



Implementing Evidence Based Practices in Community Based Settings: Lessons Learned from the CTN

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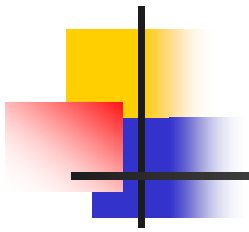
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Seattle, WA



Why Use Evidenced-Based Practices?

- To go beyond our preferences and biases
- To improve the effectiveness of what we do: what works best, for whom
- Because funders and regulators will increasingly insist on optimum utilization of inadequate resources



How can research
help answer these
kinds of questions?



Important Distinctions

- Evidence-based **principles** and practices guide system development
 - Example: care that is appropriately comprehensive and continuous over time will produce better outcomes
- Evidence-based **treatment interventions** are important elements in the overall picture. They are not a substitute for overall adequate care.



Efficacy Studies

Specific psychosocial interventions are usually investigated in random assignment studies using manualized treatments in carefully controlled trials. Samples and settings are homogeneous and treatment is standardized. Specific procedures assure fidelity to the model.



Randomized Controlled Trials (RCTs)

Gold standard for pharmacological and many psychosocial interventions

Examples with strong efficacy:

- Cognitive behavioral therapy
- Motivational enhancement therapy
- Behavioral marital therapy
- Community reinforcement approach
- Relapse prevention
- Social skills training

(see Miller et al, 2005)



Issues with RCTs

- Is the research question an appropriate question?
 - Example: CBT A compared with CBT B, vs CBT A compared with TAU
- Are the treatment effects modest or robust?
- What is the cost to achieve and maintain the intervention? Are the results worth it?

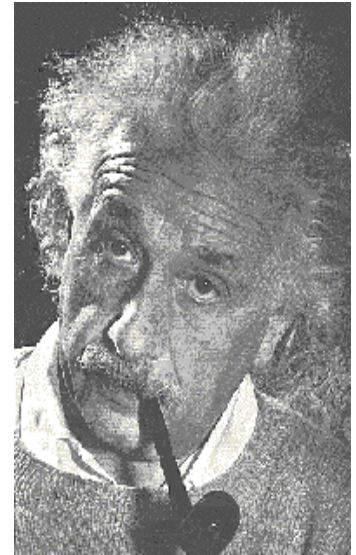


Concerns About Addiction Research Studies

- Many articles appear to be written for other researchers, rather than practitioners.
- There are often too few subjects and/or inadequate effects for accurately detecting significant group differences.
- Subjects are often selected to maximize outcome results, but they are not typical patients.
- Cases are presented as if they are evidence of causality or applicable to broader groups.
- There may be a biased leap of interpretation from laboratory experiments to potential effects in humans.

What Really Matters?

- *“Not everything that can be counted counts, and not everything that counts can be counted. What really matters is not always obvious.”* – Albert Einstein
- Just because data were collected, analyzed, and reported does not mean they are relevant to the clinical question at hand – but it mattered to somebody.





What Are *Significant* Outcomes?

- ***Statistical Significance*** – the likelihood (probability) that the results represent true differences between groups.
- ***Clinical Significance*** – importance of the results
for providing meaningful benefits to patients.
- Statistical significance does not automatically transfer to clinical significance.

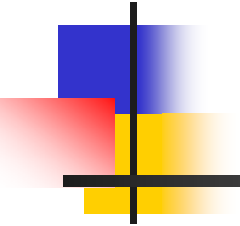


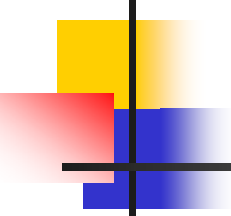
Rethinking Efficacy and Effectiveness

- Assumption that effectiveness research naturally flows from efficacy research is faulty.
- The tight controls of efficacy studies limit their generalizability.
- Focus more on intervention reach, adoption, implementation, and maintenance.
- Published studies should include more info on external validity.

