



The Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# ***Best Practices in Addiction Treatment:***

## ***A Workshop Facilitator's Guide***

***Addiction Technology  
Transfer Center Network***

***ATTC National Office  
Kansas City, Missouri***



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## Introduction

Research is constantly contributing new knowledge to the fields of substance abuse prevention and treatment. Yet this new knowledge isn't finding its way into service settings as quickly as it could. One reason substance abuse practitioners do not apply scientific findings is because they are often unsure what "evidence-based practices" are or which ones to use. In addition, a number of other barriers to implementing new findings exist. Research is often written in difficult-to-understand, technical terms. Trainings, subscriptions to scientific journals and other avenues practitioners have for learning about current research-based practices are often costly. In addition, many community treatment agencies have very limited funding.

Before practitioners can effectively use research-based innovations, they must understand their value and the impact effective scientific methods can have on improving outcomes for clients. This *Best Practices in Addiction Treatment* workshop is not designed to give practitioners the skills they need to implement specific evidence-based practices, but rather to help them conceptualize how research-based methods can improve their work.

### WORKSHOP OBJECTIVES

**This workshop has been designed with four objectives in mind:**

- 1. Identify a number of current evidence-based practices,*
- 2. Describe a model of addiction treatment that illustrates how evidence-based practices can be used to improve the clinical process,*
- 3. Review instructional manuals for implementing evidence-based practices, and*
- 4. Examine some of the issues related to adopting innovative practices in community treatment settings.*



## Introduction (Continued)

### Connecting Service Providers With Scientific Methods

The bibliography of evidence-based practices in substance abuse treatment is growing and will continue to grow in coming years. Future funding for community treatment agencies will most likely be tied to producing and documenting treatment outcomes by using research-based recommended practices.

In 1999, the Addiction Technology Transfer Center (ATTC) Network developed a publication called *The Change Book: A Blueprint for Technology Transfer (The Change Book)*. This document has earned widespread acclaim for its innovative step-by-step approach to implementing change strategies at multiple levels within a system.

*The Change Book* points out that technology transfer — the application of scientific knowledge to practical purposes in a particular field — is much broader in scope than just hosting an informational workshop or conducting a training exercise. Facilitating the adoption of new knowledge into every day practice requires an ongoing effort at a variety of levels. Educational workshops are just ONE of a number of activities used to pass scientific knowledge on to service providers.

This workshop was designed by the ATTC Network as one activity, among many, to help connect service providers with current scientific methods. It provides practitioners with information about the importance of using evidence-based practices in their work, and highlights some of the issues related to implementing change initiatives.

### OUR THANKS!

The vision for this workshop format and facilitator's guide was originally developed by the Northwest Frontier ATTC. The ATTC National Office modified the workshop design to make it more accessible for a national audience. The ATTC Network gratefully acknowledges Steve Gallon, Ph.D., Pam Kelly, M.S.W., Dennis McCarty, Ph.D., and Eldon Edmundson, Ph.D., for their contributions.





## How to Use This Guide

### The Role of the Facilitator

The role of the facilitator in this workshop format is to increase the knowledge base of participants, build their interest in trying new practice models, and help them become aware of the organizational issues involved with adopting evidence-based treatment interventions. The facilitator is a key part of making this workshop format work.



This guide was designed to be a step-by-step “map” for creating and facilitating a *Best Practices in Addiction Treatment* workshop. Tips, hints, suggestions and scripts will guide you through the entire process.

### Module I

This guide is divided into ten Modules. Module I is designed to guide you through the tasks that need to be completed prior to the actual workshop date.

### Modules II–X

Modules II–X examine the activities that will take place on the day of the workshop. At the beginning of each of these Modules, an agenda is included with the corresponding section highlighted to show you exactly where in the day that particular Module “falls.”

Modules II–X also include a facilitator’s script. This script is intended to provide the facilitator with a context and basis for developing his/her own presentation. It is not intended to be read aloud, word-for-word.

### **Remember**

*Use the facilitator’s script in Modules II–X as a basis to develop your own presentation.*

*These scripts are not intended to be read aloud, word-for-word.*

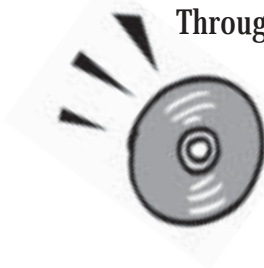


## How to Use This Guide (Continued)

Adaptations such as including professional experiences and personal observations, adding or deleting material to meet the specific needs of the audience, and using the facilitator's preferred vocabulary and style of expression are expected.

A second column in Modules II-X describes the approximate time frame, corresponding PowerPoint slides and any required materials that are needed for that portion of the workshop.

### Additional Resources on the Enclosed CD-Rom



Throughout this guide, we refer to handouts and PowerPoint presentations that accompany each Module. Templates for many of these items can be found on the enclosed CD-Rom at the front of this notebook. In addition, samples of the slides and handouts are included throughout. Like the facilitator's scripts, each of these items will need to be modified to fit the needs of your specific workshop.

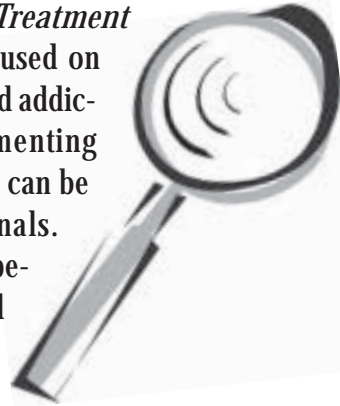
### Tell Us Your Thoughts

In the study of systems change, we have learned that initiatives which facilitate bi-directional feedback and continuous quality improvement tend to be more successful. The ATTC National Office is interested in any lessons you learn as you conduct *Best Practices in Addiction Treatment* workshops in your region.

Please send feedback about this guide and/or the workshop format to the ATTC National Office by calling 816-482-1200 or e-mailing [noattc@nattc.org](mailto:noattc@nattc.org).

## Workshop Overview

The *Best Practices in Addiction Treatment* workshop is a one-day training focused on building awareness of evidence-based addiction treatment practices. Implementing changes based on research findings can be difficult for treatment professionals. That's why this workshop shares specific principles, steps, strategies and activities for achieving the adoption of evidence-based practices in real world settings.



Participants will learn about treatment models and evidence-based practices supported by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT), the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and other research centers. Manuals outlining specific evidence-based practices will be distributed, reviewed and discussed.

**This workshop is NOT designed to build the specific practitioner skills necessary to implement the treatment protocols in these manuals.**

Rather, the purpose of this workshop is **to build awareness about these types of tools and the value of using research-based interventions** in treatment settings.

