever Contingency Management (CM) research project in the UK by entering into a two year research partnership with Blenheim. This research, once published, will be the largest piece of CM research analysing the relationship between CM and Cognitive Behavioural Therapy (CBT) in the UK. There is no doubt that this will be influential in the development of evidence based interventions for stimulant users in this country.

This paper, produced in advance of the academic research, aims to identify the critical success factors for delivering a meaningful research partnership. It details how Blenheim was able to create an optimal environment for the research to thrive whilst still delivering its mainstream commissioned services.

‘Robust research requires key core conditions to be met in order for the research to be credible and coherent. Blenheim was able to provide an exemplary environment.’

The rationale for delivering this paper and exploring the partnership behind the research was borne from feedback from the researchers themselves. The researchers have varied experiences of implementing research projects in the substance misuse field with a range of partner agencies. The research they have engaged in with other agencies has resulted in varying degrees of success. Robust research requires key core conditions to be met in order for the research to be credible and coherent. Blenheim was able to provide an exemplary environment. This paper documents how this was achieved by capturing the voices of individuals who were involved in the CM research: the researchers from SLAM, the management team at Blenheim, the staff team at Lambeth Harbour and service users who took part.

The process was not without difficulties and there were challenges in reconciling the competing priorities of a drug treatment service and a research team. However, on agreeing to the partnership, Blenheim was committed to the process. It is hoped that Blenheim’s experiences will be useful to other substance misuse treatment services considering how they too can make research work.

Background

The Contingency Management pilot ran at Lambeth Harbour between June 2008 and March 2011 with a total of 80 service users. Lambeth Harbour is based in Brixton, South London in an area of deprivation and high crack use. The project provided the ideal setting for the research as not only was it well placed to capture the desired service user group but it had a history of innovative working. The pilot project was named Harbour Steps: A Motivational –Incentive Intervention for Cocaine Users.

The Harbour Steps programme

was delivered using the key interventions of CM and CBT. CM was developed and researched in the USA and has been used in substance misuse treatment and in the treatment of physical health issues e.g. TB. The key tenet of CM is to provide non-drug reinforcements (usually financial incentives – vouchers or money) to encourage and support abstinence following monitoring of abstinence (typically drug testing). National Institute for Clinical Excellence (NICE) guidelines¹ suggest that CM should be introduced to drug services as part of a phased implementation programme, ‘in which staff training and the development of service delivery systems are carefully evaluated. The outcomes of this evaluation should be used to inform the full-scale implementation of CM’.

‘The aim of the research was to identify the longer term impact of a CM programme when accompanied by CBT interventions.’

NICE goes on to describe the principles of CM (aimed at reducing illicit drug use for people receiving methadone maintenance treatment or who primarily misuse stimulants) in the following ways:

- The programme should offer incentives, usually vouchers that can be exchanged for goods or services of the service user’s choice, or privileges contingent on each presentation of a drug-negative test (for example, free from cocaine or non-prescribed opioids).
- The frequency of screening should be set at three tests per week for the first 3 weeks, two tests per week for the next 3 weeks, and one per week thereafter until stability is achieved.
 - If vouchers are used, they should have monetary values that start in the region of £2 and increase with each additional, continuous period of abstinence.
 - Urinalysis should be the preferred method of testing but oral fluid tests may be considered as an alternative.

The CM project was developed in accordance with NICE principles and accompanied by a CBT group work programme designed to support service users through a stepped process to develop strategies and skills to avoid relapse. The aim of the research was to identify the longer term impact of a CM programme when accompanied by CBT interventions.

¹ NICE clinical guideline 51 – drug misuse: psychosocial interventions 7

The Harbour Steps programme

In order to be eligible for the Harbour Steps Programme, service users were required to be over 18 years old and be active, dependent users of cocaine (using cocaine for at least 12 of the past 28 days and confirmed by urine testing on at least 2 occasions during the pre-enrolment screening period). They had to be available to attend the service 3 times each week (usually on a Monday, Wednesday and Friday) for urine testing, programme attendance, key work counselling (control group) or group counselling (CBT group) for a period of at least 8 weeks. For the purposes of the research project, it was not possible to recruit service users who were active users of opiates onto the research cohort.

Before being recruited on to the research programme, participants had to agree to take part in a two week screening process. The purpose of this was to confirm their cocaine use and assess whether the service user would be able to comply with the testing schedule. On successful completion of the screening process the service user was able to enter the research programme.

Over the 8 weeks of the programme, there was a potential for 24 urine tests, with the opportunity for the service user to earn a maximum of £282.50 by the end of the programme. The stages of the programme are described diagrammatically in Appendix 1. This shows how the credits can be earned – from urine tests and from the psychosocial aspect of the programme (CBT group or drop-in attendance). The Harbour Steps Programme was underpinned by ‘The 20 rules’ (see Appendix 2). These rules governed how the credits were received and the consequences of not meeting a particular rule. These rules were strictly followed with no exceptions and supported the integrity of the programme.

Urine testing was carried out using an instant qualitative urine test device². All workers at Lambeth Harbour were trained in the



correct usage of the urine testing procedure. The testing cup was used for the research only – it is a completely sealed unit with a temperature gauge on the outside to validate the authenticity of the urine sample. This urine testing method was very easy to implement and was used at Lambeth

Harbour by a range of project workers, including those without formal medical training.