(Glasgow et al, AJP, 2003)

Implementation Issues

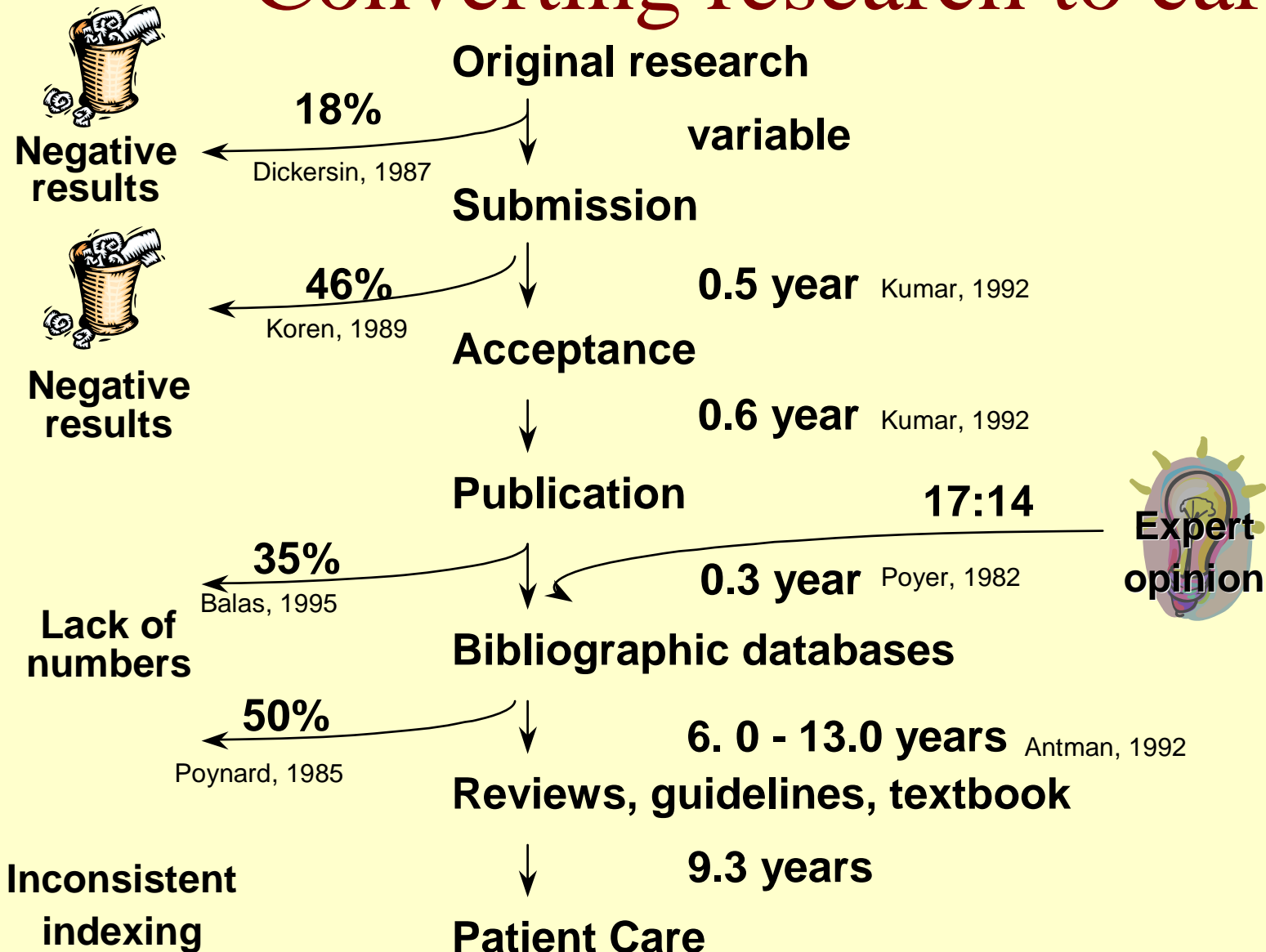




“Our dilemma is that we hate change and love it at the same time; what we really want is for things to remain the same but get better.”