### Target Audience

This workshop is appropriate for professionals from the following fields:

- Substance abuse treatment
- Mental health
- Social services
- Faith-based
- Corrections
- Criminal justice
- Vocational rehabilitation
- Health

### Desired Participant Mix

- 30-50% line staff
- Some supervisors
- Some directors

### Recommended Number of Participants:

- Minimum of 20
- Maximum of 150



## Workshop Overview (Continued)

### Participants Will Be Able to:

1. Identify a number of current evidence-based practices,
2. Describe a model of addiction treatment that illustrates how evidence-based practices can be used to improve the clinical process,
3. Review instructional manuals for implementing evidence-based practices, and
4. Examine some of the issues related to adopting innovative practices in community treatment settings.

### Workshop Design

This workshop is designed to be presented in one seven-hour session, which includes lunch and two 15-minute breaks. The workshop includes both large and small group activities which cover the following:

- A definition of evidence-based practices
- The use of evidence-based practice manuals in substance abuse treatment
- The dynamics of implementing science-based innovations in practice settings
- A sampling of evidence-based practice manuals; four manuals are recommended for review during one workshop
- An evidence-based treatment model for improving practice
- A case study about implementing an evidence-based practice in a real treatment setting

### What Have Previous Participants Thought?

This workshop format has been pilot tested a number of times. Evaluation data indicates that participants typically enjoy learning about evidence-based practices. They benefit from examining specific practice manuals, discussing those manuals with colleagues at the workshop, and learning about implementation issues that must be addressed.



## Best Practices in Addiction Treatment

- 8:30 WELCOME**
- Introductions (*presenters, hosts, special guests*)
  - Announcements and complete forms (*evaluation and continuing education*)
  - Review objectives and agenda
- 
- 8:45 INTRODUCTION TO EVIDENCE-BASED PRACTICES IN ADDICTION TREATMENT**
- Evidence-based practices: What are they and why consider using them?
  - How do we identify evidence-based practices worth considering?
  - Components of a comprehensive addiction treatment program
  - The role of practice manuals within a treatment setting
- 
- 9:30 EVIDENCE-BASED PRACTICES: A REVIEW OF THE MANUALS**
- (List manual title here.)*
  - (List manual title here.)*
  - (List manual title here.)*
  - (List manual title here.)*
- 
- 10:00 BREAK**
- 
- 10:20 INTRODUCTION TO A SMALL GROUP ACTIVITY**
- Participants divide into small groups.
- 
- 10:30 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 11:45 FACILITATED TWO-MINUTE REPORTS FROM SMALL GROUPS**
- General session reconvenes and break-out groups report.
- 
- 12:00 LUNCH**
- 
- 1:15 LARGE GROUP BRAINSTORMS A RESPONSE TO THE FOLLOWING QUESTION**
- What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?
- 
- 1:30 ISSUES IN IMPLEMENTING INNOVATIONS**
- Principles, steps and activities for adopting innovative practices
  - A case study: Implementing an evidence-based practice in a real treatment setting
  - Audience question and answer period
- 
- 2:30 BREAK**
- 
- 2:50 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 4:00 LARGE GROUP DEBRIEFING**
- What have we learned about implementing evidence-based practices?
- 
- 4:20 EVALUATION**



## Workshop Room Set-up

The room set-up for this workshop format needs to include a meeting room large enough to accommodate the entire group of participants at tables seating six to eight people. Depending on the room size, layout and total number of participants, break-out rooms may also be required.

Each break-out group should include three to eight participants. If the meeting room is large enough, break-out groups can convene around the perimeter of the room. If there are more than 80 participants, additional break-out rooms may be required — especially if the room size does not allow for sufficient space between tables to minimize the noise generated by each small group.

A screen, laptop computer and LCD projector need to be available in the large meeting room. The tables should be placed so that each participant has an unobstructed view of the screen.

### Recap of Required Materials

- Meeting room large enough to accommodate all workshop participants
- Tables seating six to eight participants
- Break-out rooms for small group activities (if necessary)
- Screen for PowerPoint presentations
- Laptop computer
- LCD projector

### *Hint*

*Set-up a display table with a variety of evidence-based treatment manuals that are NOT being reviewed during the workshop.*

*This will give participants a sense of the volume of material available beyond the manuals to be discussed in the context of this one-day workshop.*



# **Module I:** **Prior to the** **Workshop**

*Best Practices in Addiction Treatment: A Workshop Facilitator's Guide*



## Module I: Prior to the Workshop

This Module is about planning your workshop. It will explain who needs to be involved and what needs to be done two to three months prior to the actual date of the workshop. This section is meant to be a planning tool to be used along with the introductory pieces of this guide, to help you think about the various aspects of hosting a *Best Practices in Addiction Treatment* workshop.

The content for this Module was formulated after several of these workshops were conducted in a variety of locations. It is important to note that something new was learned at each one. You will likely want to make your own notes about planning for future reference.





# Module I:

## Task List Prior to Workshop



### Time Frame: Begin Tasks Three Months Prior

#### TASKS

1. Identify a local planning team for the workshop. Members should have strong knowledge about priority needs in the region relating to evidence-based practices. They should also have access to the designated target audience to market the workshop effectively.

---

2. Review the sample agenda and determine your region's needs to be addressed during the workshop.

---

3. Based on the needs identified in task two, select the evidence-based practice manuals to have participants review. Then, obtain a copy of each manual for each workshop participant. **No more than four different manuals should be reviewed during one workshop.**

#### THINGS TO THINK ABOUT

The planning team will likely include staff from your Regional Center, the state alcohol and drug authority, provider associations and other stakeholders.

As a planning team, identify the regional needs that could best be addressed during this workshop (i.e., teen marijuana use, methamphetamine use, etc.)

The Northwest Frontier ATTC developed a bibliography of 15 manuals appropriate for this workshop format. This bibliography is included in the appendix of this guide.



– continued



## Module I: Task List Prior to Workshop

### TASKS

4. Determine who the workshop facilitator and case study presenter will be. (See Module VIII for more information about the case study presentation.)
5. Select a site that can meet the room set-up requirements and handle the number of anticipated workshop participants.
6. Utilizing the workshop expenses template on page 20, determine the workshop fees and ancillary benefits that you will offer.
7. Develop a mailing list and market the workshop to substance abuse, mental health, faith-based, social service, corrections, criminal justice, vocational rehabilitation and health professionals in the region.

### THINGS TO THINK ABOUT

Consider who is most knowledgeable about the regional needs that were identified, who can facilitate the day effectively and who can present a relevant case study.

Consider your budget, convenience and the anticipated number of participants when choosing your site.

