

## Contingency Management: Duration Effects

### Study Measures

Study measures will be administered according to the Data Collection Schedule below. Measures were chosen to minimize the research burden, yet collect adequate data to address study hypotheses. On average, we anticipate that baseline measures can be completed in 2.5-4 hours. Measures collected during months 1-4 are typically completed in less than an hour. Assessments conducted at follow-up visits require no more than 90 minutes to complete. The full assessment burden is consistent with that imposed in our other clinical trials with methamphetamine-dependent individuals and is generally well tolerated by participants.

	Baseline	Months 1-4	Months 6, 8,10, and12
<b>Screening Measures</b>			
Follow-Up Locator Form	X		updated
Medical History	X		
SCID	X		
<b>Biological Measures</b>			
Urine/BreathToxicology	X	3 /week	X
<b>Self-Report / Interviews</b>			
Addiction Severity Index Lite	X	1/month	X
PTSD Measures	X		
Life Stressor Checklist	X		
PTSD checklist	X		x
Quality of Life	X		X
Pleasant Event Scale	x	1/month	x
Time Horizon	X		
Working Alliance Inventory	X	1/month	x
Perceived Social Support	X	1/month	x

Situational Confidence Questionnaire	X	1/month	x
12-step Utilization (AA/NA/CA)	X		X
Craving Rating/ Visual Analog Scale	X	3/week	x
Beck Depression Inventory	X	1/week	x
Adverse Events		1/week	x

### **SCREENING MEASURES**

**Follow-Up Locator Form:** A locator form developed by Dr. Douglas Anglin's group at the University of California Los Angeles Drug Abuse Research Center (1996) and altered for use by our group with substance using populations will be used to assist in finding participants at follow-up. This form asks participants to give consent for follow-up and to provide names, address, and phone numbers of several friends and family members. This information is essential and will be collected at enrollment, and will be updated throughout the study as indicated in the above figure.

**Medical History:** A detailed medical history (including drug use) will be collected using standardized medical history forms.

**Structured Clinical Interview for DSM-IV (SCID):** Participants must meet DSM-IV criteria for methamphetamine abuse or dependence, as determined by the SCID (Spitzer et al., 1995). A full SCID, as well as the Antisocial Personality Disorder (ASPD) subsection of the SCID-II will be completed by a trained clinician. These results will be used to estimate the extent of co-morbid psychiatric diagnoses, and to verify that the participant does not have an active psychiatric disorder that might preclude safe study participation.

**BRFSS:** Basic demographic information

**CHAMPS:** This scale collects basic information about the level of physical activity an individual engages in.

### **BIOLOGICAL MEASURES**

**Urine/Breath Toxicology:** Urine samples will be collected under direct observation. Each sample will be analyzed in our onsite facility using EMIT technology. Breath samples will be collected to measure recent smoking (expired CO) and recent alcohol consumption.

## **SELF-REPORT / INTERVIEWS**

**Addiction Severity Index (ASI) Lite:** To estimate the severity of participants' reported addiction-related problems, the ASI Lite, 2000 version (McLellan et al., 1992) will be administered. The ASI is a standardized 40-minute clinical research instrument widely used in addiction research to quantify problem areas of alcohol/drug user populations. The measure has excellent inter-rater and test-retest reliability as well as discriminant and concurrent validity. The following seven areas of functioning are measured: medical, employment, drug use, alcohol use, legal, family/social, and psychiatric conditions.

**Life Stressor Checklist:** This measure is designed to assess the type and magnitude of stressors that have been demonstrated to produce psychological distress and PTSD.

**PTSD Checklist:** This is a brief measurement designed to assess current PTSD signs and symptoms.

**Quality of life:** This will be assessed using the ComQol A5 which is a well validated measure of a number of factors thought to comprise quality of life measures.

**Pleasant Event Scale:** This paper and pencil assessment measures the density of potential sources of reinforcement in an individual's environment and their ability to access these activities or goods.

**Time Horizon:** This simple instrument assesses how far in the advance individuals perceive their lives.

**Working Alliance Inventory:** This measure is designed to measure the quality of the relationship between a client and hi/her therapist. It is commonly used to measure this therapeutic alliance which many have argued is a good predictor of treatment outcome.

**Perceived Social Support:** This measure measures the quality of an individual's social relationships which may covary with treatment outcome.

**Situational Confidence Questionnaire:** This questionnaire assesses the degree to which participants believe they will be able to resist drug use.

**AA/NA/CA Questionnaire:** This instrument assesses an individual's involvement in and commitment to 12 step programs.

**Craving Ratings/ Visual Analog Scale:** Craving is a complex biological and psychological phenomenon. One reliable measure uses self-report for the

current level of craving, indicated on a visual analogue scale that ranges from 0 (no craving) to 100 (most intense craving possible).

***Beck Depression Inventory (BDI):*** This is a 21-item questionnaire that takes 10 minutes to complete (Beck, 1967). The BDI is standardized and has good internal consistency and split-half reliability. The instrument is an acceptable index of depression.

***Adverse Experience Record:*** Participants will be questioned periodically about the occurrence of any adverse experiences. A record of adverse experiences will be maintained. The adverse events will be periodically reviewed by the principal investigator and reported to our local IRB at least annually.