Sydney J. Harris (1917-1986)
Journalist

Converting research to care



Converting research to care





What's missing to Accelerate Adoption?



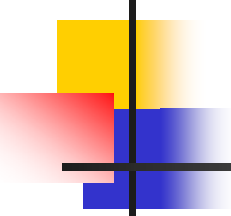
RESEARCH

IMPLEMENTATION

SERVICE

- Should be conceptualized ideally as a two-way, back-and-forth relationship linking researchers and practitioners.





“We are faced with the paradox of non-evidenced based implementation of evidence-based programs.”

Drake, Gorman, and Torrey (2002)

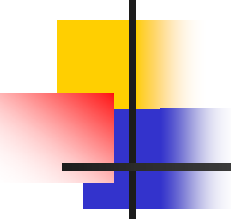


Barrier: Resource Allocation

99% = Investment in Intervention
Research to develop solutions (\$95
billion/yr)

1% = Investment in Implementation
Research to make effective use of
those solutions (Up from ¼% in
1977) (\$1.8 Trillion/yr on service)

Dean Fixsen, 2006



Can we assume that interventions with documented efficacy will be effective in the community if we only implement them correctly?

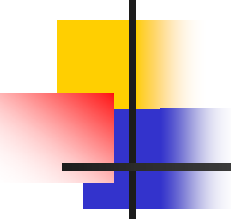


*“Are these just guidelines, or
are they actual new policies?”*



Implementation Considerations

- What is to be gained?
- Does the organizational culture support adoption?
- Is training available?
- Is clinical supervision available?



Ineffective Implementation Strategies

“...experimental studies indicate that dissemination of information does not result in positive implementation outcomes (changes in practitioner behavior) or intervention outcomes (benefits to consumers)”

(Fixsen et al, 2005)



Key Ingredients

- Presenting information; instructions
- Demonstrations (live or taped)
- Practice key skills; behavior rehearsal
- Feedback on Practice
- Other reinforcing strategies; peer and organizational support

(Fixsen et al, 2005)



Agency Description

- Private non-profit, founded 1973
- \$7.1 M annual budget; staff of 105
- Clinical programs
 - Opiate Substitution Treatment (OST)
 - 1150 patients at three fixed sites (two in Seattle & one in Olympia) a mobile medication unit and a primary care-based program (both in Seattle)
 - Intensive Case Management (REACH)
 - homeless, chronic public inebriates
- Research projects



Medication-Assisted Treatment for Opioid Dependence

- Methadone medication (Suboxone® in research)
 - Other medications are used, e.g., disulfiram
- HIV & HCV Education & Risk Reduction
- Levels and types of counseling
 - Individualized Treatment planning - ASI
 - Use of Motivational Interviewing (MI)
- Psychiatric services
- Acupuncture



MAT Implementation: Agency Protocols Issues

- Protocols should be written based on what practices have been shown to be effective (e.g., dose level) in recent peer-reviewed publications.
 - If ambiguity in practices exist, seek expert consultation for “best practices.”
- On-going QA and scientific review with medical and counseling leadership to revise protocols to keep current.