Base the workshop fees on your site expenses, costs (if any) of the manuals to be reviewed, food, photocopying expenses, presenter travel expenses, honoraria, etc.

Your planning team can help develop the mailing list for potential participants. The ideal number of participants is 20-150. Use a variety of media to market your workshop such as print advertising, brochures, Web sites, etc.

– continued





## Module I: Task List Prior to Workshop

### TASKS

8. The facilitator and planning team should decide who to invite in addition to participants.

---

9. The planning team should develop a detailed agenda for the day. See Modules II-VIII to develop your agenda.

### THINGS TO THINK ABOUT

You may want to invite staff from your Regional Center, state alcohol and drug authority representatives and/or other stakeholders to attend the workshop.

A sample agenda is included on page 11. It shows how information about the day's activities can be effectively communicated to participants.

- continued





# Module I:

## Task List Prior to Workshop

### TASKS

10. Develop participant packets. They should include the contents listed to the right.

**\*Templates for many of these items can be found on the enclosed CD-Rom at the front of this guide.**



### THINGS TO THINK ABOUT

#### HANDOUTS:

- *Agenda\**
- *Workshop Objectives\**
- *Small Group Instructions\**
- *Small Group Discussion 1 - Questions\**
- *Recording Sheet 1\**
- *Small Group Discussion 2 - Questions\**
- *Recording Sheet 2\**
- *Evidence-Based Practice Materials Previously Used by Northwest Frontier ATTC\**

#### COPIES OF EACH POWERPOINT: (Three total)

- *Introduction to Evidence-Based Practices\**
- *A Quick Overview of Evidence-Based Practice Manuals\**
- *Implementing Evidence-Based Practices\**

#### OTHER MATERIALS TO INCLUDE:

- Evaluation forms
- Continuing education forms
- *Principles of Drug Addiction Treatment* (aka NIDA Blue Book)
- *The Change Book: A Blueprint for Technology Transfer*

**– continued**



## Module I: Task List Prior to Workshop

### TASKS

11. Have planning team members take responsibility for each of the tasks listed below.
- Identifying a workshop location and signing a contract
  - Identifying presenters, coordinating contracts for them and communicating with them
  - Developing and printing marketing materials
  - Distributing marketing materials
  - Coordinating the pre-event registration process
  - Preparing name tags and participant packets
  - Preparing evaluation forms and the workshop evaluation process
  - Arranging continuing education credits for the workshop
  - Preparing attendance certificates
  - Coordinating on-site registration
  - Coordinating on-site audio/visual needs and finding an audio/visual technician for the day
  - Copying materials for small group activities
  - Transporting registration and handout materials to the workshop site

### THINGS TO THINK ABOUT

Be sure you have enough help on the day of the workshop to ensure that things go smoothly.





# Module I: Workshop Expenses



The expenses that follow are provided as a reference to help planning teams identify the types of costs typically incurred when hosting this workshop. The actual expenses will vary from one location to the next. Use this template as a reference to start your planning.

## Best Practices in Addiction Treatment

Expenses	Amount
Meeting room and audio/visual equipment	
Lunches/refreshments	
Printing of brochures and agendas	
Printing of manuals	
Postage to mail materials	
Participant packets/name tags/certificates	
Marketing/advertising expenses	
Staff travel	
Staff lodging	
Participant travel (optional)	
Participant lodging (optional)	
Other	
Other	
Other	
<b>Total</b>	
Income Source	Amount
Registration fees	
Outside funding	
Other	
Other	
<b>Total</b>	



## **Module II:** **Getting the** **Day Started**

## Best Practices in Addiction Treatment

- 8:30 WELCOME**  
 a. Introductions (*presenters, hosts, special guests*)  
 b. Announcements and complete forms (*evaluation and continuing education*)  
 c. Review objectives and agenda
- 8:45 INTRODUCTION TO EVIDENCE-BASED PRACTICES IN ADDICTION TREATMENT**  
 a. Evidence-based practices: What are they and why consider using them?  
 b. How do we identify evidence-based practices worth considering?  
 c. Components of a comprehensive addiction treatment program  
 d. The role of practice manuals within a treatment setting
- 9:30 EVIDENCE-BASED PRACTICES: A REVIEW OF THE MANUALS**  
 a. (*List manual title here.*)  
 b. (*List manual title here.*)  
 c. (*List manual title here.*)  
 d. (*List manual title here.*)
- 10:00 BREAK**
- 10:20 INTRODUCTION TO A SMALL GROUP ACTIVITY**  
 - Participants divide into small groups.
- 10:30 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**  
 - Participants self-select a manual to review.
- 11:45 FACILITATED TWO-MINUTE REPORTS FROM SMALL GROUPS**  
 - General session reconvenes and break-out groups report.
- 12:00 LUNCH**
- 1:15 LARGE GROUP BRAINSTORMS A RESPONSE TO THE FOLLOWING QUESTION**  
 - What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?
- 1:30 ISSUES IN IMPLEMENTING INNOVATIONS**  
 a. Principles, steps and activities for adopting innovative practices  
 b. A case study: Implementing an evidence-based practice in a real treatment setting  
 c. Audience question and answer period
- 2:30 BREAK**
- 2:50 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**  
 - Participants self-select a manual to review.
- 4:00 LARGE GROUP DEBRIEFING**  
 - What have we learned about implementing evidence-based practices?
- 4:20 EVALUATION**



## Module II: Getting the Workshop Started

This Module corresponds to the welcome portion of the agenda. It is a great opportunity to “roll-out the red carpet,” and make people feel comfortable. Be sure to provide information about the facility and any continuing education credits that will be provided for the day, as well as an outline of the workshop objectives.

The welcome portion of the workshop allows people to transition from the small group conversations that typically take place before a conference begins to the issue-specific content that will be covered by the presenter(s).

A 15-minute time frame should be sufficient for this portion of the workshop. However, if there are questions or details that require additional time, it will be time well-spent. Taking care of these issues will allow everyone to focus and listen effectively when the workshop formally begins.



**Time frame:  
15 minutes**



### ***Accompanying Handouts***

*For this Module refer participants to the Workshop Agenda and Workshop Objectives handouts.*

*Samples of these can be found at the end of this Module, and templates can be found on the enclosed CD-Rom at the front of this notebook.*



## Module II: Welcome and Introductions

### TASKS

1. Welcome and introductions

2. Briefly go over “housekeeping” items.

3. Provide information about continuing education and evaluation forms that may need to be completed.

4. Review the agenda for the day and explain the workshop objectives.



### THINGS TO THINK ABOUT

Be sure to introduce any special guests, state alcohol and drug authority representatives, the planning team, etc.

- Identify where the bathrooms are.
- Go over facility details such as parking validation.
- Cover mobile phone rules.
- Tell participants what to expect regarding breaks and lunch accommodations.