The stringent data collection requirements of the research methodology were upheld throughout the extended research period. Training was provided around record keeping and the data analyst from the research team was on site to ensure data quality.

The CBT component of the programme, which was supported by a clinical psychologist, consisted of 8 group work sessions lasting for 75 mins. At each group, there was a psychosocial intervention with a mixture of skills training and practice in monitoring thoughts about drug use, high risk situations and relapse cues. The content of the sessions included a check in process for group members and the completion of a weekly drug diary by group participants as well as the CBT input from the facilitator.

The drop-in psychosocial programme required the service users to attend the drop in for 1.5 hours on a weekly basis for a period of 8 weeks and engage with the drug workers present.

²Quantum Diagnostics Integrated E-Z Split Key Cup

In practice, due to its clarity and the detailed training provided, the structured programme was adhered to by all staff members. While the CM Project Lead spear-headed the recruitment of service users to the programme and carried out most of the urine testing, all members of staff were also able to carry out these duties and were actively involved in the programme. As all staff members knew how the CM programme worked, they were all able to explain it and offer clarity to service users, thus contributing to its success.

The Lambeth Harbour team was able to offer flexibility to ensure that the CM research worked in practice. The urine testing was planned to take place on Monday, Wednesdays and Fridays. Most service users did attend the project on those days. However, workers were prepared to be flexible for some service users as required and would therefore remain at the service until 7.30 pm on a Friday evening to allow service users to present for testing.

Service users were offered a range of options as to how they could receive their financial rewards. Some opted to use more of a 'banking system' where they could collect their incentives at the end of the programme. Others chose to receive the incentives weekly and spend on utility bills, travel expenses, furniture, clothes or household items such as cooking utensils. One service user used the incentives to change the locks on his door, another to buy a chest of drawers to store his clothes.

The CM Lead was able to support the service users in the process of 'spending' their rewards and was able to accompany them on shopping trips and to arrange for

different types of vouchers to be obtained depending on the needs of the individual. This flexibility was welcomed by the service users who were able to use the incentives according to their own specific needs.

Some service users wanted to bring partners or family members to their appointments, particularly to witness the results of the urine tests. Workers at Lambeth Harbour were prepared to work flexibly in these situations and engage with families and carers to help support the individual's recovery.

There was also flexibility within the CBT programme in terms of catching up missed sessions and the provision of one to one sessions in exceptional circumstances. This flexibility contributed to the success of the research project. It was enabled by staff members who were committed to the programme, fully understood its application and purpose and who were given the opportunities to act on their initiative to the benefit of the programme as a whole.

The fact that the data analyst was on site impacted favourably on the outcomes of the research and the relationship with the drug workers. The staff members were able to ask questions about the data collection and the researcher was available to answer and support the overall data collection process. The quality of the research data collected was thereby improved.

'staff were committed to the programme, fully understood its application and purpose'

Creating a positive research experience -

Key learning points from the process

CM, as a psychosocial intervention for substance misusers, can evoke a range of responses from the public and practitioners alike. In his article, the American researcher, Kellogg found that developing CM programmes with staff teams, 'was met with resistance' and that many staff members 'oppose contingency management'³.

At the beginning of the process, this was true for many members of the staff team at Blenheim's Lambeth Harbour. However, the senior management team and the research team decided to work with the resistance and address the concerns of the staff team. They designed a staged approach to the introduction of the CM research. The investment of time and resources served to create an environment that was conducive to the research.

There were a number of planning meetings for all staff with representation from the Chief Executive to project workers and involvement from the research team. All members of these meetings were given an equal voice to contribute to the development of the research. Project workers were encouraged to express their fears and concerns as were the senior management team and the researchers. The research lead gave a presentation, drawing on experiences of research projects in the US and provided video footage of substance misuse services and service users.

As a result of the planning meetings the fine operational details of the project were

discussed and refined. Staff members were able to role play the urine testing process to identify how it would be carried out in practice on site. This involved examining the proximity of the toilet to the counselling rooms, ensuring that water was available for service users to drink in advance of the

urine testing procedure, identifying storage of testing kits, storage of records and purchase of vouchers. The logistics of running the CBT groups and the control (drop-in) group was explored. This attention to detail was a contributory factor to the success of the research. It also enabled potential issues and problems to be anticipated in advance of the

research project going live, encouraged all staff members and researchers to visualise the project in operation and how it could fit within the day to day activity of Lambeth Harbour.

The senior management team and the researchers were aware that the success of the project hinged on the ability of the project workers to recruit service users to the programme. It was therefore necessary for project workers to help shape the project and define solutions to potential difficulties. It was essential for the whole staff team to 'believe' in the CM research as they would be charged with recruiting service users to the research cohort. A unified team approach would engender a positive climate for the research to take place and also for the service users to feel encouraged to participate. Through the training

'The investment of time and resources served to create an environment that was conducive to the research'

³Something of value: The introduction of contingency management interventions into the New York City Health and Hospital Addiction Treatment Service' Kellogg et al. Journal of substance Abuse Treatment 28 (2005) pages 57 - 65

programme and the project meetings, the staff team were given a detailed knowledge of CM and the research project so that they were able to 'sell' the model to service users in a confident and encouraging manner.

Considering the research project in such detail and taking into account a range of viewpoints took time and was expensive in terms of staff time. This investment was well judged as when the research went live it ran relatively smoothly, as not only had problems been anticipated but solutions had been creatively and collectively sought. For example, when numbers of research participants were low, the staff team were proactive in working with other services to recruit service users and were able to take the CM project to other sites.