MAT Implementation: Patient Issues

- Before admission obtain informed consent to medications, including benefits and risks.
- Consistently stress that this is medication-*assisted*, not medication-only treatment, and emphasize the role of counseling and behavior change – medication as a **tool** in the management of addiction.
- Initial and on-going education about medication interactions
- Active safety monitoring of other prescribed medications and other drug use by patients
 - Prescription registration and review by medical staff
 - Urine testing and review by medical and counseling staff to adjust treatment plan
- Take-home policies and procedures



MAT Implementation: Staffing Issues

- Insure that medical staff (physicians, nurse practitioners, physician assistants and nurses) are trained both in addiction and in the details of the medication(s) used (e.g., TIPs and research studies)
- Insure that counseling staff are oriented to medication issues
- Multi-disciplinary approach to delivery of treatment services and changing agency protocols
- Stress staff communications and continuing education



MAT Implementation: Regulatory & Funding Issues

- Achieve and maintain licensure, certification, accreditation from all appropriate authorities
- Comply with regulations and standards for the reporting of patients' serious adverse events
- Advocate for sufficient funding for comprehensive services for publicly funded patients



MAT Implementation: Community Relations Issues

- Provide education about the role of medications in addiction treatment
 - Describe agency practices
 - Describe outcomes
- Consistently work to address concerns of community and allied service providers.
- Conduct or participate in program evaluation, research, cost offset studies to help describe the effectiveness of treatment modality for the patients and benefits to the community.
 - If doing research, need IRB (Human Subjects) review and approval; patients not charged for experimental treatments.