Be sure participants know that they need to stay for the entire day to receive continuing education credit. Also explain the importance of evaluating the workshop.

Ask participants to refer to the *Workshop Agenda* and *Workshop Objectives* handouts provided in their participant packets. Samples of these handouts are included at the end of this Module.

## Best Practices in Addiction Treatment

- 8:30 WELCOME**
- Introductions (*presenters, hosts, special guests*)
  - Announcements and complete forms (*evaluation and continuing education*)
  - Review objectives and agenda
- 
- 8:45 INTRODUCTION TO EVIDENCE-BASED PRACTICES IN ADDICTION TREATMENT**
- Evidence-based practices: What are they and why consider using them?
  - How do we identify evidence-based practices worth considering?
  - Components of a comprehensive addiction treatment program
  - The role of practice manuals within a treatment setting
- 
- 9:30 EVIDENCE-BASED PRACTICES: A REVIEW OF THE MANUALS**
- (List manual title here.)*
  - (List manual title here.)*
  - (List manual title here.)*
  - (List manual title here.)*
- 
- 10:00 BREAK**
- 
- 10:20 INTRODUCTION TO A SMALL GROUP ACTIVITY**
- Participants divide into small groups.
- 
- 10:30 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 11:45 FACILITATED TWO-MINUTE REPORTS FROM SMALL GROUPS**
- General session reconvenes and break-out groups report.
- 
- 12:00 LUNCH**
- 
- 1:15 LARGE GROUP BRAINSTORMS A RESPONSE TO THE FOLLOWING QUESTION**
- What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?
- 
- 1:30 ISSUES IN IMPLEMENTING INNOVATIONS**
- Principles, steps and activities for adopting innovative practices
  - A case study: Implementing an evidence-based practice in a real treatment setting
  - Audience question and answer period
- 
- 2:30 BREAK**
- 
- 2:50 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 4:00 LARGE GROUP DEBRIEFING**
- What have we learned about implementing evidence-based practices?
- 
- 4:20 EVALUATION**



## **BEST PRACTICES IN ADDICTION TREATMENT**

### **OBJECTIVES**

#### **PURPOSE:**

This is a one-day program focused on “evidence-based” practices in addiction treatment. Participants will learn about treatment models and evidence-based practices supported by the Center for Substance Abuse Treatment (CSAT), the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and other research centers. Manuals and materials describing specific evidence-based practices will be distributed, reviewed and discussed.

#### **OBJECTIVES:**

**By the conclusion of the workshop participants will be able to:**

1. Identify a number of current evidence-based practices,
2. Describe a model of addiction treatment that illustrates how evidence-based practices can be used to improve the clinical process,
3. Review instructional manuals for implementing evidence-based practices, and
4. Examine some of the issues related to adopting innovative practices in community treatment settings.

#### **PRESENTERS:**

(Insert presenter names here.)



# **Module III:** **Introduction to Evidence-Based Practices in Addiction Treatment**

*Best Practices in Addiction Treatment: A Workshop Facilitator's Guide*

## Best Practices in Addiction Treatment

- 8:30 WELCOME**
- Introductions (*presenters, hosts, special guests*)
  - Announcements and complete forms (*evaluation and continuing education*)
  - Review objectives and agenda
- 8:45 INTRODUCTION TO EVIDENCE-BASED PRACTICES IN ADDICTION TREATMENT**
- Evidence-based practices: What are they and why consider using them?
  - How do we identify evidence-based practices worth considering?
  - Components of a comprehensive addiction treatment program
  - The role of practice manuals within a treatment setting
- 9:30 EVIDENCE-BASED PRACTICES: A REVIEW OF THE MANUALS**
- (List manual title here.)*
  - (List manual title here.)*
  - (List manual title here.)*
  - (List manual title here.)*
- 
- 10:00 BREAK**
- 
- 10:20 INTRODUCTION TO A SMALL GROUP ACTIVITY**
- Participants divide into small groups.
- 
- 10:30 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 11:45 FACILITATED TWO-MINUTE REPORTS FROM SMALL GROUPS**
- General session reconvenes and break-out groups report.
- 
- 12:00 LUNCH**
- 
- 1:15 LARGE GROUP BRAINSTORMS A RESPONSE TO THE FOLLOWING QUESTION**
- What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?
- 
- 1:30 ISSUES IN IMPLEMENTING INNOVATIONS**
- Principles, steps and activities for adopting innovative practices
  - A case study: Implementing an evidence-based practice in a real treatment setting
  - Audience question and answer period
- 
- 2:30 BREAK**
- 
- 2:50 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 4:00 LARGE GROUP DEBRIEFING**
- What have we learned about implementing evidence-based practices?
- 
- 4:20 EVALUATION**



## Module III: Introduction to Evidence-Based Practices in Addiction Treatment

This Module corresponds with the second activity on the agenda and is designed to take about 45 minutes. The purpose of this portion of the workshop is to define evidence-based practices and introduce a practice model that illustrates the role of scientific innovations in substance abuse treatment. By increasing participants' understanding of evidence-based practices, they will better appreciate the relevance of the manuals to be reviewed later in the day.

**Time frame:  
45 minutes**



The content for this part of the agenda is directly tied to two of the workshop learning objectives:

1. Identify a number of current evidence-based practices
2. Describe a model of addiction treatment that illustrates how evidence-based practices can be used to improve the clinical process

### **Accompanying Handouts and PowerPoint**

*Introduction to Evidence-Based Practices* is the PowerPoint presentation that accompanies this Module. A template can be found on the enclosed CD-Rom. Please adapt the presentation for your needs, and remember to include a handout with the slides in each participant packet.

In addition to the PowerPoint, there is an accompanying handout for this Module called *Sources of Evidence-Based Information on the Web*. A sample is included at the end of this Module and an electronic template is on the enclosed CD-Rom.





## Module III: Facilitator’s Script for Introducing Evidence–Based Practices

### Purpose of This Presentation

The purpose of this presentation is to give you a definition of evidence-based practices and to help you determine how to identify these practices. Hopefully, you will see the benefits of incorporating scientific innovations into your current treatment setting. Be sure to follow along with the accompanying handouts in your packet, and jot down any additional notes you’d like to take.

You will notice that the title of this workshop is *Best Practices in Addiction Treatment*. So, what are “best practices” in addiction treatment? Well, there is good news and bad news. The bad news: we don’t have defined “best practices” in the substance abuse treatment field — YET.

The good news: there is a growing volume of research demonstrating that there are practices in substance abuse treatment with significant scientific evidence to support their use. Unfortunately, much of this scientific research is not finding its way into clinics and treatment settings (Lamb, Greenlick, and McCarty, 1998).