By this stage the project workers wanted to make the research work. They had been involved from its inception and were keen to assist in a positive and solution focused manner. The staff team had also, by then, realised the impact that the CM interventions were having on their service users. It helped to engage service users into the project and in this way enabled them to carry out more key work with individuals. They began to see positive changes in their service users that could be directly attributed to the CM programme. This was inspiring and motivating and in turn increased their commitment to the research.



The following activities underpinned the staged approach and have been identified as key learning points from the project:

1 Embed programme

The Harbour Steps programme has been described as well-designed in relation to sustaining abstinence. It is based on the work of a number of US experts who have worked extensively in the fields of CBT and CM. In agreeing to undertake the research, Blenheim was able to influence the design of the CM programme that was to be delivered at Lambeth Harbour which enabled the development of a programme that has a solid methodology and a sound research base.

The programme was then embedded into Lambeth Harbour through the training and development work that was carried out with the team. The theoretical base of the programme was tested by workers who established the logistics of the research within the physical confines of the building and the constraints of existing work programmes for the service user base at the Project. The lead in time and preparation helped to embed the programme, as did the long duration of the research.

2 Development of the Therapy Manual

The Harbour Steps Programme is described in detail in the Therapy Manual. The Manual details the rationale behind the programme as well as providing very clear guidance on how the CM rewards programme and the urine testing works in practice with scripts for staff members, examples and step by step instructions and guidance.

The Manual serves as a useful tool to demystify the Harbour Steps Programme as the CM model used can, at first sight, appear confusing and complicated.

The development of such a comprehensive resource allows the programme to be understood by staff members and service users alike. It is also an invaluable reference tool.

From the Therapy Manual, a poster was developed which depicted a visual description of the staged approach to the CM process. This was displayed on the wall of the clinical room in which the urine testing of service users took place and served as a useful resource for service users to chart their progress in the programme using a visual format. It was used by workers to support discussions with service users and to help them to visualise and therefore conceptualise their progress.

The Therapy Manual also provided scripted conversations for workers to have with service users at every step of the process. There is a script for drug workers to paraphrase or quote directly for the initial urine test and for reporting both positive and negative test results to service users.

The time and resources spent on developing the manual was influential in the success of the programme as it was easy to use, clear and guided both workers and service users through the complete CM process.

3 Three month 'lead-in' period

The lead-in time for the research consisted of a 3 month period which included consultation with staff and service users, staff training and the appointment of a Research Project Lead Worker, as well as training and the pilot phase.

The initial consultations with the staff team at Lambeth Harbour enabled the staff team to identify and discuss their views of the pilot project in a constructive manner. Significant numbers of staff at Lambeth Harbour described themselves as 'sceptical' at the beginning of the project. The consultation was valuable in enabling

them to explore the project in more depth. Other staff viewed the CM pilot as being an additional intervention that they could offer to the service user group; they were able to explore this with colleagues.

Consultation was also carried out with the local Service User Forum. It was important to consider the views of service users and to discuss and explain the programme with this group. This enabled service user reps in their various roles as advocates and representatives to champion and support the CM programme among the wider service user community. It also allowed a channel of communication to be opened with the research team.

4 Identify a Lead staff member for the Research Project

Blenheim employed a staff member to lead on the CM pilot. It was the staff member's sole responsibility to support the project in terms of recruitment of service users, urine testing and key working. This commitment enabled the pilot to work smoothly. While there was a CM lead, all workers were also able to carry out the work necessary for the project to function. This post was funded by Blenheim, the employment of the post holder provided evidence of Blenheim's commitment to the research project to both the research team and to the staff team at Lambeth Harbour. The Lead was able to coordinate the work and provide a staff focus for the project. It was acknowledged that this was a potential risk as the research may not have been successful. However, without this financial commitment from the host, it is very likely that the research would not have been completed.

5 Staff Training & Supervision

A comprehensive programme of staff training was delivered to all staff members at Lambeth Harbour. The training was interactive and was delivered by the research team. This enabled all staff

members to gain a complete understanding of the CM programme in its entirety. Providing training to all promoted inclusivity and a greater awareness of the programme allowed all staff to promote it to their service users. The training included significant input from the research team and was an essential factor in envisioning the team and enabling them to explore a new model of treatment.

Blenheim invested in training the whole staff team. It would have been tempting (and cheaper) to train a couple of members of staff in CM and hope for a cascading of information. However, once the organisation had made the commitment to hosting the research, they identified the need for the whole staff team to be on board and therefore provide the training opportunity to the staff team in its entirety.

Once the research project was underway, clinical supervision was also provided to the workers which supported the development of their clinical practice and expertise. Throughout the programme, there was evidence of the competence and expertise of the staff team improving. This permeated into their work outside of the CM programme and created a dynamic atmosphere within the project as a whole.

6 Pilot phase

Before the research project began, a pilot was delivered. The focus of the pilot was on difficult service users (at this stage opiate using service users were included). The researchers were involved in the pilot so this gave them an opportunity to develop relationships with the staff team and to examine in greater detail how the research project would work in practice. The staff team at Lambeth Harbour were able to identify the positive aspects of CM and how the more difficult and 'stuck' service users could benefit from the programme. The pilot phase was really useful in setting the scene for the research, identifying potential

Summary of key learning points:

- **Embed the programme**
- **Development of the Therapy Manual**
- **Lead in period**
- **Identify lead staff member for the research project**
- **Staff training and supervision**
- **Pilot phase**

problems and for engaging the staff team and gaining their confidence in this new intervention and treatment model.