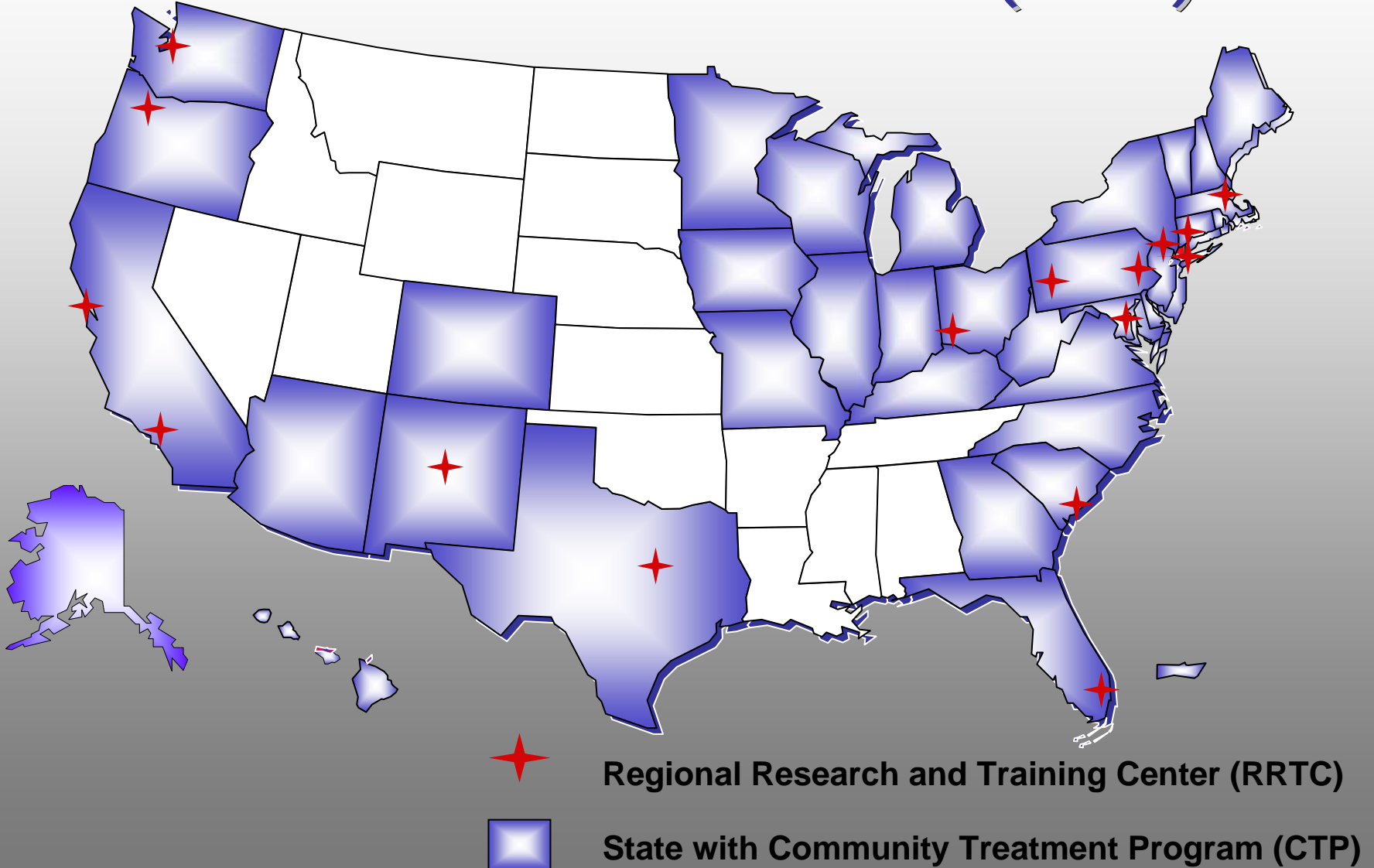
Dissemination Resources

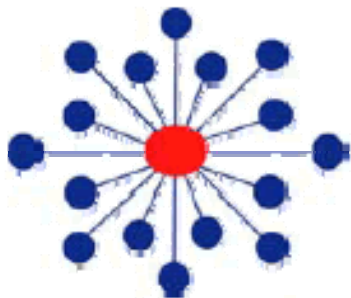


NIDA's Clinical Trials Network CTN

- Mission: to improve the quality of drug abuse treatment using science as the vehicle
- 16 regional centers; over 130 treatment programs throughout the US
- Conduct multi-site trials to determine effectiveness in broad range of settings and populations
- Ensure transfer of research results

National Drug Abuse Treatment Clinical Trials Network (CTN)





Welcome to the Library!

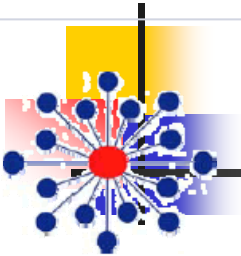
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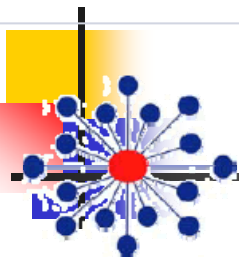
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- Digital repository of documents for & about the CTN with articles, manuals, presentations, etc. submitted by CTN members.
- Single point of access to CTN materials approved for dissemination to the public.
- Links to every Node, CTP, and Protocol.
- Library and documents in it easily found in search engines like Google, Yahoo, etc.

What's New?



- Dissemination & Implementation Resources
- CTN Publications Catalog
- List of Conferences for CTN Dissemination Opportunities - on the website

Implementation Tools Page

NIDA CTN Dissemination Library: Implementation Tools - Windows Internet Explorer

http://ctndisseminationlibrary.org/implementation.htm

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NIDA CTN Dissemination Library: Implement...

National Drug Abuse Treatment

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Implementation Tools

These resources have been selected by members of the CTN Research Utilization Committee as tools that may be helpful in learning how to implement innovative programs and research into practice. If you have an implementation tool to suggest, please contact the Librarians at info@ctndisseminationlibrary.org.

The Change Book: A Blueprint for Technology Transfer
Published by the National Addiction Technology Transfer Center, 2004.
A guide to implementing research into practice, this step-by-step handbook guides readers through the ten key steps of technology transfer, concluding with a detailed, educational workbook to put the principles into practice.

Implementation Research: A Synthesis of the Literature
Dean L. Fixsen, Sandra F. Naoom, Karen A. Blase, Robert M. Friedman, Frances Wallace.
Tampa, FL: University of South Florida, 2005.
This monograph summarizes findings from a review of the research literature on implementation. It aims to describe the current state of the science of implementation and identify what it will take to transmit innovative programs and practices to mental health, social services, juvenile justice, education, and substance abuse prevention and treatment.