### Corresponding Slide(s) ▼



### Remember

*Use the facilitator’s script as a basis to develop your own presentation. It is not intended to be read aloud, word-for-word.*

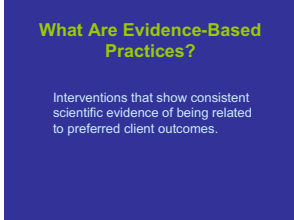


**Module III: Facilitator’s Script Continued**

**Corresponding Slide(s) ▼**

**What Are Evidence-Based Practices?**


Evidence-based practices can be defined as interventions that have shown consistent scientific evidence of being related to preferred client outcomes.



**Why Are Evidence-Based Practices Important?**

We know that the government is placing greater emphasis on outcome improvement and accountability. Future funding for community agencies will increasingly be tied to treatment outcomes. There will continue to be increased pressure on agencies and researchers to collaborate on projects that connect science and services within treatment settings. This alone indicates a need for practitioners to increase their awareness and use of scientific research findings.

It is also important to note, however, that client retention in addiction treatment is also tied to positive outcomes. The longer patients are engaged in treatment activities, the better the outcomes are. If specific treatment methods demonstrate improved retention rates they may be preferable to some existing practices.



**Definition**

**Evidence-Based Practice**

*An intervention that shows consistent scientific evidence of being related to preferred client outcomes.*

## How Are Evidence-Based Practices Documented?

As we stated previously, evidence-based practices are interventions that show consistent scientific evidence of being related to preferred client outcomes. These positive outcomes can be documented in the following ways.

### Multiple Randomized Clinical Trials

In a multiple randomized clinical trial, an intervention or practice is used in a number of community treatment agencies, and is found to have a positive impact with different client groups in a number of settings.

### Consensus Reviews

Consensus reviews are extensive examinations conducted by a review panel of the available scientific literature in a variety of disciplines (i.e., addictions, mental health, physical rehabilitation, nutrition). Review panels are generally convened by a government agency or academic institution. Panel participants are chosen for their expertise in a particular subject matter. After reviewing the available literature, panel participants decide if the ideas put forward have merit and should be investigated further.

### Expert Opinion Based on Clinical Observation

Expert opinions are a subjective way of documenting whether a particular practice leads to positive client outcomes. They are based on the personal experiences of the observer. Hopefully, over time, these expert opinions will be researched to see if the subjective impressions can be objectively verified.

### How Are Evidence-Based Practices Documented?

- Gold Standard
  - Multiple randomized clinical trials
- Second Tier
  - Consensus reviews of available science
- Third Tier
  - Expert opinion based on clinical observation

(Drake, et al., 2007, Implementing evidence-based practices in routine mental health service settings, Psychiatric Services, 58, 179 - 185)



## Principles of Effective Treatment

In reviewing scientific research conducted during the past thirty years, the National Institute on Drug Abuse (NIDA) has identified a number of effective approaches for treating drug addiction. Distilled from those approaches is "...a set of overarching principles that characterize the most effective drug abuse and addiction treatments and their implementation" (NIDA, 1999). Those principles include:

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. An individual's treatment and services plan must be assessed continually, and modified as necessary to ensure that the plan meets the person's changing needs.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated manner.
9. Medical detoxification is only the first stage of addiction treatment, and by itself does little to change long-term drug use.
10. Treatment does not need to be voluntary to be effective.

### Principles of Effective Treatment

1. No single treatment is appropriate for all
2. Treatment needs to be readily available
3. Effective treatment attends to the multiple needs of the individual
4. Treatment plans must be assessed and modified continually to meet changing needs
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness

### Principles of Effective Treatment

6. Counseling and other behavioral therapies are critical components of effective treatment
7. Medications are an important element of treatment for many patients
8. Co-existing disorders should be treated in an integrated way
9. Medical detox is only the first stage of treatment
10. Treatment does not need to be voluntary to be effective





## Module III: Facilitator’s Script Continued

## Corresponding Slide(s) ▼

- 11. Possible drug use during treatment must be monitored continuously.
- 12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases. They should also provide counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
- 13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

**Principles of Effective Treatment**

- 11. Possible drug use during treatment must be monitored continuously
- 12. Treatment programs should assess for HIV/AIDS, Hepatitis B & C, Tuberculosis and other infectious diseases and help clients modify at-risk behaviors
- 13. Recovery can be a long-term process and frequently requires multiple episodes of treatment

© NIDA (1999) Principles of Drug Addiction Treatment

## Examples of Evidence-Based Practices in Alcohol Treatment

The bibliography of evidence-based practices is growing by leaps and bounds. You will be introduced to only a few of these practices in this workshop. Yet, after reviewing 200 different practices in the treatment of alcoholism, Hester and Miller (1995) found that there are five types of practice that have solid evidence in support of their use. They include:

### 1. Brief Interventions

One example of a brief intervention is when a counselor organizes a Johnson Institute Model intervention process whereby family, friends, employers and co-workers intervene to help someone suffering from addiction issues. Another example might be a physician who regularly screens patients for substance abuse problems, and then provides a brief motivational intervention with patients whose symptoms are consistent with a substance use disorder.

**Evidence-Based Practices for Alcohol Treatment**

- Brief intervention
- Social skills training
- Motivational enhancement
- Community reinforcement
- Behavioral contracting

Miller et al., (1995) What works: A methodological analysis of the alcohol treatment outcome literature. In R. K. Hester & W. R. Miller (eds.) Handbook of Alcoholism Treatment Approaches: Effective Alternatives (2<sup>nd</sup> ed., pp. 12 – 44). Boston: Allyn & Bacon.



## *Module III: Facilitator's Script Continued*

### **2. Social Skills Training**

This involves concepts such as teaching substance refusal skills to adolescents, providing relapse prevention training to help people manage addiction-related urges and cues, or teaching those in treatment to establish new support systems.

### **3. Motivational Enhancement**

Motivational enhancement strategies are derived from work on motivational interviewing (Miller and Rollnick, 1991). These strategies include interventions tailored to meet a client's readiness for change.

### **4. Community Reinforcement**

This is an individualized approach to treatment where the client receives care from an addiction treatment agency and other ancillary services from within the community. These services might include vocational training, medical care, marriage counseling or other services needed to stabilize his/her life and reinforce recovery.

### **5. Behavioral Contracting**

In this method, the client agrees to engage in recovery-oriented activities or to alter a specific behavior. The client and counselor document their commitment to a change process which can, but does not always, include incentives and rewards for progress in achieving a set of defined objectives.