Once the staff members could see the benefits of the CM programme and how service users responded they could clearly see its potential for working with stimulant users. They could also see how it could become part of the menu of interventions for stimulant (and also opiate) users. This meant that the research project was more than gathering evidence for a piece of research it was a piece of partnership working where there were considerable advantages to all parties involved; the researchers could gather evidence, stimulant workers could gain new intervention skills and explore a new model of intervention and the service users could affect changes in their using behaviours. Excitement about the project rippled through Lambeth Harbour, the staff team were ready for the implementation of the research project.

Reflections from the Research Host

The time invested in the process enabled the CM pilot project to be successfully introduced and contributed to its successful completion.

It can be seen that considerable investment was made in preparing the service and staff at Lambeth Harbour to host and execute the CM research. The support of the whole staff team was essential to the success of the research project. It was necessary for Lambeth Harbour to be a positive arena for the CM research to be developed and for the research project to succeed. The investment in the whole staff team was worthwhile as ultimately it was the whole staff team that supported the research. All members of the staff team became committed to the research project and supported its outcomes. The climate of Lambeth Harbour during the extended time frame of the pilot and beyond was conducive to the CM and CBT interventions. There was an energy and dynamism associated with the research as it gathered momentum and as service users positively engaged.

It may be tempting for an organisation that is hosting a research project to rush the process and for all negotiations and preparations to be taken at management level. This risks the potential of staff members sabotaging the research by not fully engaging with it, possibly due to a lack of understanding. This will then impact on the positive recruitment of research participants and the ultimate success of the research process. The preparation, consultation, training and pilot highlighted above was able to fully engage the staff team and engender a sense of positivity and excitement about CM as an intervention, which was in turn communicated to the service users.

There were difficulties and challenges that the research presented. The duration of the research meant that there were inevitable staff changes during that time period. New

staff members were inducted into the research process and the Lead CM Worker was also replaced.

The biggest challenge that was identified by all those consulted, was the recruitment of suitable research participants. The eligibility criteria restricted participation to those individuals who are actively using and excluded opiate users. This did provide a challenge as there was a requirement for at least 80 service users to engage on the CM programme. As noted elsewhere, eligible service users also had to produce 2 positive urine tests before being accepted on to the programme. This meant that service users who were recently drug free could not be included. This raised a number of frustrations amongst service users and workers alike and highlighted the tension between carrying out robust research and providing services to service users. Due to the fact that open dialogue was encouraged with the staff team at Lambeth Harbour, it was possible for these issues to be raised and discussed and were able to find solutions by recruiting service users from other services.

It must be remembered that as well as delivering the CM research programme, Lambeth Harbour staff were also conducting their core work of providing a stimulant service to the local community. It is important to note that this work was not compromised by the CM research in any way but workers reported that it complimented their mainstream work as it helped to engage service users into the project in a way that had not been previously possible. It was also important for Lambeth Harbour staff to be clear to service users that if they did not want to participate in the research that the core services from Lambeth Harbour would not be affected.

The voice of the service users

The research project will provide empirical data on the outcomes of the CM pilot. The voices of service users included here provide some of their reflections on their experiences of participating in the programme at Lambeth Harbour.

Three service users were interviewed using a semi-structured interview format, some of their responses are included below.

Q: What were your initial thoughts about the CM project?

“It was a programme I could work to. The programme and the vouchers were attractive – a motivator. The testing was part of the package.”

“My addiction started 13 years ago in Columbia. I have been managing it by myself. I was sceptical. I knew everything – nothing will work. I felt uncomfortable about the testing but wanted to make the effort. I managed to stop – had a few relapses and got a lot from the programme.”

“Testing and rewards. Really good for me. When I stopped the programme, I started using straight away. The negative sample was a real incentive.”

Q: Tell me about your overall experience of the CM project?

“It was good to have the opportunity to reflect on where I was at the beginning and at the end. I learned a lot about myself which was good. It made me learn what I needed to do to stop. I needed a goal. I looked back at my cycle of addiction – I looked at how to break it. I wish there was something like CM that I could do now. The goal was really important to me. I’d think to myself, ‘I’m not going to use because I’ve got CM tomorrow – I wanted the pat on the back. There was partial relief when I finished but I also felt sad.’”

“I worked with Jimmy – it was good to have a worker for support and who I got along with. When I got a positive test I felt like I wanted to give up – I’d let myself down, but the staff motivate you to continue. You think you can do it but don’t kid yourself it’s not easy. Testing on Monday, Wednesday and Friday gives you a motivation not to smoke. When I messed up the vouchers were less attractive. I would use and feel guilty and then try and miss the test but if you miss too many you get thrown off the programme. At the same time as doing the programme, you are cleaning yourself up. The structure is good plus when you do the tests, all the staff motivate you. On other programmes I have been on, the staff look down on you when you get a positive test. This is the only place where they don’t treat you bad when you get a positive test. They try here. They care about you. I would like to do the programme again. When I was on the CM programme, I came to the project more because I had to. I had to come in to do the tests and to use the drop in and meet people.”

Q: Which aspects of the CM project do you think had the most impact on you as an individual? The testing, the CBT, the key work sessions, the vouchers?