Implementation Science (journal)
Published by Biomed Central. Martin Eccles, PhD. and Brian Mittman, PhD (editors).
This new online, open-access journal aims to cover all aspects of implementation research, the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice.

Technology Transfer in Drug Abuse Treatment: Annotated Bibliography
James L. Sorensen, Christine Y. Lin, Robyn E. Sera. Unpublished document, July 27, 2004.
This is the 2nd edition of an annotated bibliography designed to be a general guide to technology transfer readings in drug abuse treatment, covering the years 1991-2003.

Supported by a grant from the [National Institute on Drug Abuse](#) to the [University of Washington Alcohol and Drug Abuse Institute](#).
The materials on this site have neither been created nor reviewed by NIDA.
Updated 12/2006 -- <http://ctndisseminationlibrary.org/tools.htm>
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CTN Publications Catalog

National Drug Abuse Treatment

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Catalog of CTN Publications

March 2007

<http://ctndisseminationlibrary.org>

The CTN Dissemination Library is a digital repository of resources created by and about the [National Drug Abuse Treatment Clinical Trials Network \(CTN\)](#). The Library provides a single point of access to research findings and other materials that are approved for dissemination throughout the CTN and to the larger community of providers, researchers and policy-makers.

This catalog lists journal articles, posters and presentations, manuals, Blending Team products, and other materials in the CTN Dissemination Library. Items are organized by type (article, presentation, e.g.) in each section, with the newest publications listed first. To view a detailed description and access an item in the catalog, click on the item number link. Most items can be downloaded for free from the Library web site, though some journal articles require subscriptions for access (see last page for more information on accessing items in the catalog).

The CTN Dissemination Library is managed by Meg Brunner, MLIS, and Nancy Sutherland, MLS and is supported by a grant from the National Institute on Drug Abuse/NIDA to the University of Washington Alcohol and Drug Abuse Institute, the Regional Research and Training Center (RRTC) of the Washington Node of the National Drug Abuse Treatment Clinical Trials Network.

Addiction Conferences

CTN Dissemination Library: Search Results - Windows Internet Explorer

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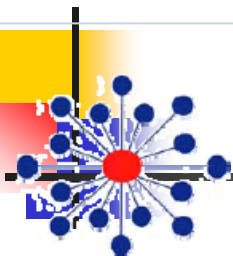
Addiction Conferences -- Opportunities for Dissemination
(Listed by Conference Date)

2007

Name/Conference Website	Location	Conference Date	Submission Deadline	
American Society of Addiction Medicine	Miami, FL	Apr 26-30	Passed	[info]
American Psychological Association	San Diego, CA	May 19-24	Passed	[info]
National Association of Addiction Treatment Providers	San Diego, CA	May 19-22	Passed	[info]
Society for Clinical Trials	Montreal, Canada	May 20-23	Passed	[info]
National Association of State Alcohol and Drug Abuse Directors	Burlington, VT	Jun 7-10	Passed	[info]
International Council on Alcohol and Addictions	Stockholm, Sweden	Jun 10-15	April 20	[info]
College of Problems on Drug Dependency	Quebec City, Canada	Jun 16-21	Passed	[info]

Clinical Trials Network - Dissemination Library

How Can I Get Items from the Library?