*Module III: Facilitator's Script Continued*

**Corresponding Slide(s) ▼**

**Scientifically-Based Approaches to Addiction Treatment**

The National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) have recently put together lists of evidence-based practices. These lists will continue to grow over time, but currently they include the following practices:

- **Cognitive behavioral interventions** — This approach involves using awareness and skill-building activities with clients.
- **Community reinforcement** — This approach involves connecting the client with other needed agencies and services in the community.
- **Motivational enhancement therapy** — This approach involves using motivational interviewing strategies and interventions that are based on a stages of change model.
- **12-step facilitation** — This is a structured, individualized approach for introducing clients to a 12-step program which often results in better attendance at meetings for a longer period of time.
- **Contingency management** — This approach includes behavioral contracting where clients have opportunities to earn rewards for specific desirable behaviors. There is a lot of data demonstrating that stimulant users respond well to this approach. They stay in treatment longer, make measurable progress and have better treatment outcomes.





### Module III: Facilitator's Script Continued

Corresponding Slide(s) ▼

- **Pharmacological therapies** — There is strong evidence that medications like antabuse, naltrexone, methadone and buprenorphine can help stabilize a person's life when their alcohol or drug use is out of control. The availability of these therapies continues to expand.
- **Systems treatment** — This term refers to treating clients in their natural social environment. Couples therapy, family therapy and multi-systemic family therapy are all examples of systems treatment models. There is substantial evidence indicating that clients whose families are engaged in the treatment process show improved outcomes. Systems treatment appears to be especially effective with young people.

### What Does All This Mean?

What all of this information tells us is that we have an opportunity to improve treatment services. There are effective and cost-efficient treatment options available for those struggling with alcohol and/or drug dependence.

#### What Does All This Mean?

- We have an opportunity to improve treatment services.
- There are effective and cost-efficient treatments available for alcohol and drug dependence.

(Institute of Medicine, 1998. *Bridging the Gap Between Practice and Research*. Washington, DC: National Academy Press)





*Module III: Facilitator's Script Continued*

*Corresponding Slide(s) ▼*

**Barriers and Challenges to Overcome**

We don't deny that there are some problems and barriers that have been identified which create challenges to implementing evidence-based practices within treatment settings.

- 1. There is uncertainty by practitioners about what the most appropriate care for clients really is.** This is primarily because clinicians in the field don't have much time to read scientific material, and research is often written in a very formal, technical manner.
- 2. Few practitioners apply scientific findings even when they know what they are.** Treatment providers are busy providing care, and typically have insufficient resources or authority to make agency-wide decisions about treatment methods and practices.
- 3. Little information is available about what constitutes standard practice.** Practice guidelines are just now being developed for substance abuse treatment. They will need to be published and widely promoted before there will be consistent use of these methods throughout our field.
- 4. There are rapid changes in technology.** Manualized treatment protocols, computerized assessment instruments and new medications are all emerging with increased frequency. It is difficult for practitioners to "keep up" with the new and changing innovations continually being developed.

**Challenges to Overcome**

- There is uncertainty about the most appropriate care
- Few practitioners apply scientific findings about the best care
- Little information is available about standard practices
- Technology and costs change rapidly





*Module III: Facilitator's Script Continued*

*Corresponding Slide(s) ▼*

**Slow Adoption of New Innovations**

In the field of medicine, the adoption time frame for moving research findings into general practice takes approximately 15 years. We aren't sure what the adoption time frame is for the substance abuse treatment field, but we know it isn't very fast. We need to address our field's slow adoption rate. Below are some of the obstacles that prevent practitioners from quickly adopting new innovations.

**Slow Adoption Time Frame**

- Difficult to implement
  - specialized training and supervision may be required
- Organization of care
  - inadequate access to physicians for medications
- Financing issues
  - approaches may not be reimbursed
- Perceived incompatibility with current agency values

- **Training and supervision** — Specialized training and supervision are often needed to implement a new practice. Generally, training alone is ineffective. Clinical supervision and other forms of follow-up are required to promote the adoption of new behaviors.
- **Health care** — Access to physicians for medications or other resources may not be available when practitioners/clients need them.
- **Financing issues** — Innovative approaches may not always be reimbursed.
- **Incompatibility with agency values** — New innovations some times conflict with the current values of a treatment agency.



## Module III: Facilitator's Script Continued

## Corresponding Slide(s) ▼

### Manualized Treatment Protocols

One way the field is working to shorten the adoption time frame for innovative practices is by recording specific treatment protocols into step-by-step guides or practice manuals. Generally, these protocols are put together in a very prescribed manner, and are usually to be delivered within a defined time period.

Research about how counselors respond to using treatment manuals shows that for the most part, they enjoy them. Below are a few things counselors had to say.

- Manuals are easy to use — like the structure/consistency.
- The structure of manuals helps focus a treatment session.
- Manuals can be restrictive. There needs to be clear information about options for varying from the manual.
- They need to accommodate personal style and creativity.
- Flexibility within each intervention is needed.

### Counselor Recommendations for What to Include

- Describe the underlying philosophy, background and context for using the manual.
- Explain how assessment information can be used.
- Give detailed instructions for all necessary procedures.
- Provide specific content such as lecture materials.
- Use appropriate language for the audience. For example, in a manual about adolescent treatment, include language used by adolescents.
- Include samples of dialogue and paperwork. For instance, demonstrate how an intervention would actually work with a client, and show examples of what case documentation might look like.
- Provide directions for deviating from the manual in ways that utilize individual creativity.

### Manualized Treatment Protocols

### What Counselors Say About Using Treatment Manuals

- Like the structure and consistency
- Easy to use
- They help focus a session
- Can be restrictive
- Need to incorporate personal style and creativity
- Need to provide flexibility

Godley, S.H., et al. (2001). Therapist Reactions to Manual-Guided Therapy for the Treatment of Adolescent Marijuana Users. *Clinical Psychology: Science and Practice*, 8, 405-417.

### Counselor Recommendations for Manuals

- Include underlying philosophy
- Explain how assessment information can be used within an intervention
- Give detailed instructions for procedures
- Provide specific examples

### Counselor Recommendations for Manuals

- Use appropriate language for audience
- Include samples of dialogue and paperwork
- Provide directions for deviating from the manual

(Godley, S.H., et al., 2001)



**Module III: Facilitator's Script Continued**

**Corresponding Slide(s) ▼**

**Resistance to Change**

Maybe you're not so sure about everything you've heard so far today. That's to be expected. Be prepared for resistance — from yourself and your staff. Ambivalence about using new material is normal.

- Hopefully, some of you will be curious about the new practices we are discussing.
- Some of you may be feeling confused about how this impacts what you are already doing.
- Some of you will be eager and embrace change.
- Others will be concerned about “throwing out the baby with the bath water.” You don't want to lose the effective parts of your agency's current methods.