“The urine testing, the group work (CBT Group) was good. The motivation of the steps – seeing the path. The urine testing was very important. It hurt to own up to a positive sample. You think that you have failed but you are encouraged not to worry. I used the vouchers for my oyster card, to pay the gas and electric. I spread it out.”

“The testing was the most important part – to know that I can give a negative test. It felt good. The chat after was good – having a test and a talk. The programme went quick. I would have like the programme to go on for longer.”

“The whole thing – the one to one with psychologist, the group work, seeing other people. Now I am using all the tools and thinking about using. I have more self-awareness. The urine testing was OK. Nice to see clean test – it was encouraging. When the test was positive, it was harder even if I had only used a little bit. The tests were really motivating. The cleaner I was the more vouchers I got. I bought presents for my children.”

Q: What do you consider to be the strengths of the programme?

“The urine testing. The structure was good. Coming on Mondays, Wednesdays and Fridays gave me something to do. It broke the week up. It allowed me to engage with other services.”

“CM is practical. You go in the room you take the sample bottle – it’s difficult to tamper with. When you have a positive test – loads of things go through your mind. You don’t feel good. It’s not about the money, it’s trying to get up the ladder – to achieve. When you look back at your results, you feel like you’ve achieved something. With counselling you get a load off your chest but it’s not practical.”

“The vouchers – you can buy something with it e.g. a washing machine. If you’ve got no money, you know it’s coming. I got trainers. I got £120. I wanted to get to the top. That’s why I want to do it again. There is no hidden agenda. What I like is that the test is either positive or negative. It’s good that the test I done in front of you – it puts your mind at rest. The thermometer on the urine test means that there is no messing about.”

“The group work, one to ones with Brett. To have somewhere to go as I had to be there.”

Q: What do you consider to be the weaknesses of the programme?

“Having to have two positive tests to be accepted on to the programme is not so good. If someone had been clean then they would have to use to get on the programme. It could have gone on for longer. It would have been good to have the testing done in a group – for moral support.”

“When someone is going to join the programme they have to have a positive test. They might have been clean for 3 days so that has gone down the drain as they have to be positive to join.”

Q: Is there anything about Lambeth Harbour that made the CM programme work particularly well here?

“Staff are friendly. There is a family feeling. The staff believed in the programme. They got me to speak to people who had done the programme and they like it.”

“People were genuine here. I didn’t try to fudge the drug tests like I did when I was in prison. The people here won my trust. I couldn’t be unfair to people here – I’d just be lying to myself. The people doing the tests make you feel like you’re someone. They bend over backwards to help you. Staff here are like family. If they see you on the street they say, ‘Hi’. They look out for you. They put your mind at rest. When they tell you to do something – you do it. I went to RISE – it was good. I am doing a Catering Course at Westminster College – they helped me. The Harbour helps you move on.”

“Staff – they have positive eye contact and body language. The staff here really like to help – that’s why it’s successful. I admire the staff team.”

Q: If you were in charge of the CM programme is there anything you would do differently?

“Go out on the street – do outreach and get people involved. Go out at night to areas where people are using. Targeting and marketing – tell them about the features, advantages and benefits of CM. Tell them it’s something that has something in it for them.”

“No – wouldn’t change anything. There is no hidden agenda. What I like is that the test is either positive or negative.”

Q: What advice would you give to other drug projects who are thinking of running a similar CM programme?

“I have had counselling and acupuncture. CM is better. It’s hands-on – you can see the results straight away. The negative test is there in front of you and it stays on your mind. If you have a test on a Monday and stop using until Wednesday you are still thinking about the negative test. With counselling it’s just talking – you don’t always see the immediate results.”

“Follow the programme. Exercise give and take. Spend time with people – not everyone is ready for it.”

“Home visits – everything happens where you live. The place where you live will reflect what is going on with treatment. Support at home in a friendly way, advice on life skills and money management.”

Q: How would you compare the effectiveness of CM with other treatment / support you may have received for stimulant use?

“I went to the DDU and was given methadone for heroin and cocaine use. If you get a positive urine test there – they would stop the script. I used to come to The Harbour but I thought I could do it on my own. Had more joy with CM. I feel good in myself. I’m working for myself. If you don’t get a negative you’re not getting anything. If you can say no, you can get money and more self-esteem. CM is rewarding for service users and staff.”

Reflections from the Research Host

The voices of the service users involved in the programme provide a useful insight into their experiences of the CM pilot. It can be seen that the structure of the programme was helpful and the key components of CBT, urine testing and the financial incentives. It is interesting to hear about their experiences of the urine testing and the fact that the urine test provides concrete evidence of their recent using appeared to be helpful to them. The irrefutable nature of the positivity or negativity of the test gave them proof of their using status. This was a very helpful element of the programme and also one that differed from experiences of other treatment programmes where a positive urine test had led to expulsion. For CM, the positive urine test had consequences but it enabled more work to be carried out with the service user.

The CM programme was able to harness the urine test as a clear component of treatment, a component that is able to provide a tangible evidence base for the identification of subsequent treatment needs. Each urine testing episode (there was the potential for each service user to experience up to 24 of these) was described as a therapeutic intervention in its own right.

The clear structure of the programme was also beneficial to the service users. The structure provided clear goals to aspire to and a defined pathway to reach these goals. This was useful to the service users and also to the drug workers who were guiding the service users through the stepped pathway.

It is clear from the feedback from service users, that the relationship with the drug workers and other staff members at Lambeth Harbour was important to them

and that the staff members 'believed in the programme'. This supported the service users to engage positively in the CM programme.