- Most can be downloaded directly from the CTN Library web site.
- OR, you can request a PDF copy from the Librarians via email:

info@ctndisseminationlibrary.org



Addiction Technology Transfer Centers (ATTCs)

The ATTC Network focuses on six areas of emphasis for improving addiction treatment:

- Enhancing cultural appropriateness
- Developing and disseminating tools
- Building a better workforce
- Advancing knowledge adoption
- Ongoing assessment and improvement
- Forging partnerships

(www.nattc.org)

Addiction Technology Transfer Centers (ATTC's)





NREPP

- National Registry of Effective Programs and Practices
 - formerly the National Registry of Effective Prevention Programs
 - Part of science-to-service initiative
- Began in 1998 within SAMHSA's CSAP as a voluntary system for identifying & promoting interventions that are:
 - Well implemented
 - Thoroughly evaluated
 - Produce consistent positive and replicable results
 - Able to assist in dissemination and training efforts
- www.nrepp.samhsa.gov



Evidence-Based Practices for Substance Use Disorders

The **availability** of empirically supported clinical practices and interventions for treating substance use disorders continues to increase as research moves from tightly controlled studies in the laboratory to community treatment settings. While validated approaches grow in number, it remains difficult for addiction professionals and policy makers to stay informed about the variety of practices with proven efficacy for different client populations and drug problems.

The EBP Substance Abuse Database is one tool to help treatment providers make informed decisions about which science-based practices are most appropriate in which circumstances and for which individuals.



Search the EBP Database. Find a proven treatment approach for a particular drug problem or population group. The database currently includes 42 interventions.

- **About Evidence-Based Practices.** Why are evidence-based practices important? What qualifies an intervention as "evidence-based"?
- **Literature Reviews.** Selected reviews from the scientific literature about the effectiveness of interventions for treating substance use disorders.
- **Web Resources/Links.** Where to go for more information about EBPs.
- **FAQs.** Frequently asked questions about the EBP Substance Abuse database.

What's New?

Evidence-Based Treatment of Chemical Dependency, Mental Illness, and Co-Occurring Disorders: Potential Benefits, Costs, & Fiscal Impacts for Washington State June 2006. ([WSIPP Report #06-06-3901](#)), (PDF)

Brief Overview of the EBP Substance Abuse Database. ([1 page PDF](#))

Quick View of the Intervention Matrix

A small table with multiple columns and rows, representing the Intervention Matrix. The columns likely represent different categories of interventions, and the rows represent specific interventions or studies. The table is too small to read the individual cells.



Evidence-Based Practices for Substance Use Disorders

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Search for an EBP

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Population Studied

- Adolescents
- Adults
- African Americans
- Amer Indian/Alask Natives
- Asian/Pacific Islanders
- Caucasian
- Children/Youth (pre-teen)
- College students
- Co-occurring clients
- Gay/Lesbian/Bi/Transsexual
- Hispanics/Latinos
- HIV+/Hep C/STD
- Homeless
- IDU/Intravenous drug users
- Low-income/Unemployed
- Men/Males
- Offenders/Arrestees
- Opiate substitution clients
- Polydrug users
- Pregnant/Postpartum
- Trauma/Abuse victims
- Women/Females

Setting

- Aftercare
- College/University/School
- Criminal justice
- Day hospital
- Faith-based
- Hospitals/ERs
- In-home
- Inpatient/Residential
- Mental health centers
- Opiate substitution tx ctr
- Outpatient
- Primary care
- Private offices
- Social service agency

Delivery Mode

- Bibliotherapy
- Case management
- Computer-assisted
- Manual-driven
- Telephone

Drug Problem Studied

- Applicable to most problems
- Alcohol
- Amphetamines/Meth
- Club/Designer drugs
- Cocaine/Crack
- Heroin/ Other opiates
- Marijuana
- Polydrug abuse
- Prescription medication
- Tobacco/Nicotine

Therapy Format

- Family/Couples
- Group
- Individual

Therapy Type

- Abstinence-based/Drug-free
- Behavioral
- Brief intervention
- Cognitive-behavioral
- Early intervention
- Harm reduction
- Motivational (MI/MET)
- Pharmacotherapy
- Psychotherapy
- Recreational
- Social/Coping skills
- Self-help/Support group

Manual Series

- Cannabis Youth Tx/CYT
- NIDA Therapy Manuals
- NIAAA COMBINE manuals
- Project MATCH manuals

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