We've touched on it already, but it bears repeating, this workshop is designed to give you good information about different evidence-based treatment practices and their value in the treatment setting. Throughout the day, we'll discuss the issues related to adopting any new innovation in your own agency.

**Ambivalence is Appropriate**

- Mixed emotions are to be expected
  - curiosity
  - confusion
  - eagerness
  - concern
  - willingness to try
- Evidence-based practices impose burdens
- Evidence-based practices require change





**Module III: Facilitator’s Script Continued**

**Corresponding Slide(s) ▼**

**Interview with Michael Dell**

Evidence-based practices impose burdens and require change. Michael Dell, the CEO of Dell Computers, believes if you’re not an innovator, you’re dead. In an interview with *Technology Review*, Dell was asked about the biggest lesson he had learned regarding innovation. He responded, “My job is to encourage it (innovation) and allow it to happen . . . When you stop experimenting, you’re dead, because then you have no ideas, you have no breakthrough thinking.” Dell also explained that he sees his role as leader of his company to be the “agitator for progress and change.”

**Interview with Michael Dell**

What’s the biggest lesson you’ve learned about innovation?

*“To encourage it and allow it to happen . . . When you stop experimenting, you’re dead – because then you have no ideas, you have no breakthrough thinking.”*

What’s your personal role in all of this?

*“I’m the agitator for progress and change.”*

(Technology Review, July/August 2001, p. 83)


**What Is Our Goal?**

Our ultimate goal is *to provide persistent, incremental improvements in the quality and effectiveness of substance abuse treatment which results in better quality recovery for more people.*

**What Is Our Goal?**

- To provide persistent, incremental improvements in the quality and effectiveness of substance abuse treatment which results in better quality recovery for more people.

There are few people who would disagree that this is our primary mission when providing treatment. Evidence-based practices are tools for achieving this goal.



**Our Goal**

*To provide persistent, incremental improvements in the quality and effectiveness of substance abuse treatment which results in better quality recovery for more people.*

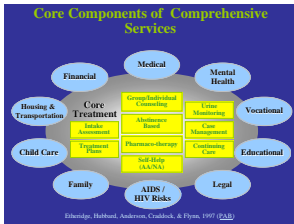


**Module III: Facilitator's Script Continued**

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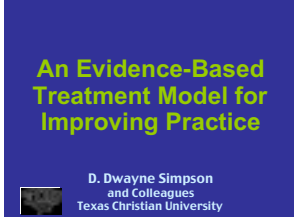
**A Framework for Describing Treatment**

Next I am going to show you a diagram from NIDA that depicts the *Core Components of Comprehensive Care*. In the center of this slide, you'll see the core treatment activities that most practitioners utilize. The ancillary circles depict other elements that go into providing comprehensive care. Let's consider this a summary of the services at most treatment agencies and/or within most communities that are useful for clients as they move through the recovery process.



**Simpson's Model for Treatment**

Now I would like to take a look at a specific treatment model that is rooted in evidence-based practice. This model will give us a way to think about how the manuals we are going to learn about later, could fit into any agency's overall treatment design.



Dwayne Simpson, Ph.D., and his colleagues at the Texas Christian University Institute of Behavioral Research (TCU-IBR) have developed a model of treatment that provides a framework for making strategic changes to an agency's treatment design.

For example, are you experiencing any problems with your agency's treatment process? Would you like to find an intervention or guideline to improve client engagement or retention? Are you wondering how to start a change process? Simpson's model will give us a framework for addressing these needs.



## Module III: Facilitator's Script Continued

## Corresponding Slide(s) ▼

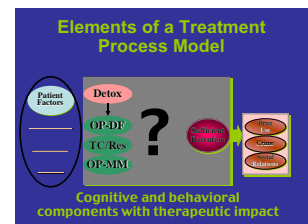
### Institute of Behavioral Research Web Site at Texas Christian University

Before we explore Simpson's treatment model, I want to introduce you to the Institute of Behavioral Research Web site at Texas Christian University. The address is at the bottom of this slide. This is a terrific site because it includes research reports, treatment manuals and PowerPoint presentations. Many of the materials on this site are designed to help you focus the treatment process. Some of my next slides came directly from this site.



### Elements That Make Up the Treatment Process

What actually happens during treatment is too often a mysterious "black box." The process is not well understood and difficult to describe. Simpson and his colleagues have tried to shed some light on that "black box," and illuminate the key elements of the treatment process. Without being sensitive to these key components, we will not get the treatment outcomes that we are striving to reach. Our interventions need to focus on the following three elements.



#### 1. Determine what needs to be done prior to treatment.

- Examine the client's level of motivation, psychological functioning and problem severity.
- If treatment is appropriate, use a set of patient placement criteria to determine their correct level of care.





**Module III: Facilitator's Script Continued**

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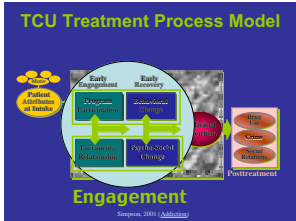
- 2. **After determining the level of care needed, we must decide what the most appropriate treatment setting is for our client** (i.e., detox, outpatient-drug free, therapeutic community, residential, outpatient-methadone maintenance).
- 3. **Finally, we need to determine what kind of cognitive, behavioral and spiritual components of treatment will have a therapeutic impact on our client?**

**Simpson's Two Stages of Treatment**

As we can see, the central core of the treatment process begins after we have assessed the client, assigned a level of care, and referred the client to a treatment setting that appears to best fit his/her needs. Next, Simpson's model includes what could be described as a two-stage treatment process.

**Early Engagement Period**

In the first stage, there's a **period of early engagement** where the practitioner's primary mission is to build a therapeutic relationship with the client and gain his/her compliance with the treatment program.



### Module III: Facilitator's Script Continued

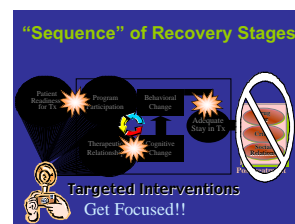
### Corresponding Slide(s) ▼

Simpson and others have found that paying particular attention to some specific client attributes at intake is key to the entire engagement process. He also found that engagement happens in a particular sequence. Participation in the treatment program is more likely to occur if practitioners:

- Pay attention to the client's readiness for treatment
- Work to establish a positive therapeutic relationship with their clients
- Place clients in the right program at the right level of care

It was previously thought that behavior change was a function of program participation, but research is beginning to show that it's the quality of the therapeutic relationship along with participation in treatment activities that facilitates a person developing new social skills, and making cognitive and behavioral changes. It is a dynamic process, but is linear in terms of the sequence in which things happen.