This feedback also provides a useful insight into how service users could be useful in marketing future research programme and in recruiting research participants onto future CM programmes.

'the staff members believed in the programme, supporting the service users to engage positively in the CM programme'



Recommendations

As well as following a staged approach with sufficient planning, training and lead-in time, Blenheim has identified the following recommendations to influence future research partnerships.

Develop a reciprocal relationship

The partnership with the research team has been referred to many times. For Blenheim, this partnership was a reciprocal one. For in return for providing a dynamic research site, Blenheim were able to expose their staff to a new model of intervention, to test it out in practice and to see the results in the outcomes for research participants. This has been invaluable in terms of up-skilling the workforce and in supporting service users as evidenced in the voices of service users presented earlier. It is clear that both partners reaped rewards from the research experience.

A close working relationship with the researchers was developed which also supported the research process. The researchers were not ethereal creatures distanced from the project; they had a presence in the day to day workings of the Harbour Steps Programme. This was achieved through the regular meetings and the visible presence of the researchers at Lambeth Harbour and it was significant that one of the researchers held the responsibility for the data collection and was present on site.

The close working relationship with the researchers enabled the project to be transparent meaning that difficulties could be voiced and addressed, which was vital

‘it is clear that both partners reaped rewards from the research experience’

‘the interface between the management team through regular meetings and a visible presence inspired confidence and commitment to the research’

in ensuring that the success of the research project was not compromised.

Invest

Blenheim recognised the need to invest resources into the research project in order for it to be successful. This organisational commitment which was made at Board level, enabling resources to be released to recruit the project lead, cover the training and other staff costs. The investment was deemed to be worthy due to the overall gains that hosting a successful research project would bring in terms of staff expertise and service user outcomes.

Making this sort of investment in an uncertain funding climate is a bold decision to make. It was one that required a longer term vision of substance misuse treatment models and service delivery. Blenheim is now certain that this was an essential element of the success of the research project.

Get the programme right

Time and effort was expended in getting the programme right. This started at the compilation of the detailed Manual and continued throughout the training programme to actually role playing the logistics of the programme in the building. This attention to detail enabled potential difficulties to be identified and solutions sought. It also modelled a process for staff members to identify and find solutions to issues that arose during the course of the research programme.

Demonstrate leadership

Senior management and strategic leadership were necessary to drive the research. The interface between the management team through regular meetings and a visible presence inspired confidence and commitment to the research project and the project workers delivering services on the front line.

Good and consistent operational day to day management of the programme was necessary.

The Service Manager had detailed knowledge of the programme, was able to motivate staff and had direct access to the research team.

'the commitment to the research had permeated the whole organisation'

part, they reported observing changes in the service users that were part of the research project and could see, within a short period of time, how useful it was as an engagement tool. Service users on the CM pilot had to attend the programme three times a week. This encouraged them to attend key working sessions and the CM could be included as an integral part of their care plans. Drug workers were also able to offer brief interventions to service users who were attending Lambeth Harbour more frequently and more regularly. The staff members could therefore observe in a relatively short space of time how the CM pilot was able to enhance their existing clinical work with service users. The staff

team reported seeing significant changes in service users within the first month of their participation on the CM programme.

The service users and the drug workers also described how the CM pilot provided structure in their lives. The initial issue that the sceptical staff members had around offering financial incentives to drug users to remain abstinent were soon erased when it became clear to the staff team that the money was not the primary reason for many service users' attendance and success on the CM programme but the structure of the programme and the irrefutable nature of the urine tests. There was also the fact that a significant proportion of the service user group wanted to engage in urine testing without the financial reward for abstinence.

Rather than allowing the initial negative attitude of some of the staff team impact on the research and sabotage its success, the senior management team at Blenheim were able to work with the resistance. Workers were able to experience the positive outcomes of the Harbour Steps Programme for themselves, much in the same way as the service users were able to. They then

Involve the whole organisation

For the research to be a success it was necessary for staff from all levels of the organisation to be involved. At Blenheim this started at the Board and included all front line staff including reception staff at Lambeth Harbour.

The commitment from the senior management team was modelled by the staff team at Lambeth Harbour. For the research project to be successful, the involvement of the whole staff team was essential and helped to drive the project through to completion.

Work with resistance

It can be seen that considerable investment was made in the staff team as a whole in terms of 'getting them on board' with the project. The staged approach and the involvement of the whole staff team were essential to the success of the research project. As the staff team promoted the CM pilot and encouraged service users to take

employed solution focused solutions to difficulties that had occurred e.g. recruiting research participants. The commitment to the research had permeated the whole organisation.

Be realistic

A key piece of learning from the research that Blenheim identified was the need to be realistic about the recruitment of participants and numbers of service users that could be recruited to the programme in an allotted time period. The need to reach the desired number of research participants in the research cohort contributed to the extended research period. In retrospect, it would be useful to consider in more detail how service users could be engaged on to the programme from a variety of sources including making use of service user networks.

Summary of recommendations:

- Develop a reciprocal relationship with the researchers
- Invest
- Get the programme right
- Demonstrate leadership
- Involve the whole organisation
- Work with resistance
- Be realistic



Conclusions

While the final findings of the research project are yet to be published, it is evident that the research relationship was a success and that it is possible for street substance misuse agencies to become the 'laboratories' and testing ground for further intervention models. In a climate of reducing resources, it is important that successful partnerships can be forged to respond to the evolving needs of the service user group.

It is evident from the experience of Blenheim that while hosting a research project is not easy and requires commitment and investment, there are many benefits and rewards to be gained.

From this partnership between Blenheim and SLAM, it is clear that through careful planning, preparation, patience and involvement as well as the investment highlighted in this report, that research can work. The partnership enabled the academic research to be conducted in a functioning substance misuse service without compromising the quality of the research or the ability of the substance misuse service to fulfil its commitment to funders and service users.

It is hoped that this joint venture will provide an exemplar for future research partnerships and support the development of evidence based interventions that will impact on the lives and experiences of service users.



We would like to thank the following for their help and support in making this research possible:

Dr John Marsden

Dr Luke Mitcheson

John Jolly

Janice Gittens

Gary Stillwell

Martin Brown

Brett Grellier

Gareth O'Halloran

James Asafu-Adjaye

Jaki Lee

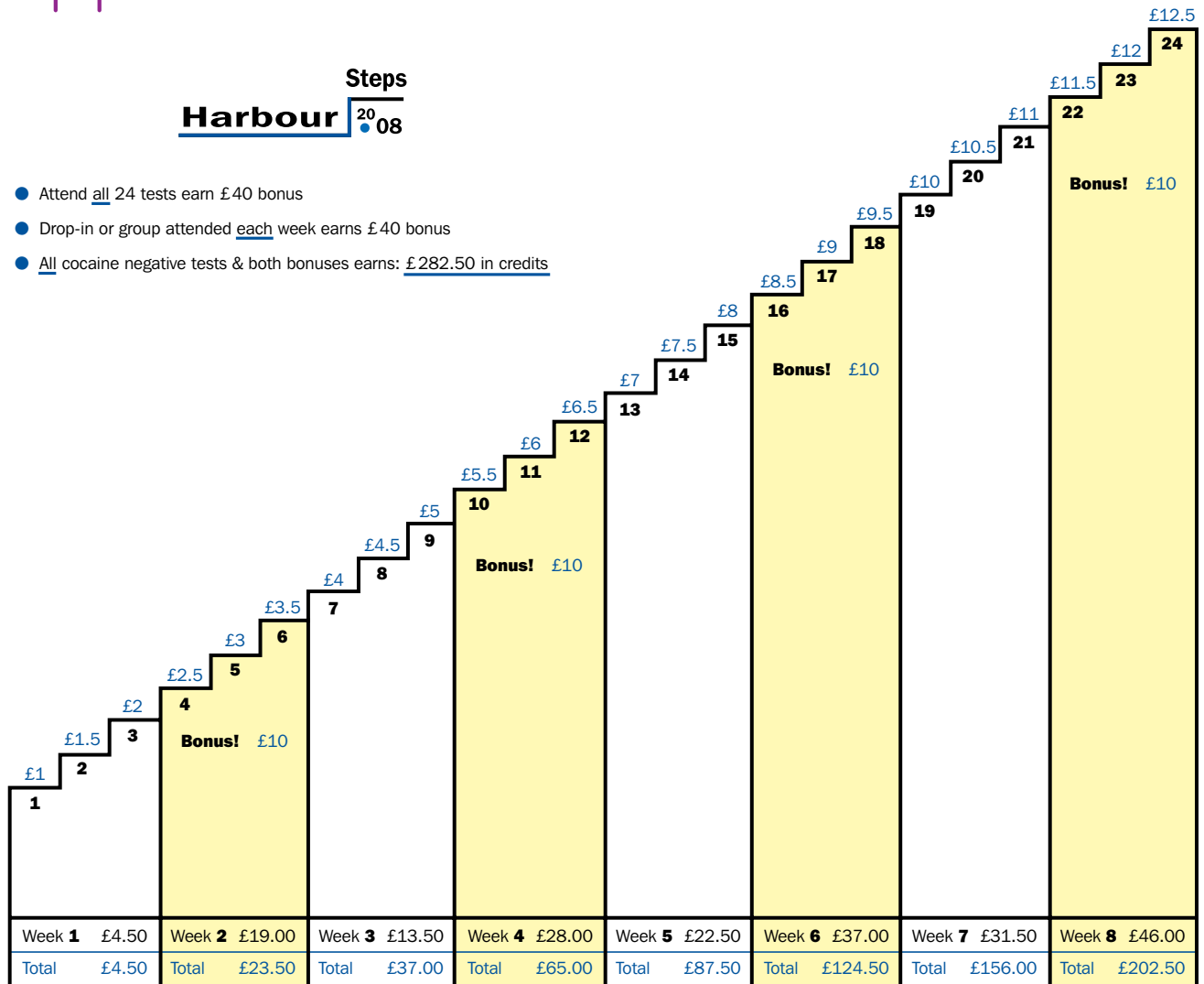
Belai Gebre-Abate

Hannah Morrow

Rudy James

Cecile Rougerie

Appendix 1



The diagram shows the following:

- There are 24 steps marked 1 to 24 and each week is shown 1 to 8.
- If the first test is negative, the service user receives £1.00 in credits to their Harbour Steps account.
- At the end of the first week the service user can earn three vouchers: £1.00; £1.50, and £2.00 for the Monday, Wednesday and Friday test, a total of £4.50.
- If the service user's next three tests are also negative, he/she will earn £9.00 over the week plus a "6 negative in a row" bonus of £10.00, and a total of £19.00 is credited to their account. The running total is now £19.00 + £4.50 = £23.50.
- The weekly totals and the accumulating running totals are shown at the bottom of the diagram. In this way, a total of £202.50 can be earned over the 8 weeks.
- The box on the upper left of the diagram summarizes two bonus payments that are credited after the final test (number 24). These are as follows: (1) If the service user has attended all 24 tests (regardless of the result) bonus of £40.00 is credited to the account; (2) If the service user has attended each Harbour Steps CBT group or has attended the drop-in for 1.25 hours once a week as scheduled, he/she receives £5.00 for each attendance. This is totalled and added to the account after the 24th test. A total of £40.00 can be credited (i.e. 8 x £5.00).

Appendix 2 The 20 rules

There are a number of 'rules' which determine how the Harbour Steps voucher programme works for the service users. These rules govern how the benefits are received and the consequences for not meeting a particular rule. These rules have to be followed to the letter for each and every service user. There can be no exceptions to this principle. Researchers in the US have found that the failure to consistently follow contingency management rules result in the programme losing integrity. All of the following rules must be described and discussed with each service user before they begin cocaine testing and you must satisfy yourself that he/she understands all of them. All service users who take part in the Harbour Steps programme have to successfully complete the programme quiz, as part of the informed consent procedure. If a service user does not agree or wish to follow a particular rule then they cannot take part in the Harbour Steps programme but are free to use other Harbour services. We recognise that this programme is not going to be suitable for everyone.

Here are the 20 rules:

- 1 All service users' wishing to take part in the programme must meet the eligibility criteria and give their informed consent. Participation requires taking part in the research evaluation and attending for research interviews at arranged times.
- 2 The service user has to attend the Harbour three times a week on Monday, Wednesday and Friday at set times and provide a sample of his/her urine for on-site testing for cocaine.
- 3 All urine samples are supervised. This is done in a dignified way - the worker will stand to the side of the toilet door, which will be kept ajar. The service user has the right to have their urine sample supervised by a same sex worker.
- 4 The temperature strip on the test cup device must register 32-36°C. If the temperature is outside of this range - the test is invalid and the service user's Steps Level is reset.
- 5 If the service user refuses to give a sample, the service user's Steps Level is reset.
- 6 In every situation, the test result on the device is final.
- 7 There may be occasions in which it is simply not possible for the service user to attend the Harbour on a scheduled day to provide a urine sample. In this situation, the service user is expected to contact the service by telephone and offer a reason for absence. In this situation he/she is expected to come into the Harbour at their earliest opportunity, but not extending past 4:30pm the following day.

- 8 Service users cannot excuse themselves for attending a Friday scheduled test since the service is not open on Saturday. Any missed tests that are scheduled for Friday leads to a re-set.
- 9 Over the eight weeks of the programme, a service user is able to miss two tests in a row as long as long as he/she calls and gives their reason. If they give an excuse for a third test in a row, their Steps Level is automatically re-set.
- 10 Once a service user has missed two consecutive tests but called with excuses, he/she cannot miss two tests again during the programme without being re-set.
- 11 If a service user gives 6 cocaine negative urine samples in a row then his/her account is credited with a £10.00 bonus in addition to the value of the 6th test in this series.
- 12 If the service user provides 6 cocaine negative samples in a row following a re-set, he/she jumps forward to the Steps Level at the point of the re-set if this is greater and resumes from this point.
- 13 Negative cocaine tests (and attendance at group and or drop-in) earn credits to the service user's account. This account is set up for the 8week programme and all credits must be withdrawn within 2 weeks of completing the programme. Harbour credits can only be withdrawn as vouchers for the specified amount and redeemable at a specified set of local stores and services on Brixton High Street and the local area. Harbour credits have no value at other stores. Harbour credits can never be redeemed as cash.
- 14 A service user can arrange a time to make a withdrawal between 10am and 4pm Monday-Friday. Only one withdrawal can be made on any given day. The service user will be required to initial his/her account forms as shown by the worker. These records will be accurate and cannot be contested.
- 15 Assuming there is available a credit is free to choose any combination of voucher types. The programme staff will do all they can to arrange this but the service user may have to wait a day or so.
- 16 The service user will sign to indicate that they have made a withdrawal. Once a service user has taken possession of a voucher it is their responsibility to keep it safe.
- 17 The Harbour cannot accept responsibility or help in the instance of loss, theft or destruction of vouchers.
- 18 If the service user gives all 24 urine tests as required over the 8 weeks, a single credit is made of £40.00 to their account after the final test (test 24). If any test is missed this bonus credit is not payable.
- 19 If the service user has been allocated to the Harbour Steps CBT group he/she receives £5.00 in credits for each of the 8 scheduled groups attended. A total of £40.00 can be earned in credits and these are transferred to the service user's account after the final test (number 24).
- 20 If the service user has been allocated to the key-work only group, he/she will receive £5.00 in credits in which for each scheduled time to visit the drop-in for 1.25 hours. The service user must visit the Harbour drop-in on an agreed and stay for 1.25 hours and have his/her drop-in card validated. Only one credit of £5.00 can be earned each week.



Blenheim

Blenheim
66 Bolton Crescent
London
SE5 0SE

Tel: 020 7582 2200

Email: info@blenheimcdp.org.uk

www.blenheimcdp.org.uk

Blenheim CDP Charity No. 293959 Company No. 1694712 England