So, how do you go about creating a strong therapeutic relationship with your clients? Motivational enhancement materials can be very helpful in this process. In addition, many other evidence-based counseling methods address how to establish a solid therapeutic relationship.



## Module III: Facilitator's Script Continued

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### Early Recovery Stage

Simpson's second phase of treatment is an **early recovery stage**. Here, the focus is on the psychological and social changes that can improve a client's relationships in the community.

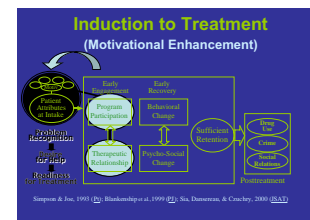
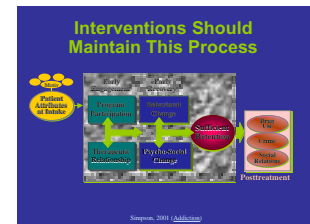
As behavior changes, clients become more accountable for their actions and become more predictable. When people begin to change, that tends to be self-reinforcing and they stay in treatment longer. When someone has an adequate stay in treatment, desired outcomes begin to be reached. It is important that the interventions we choose maintain this process.

### Remember Our Goal

Our ultimate goal is *to provide persistent, incremental improvements in the quality and effectiveness of substance abuse treatment which results in better quality recovery for more people.*

So, if we need to pay closer attention to the "induction" part of treatment, and examine our client's desire for help and readiness for care, then motivational enhancements may be helpful. When clients make a positive connection with their counselor, and the counselor helps find an appropriate level of care, the client has maximum opportunity to respond positively to treatment.

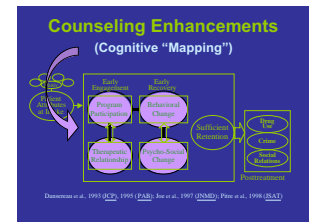
**Thus, interventions that are designed to engage people at *their* level of motivation are most likely to create an effective therapeutic relationship.**



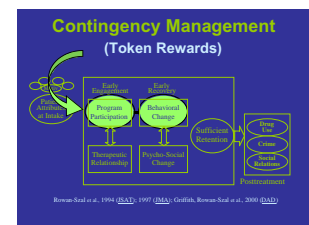
## Module III: Facilitator's Script Continued

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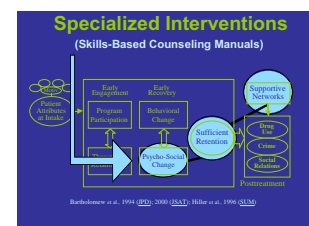
**A Recap of Some Approaches That Work**  
**Cognitive behavioral approaches** tend to have an impact on both engagement and early recovery. Counseling enhancements that feature structured cognitive behavioral learning activities tend to improve skills and enhance the recovery experience.



**Contingency management** refers to a rewards system for things like program attendance, negative urine screens and other measurable behavior changes. Research indicates that token rewards tend to influence behavior. These incentives ensure better program participation and lead to stronger client involvement in treatment.



Other treatment methods can include **specialized interventions** like those that teach people social skills, or systems therapy such as family or couple's therapy. These types of specialized interventions result in psychosocial changes or changes in the client's environment, and tend to lead to positive treatment outcomes.



## Module III: Facilitator's Script Continued

## Corresponding Slide(s) ▼

### Summary

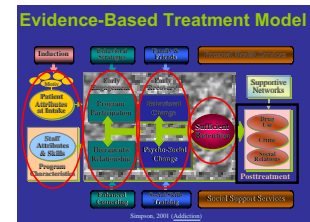
Simpson's comprehensive model takes a number of interrelated aspects of treatment into account. If evidence-based practices that target client needs are employed throughout the treatment process, you are likely to see improved outcomes.

In summary, we have defined evidence-based practices, examined both strengths and barriers to the adoption of these practices, and noted counselor endorsements and recommendations for the use and development of manualized training.

Now look at your own agency's treatment design. Consider its strengths and compare it to Simpson's comprehensive treatment model. Are there some points in your agency's treatment process that you would like to improve?

### Evidence-Based Web Resources

There are a number of evidence-based Web sites that might be helpful to you. They are listed on the *Sources of Evidence-Based Information on the Web* handout in your packet.



#### Summary

- Defined evidence-based practice
- Considered barriers to adoption
- Noted counselor endorsements and recommendations for manuals
- Described an evidence-based practice model
- Discussed how manuals fit within that model

#### Sources of Evidence-Based Information on the Web

- Managed Care  
– samhsa.gov/mcnew
- Dual Disorders  
– dartmouth.edu/~psychrc
- Stimulant Treatment  
– matrixcenter.com
- Drug Abuse Treatment  
– br.tcu.edu

#### Sources of Evidence-Based Information on the Web

- Drug Abuse Treatment  
– nida.nih.gov
- Alcoholism Treatment  
– niaaa.nih.gov
- Addiction Medicine  
– asam.org
- HIV/AIDS  
– cdc.gov/hiv/

#### Sources of Evidence-Based Information on the Web

- Prevention  
– unr.edu/westcapt
- Technology Transfer  
– natic.org
- Addiction Science  
– utexas.edu/research/asrec



## BEST PRACTICES IN ADDICTION TREATMENT

### SOURCES OF EVIDENCE-BASED INFORMATION ON THE WEB

- **Managed Care** - [samhsa.gov/mcnew](http://samhsa.gov/mcnew)
- **Dual Disorders** - [dartmouth.edu/~psychrc](http://dartmouth.edu/~psychrc)
- **Stimulant Treatment** - [matrixcenter.com](http://matrixcenter.com)
- **Drug Abuse Treatment** - [ibr.tcu.edu](http://ibr.tcu.edu)  
- [nida.nih.gov](http://nida.nih.gov)
- **Alcoholism Treatment** - [niaaa.nih.gov](http://niaaa.nih.gov)
- **Addiction Medicine** - [asam.org](http://asam.org)
- **HIV/AIDS** - [cdc.gov/idu](http://cdc.gov/idu)
- **Prevention** - [unr.edu/westcapt](http://unr.edu/westcapt)
- **Technology Transfer** - [nattc.org](http://nattc.org)
- **Addiction Science** - [utexas.edu/research/asrec](http://utexas.edu/research/asrec)



# **Module IV:** **A Quick Review of Some Evidence-Based Practice Manuals**



## Best Practices in Addiction Treatment

- 8:30 WELCOME**
- a. Introductions (*presenters, hosts, special guests*)
  - b. Announcements and complete forms (*evaluation and continuing education*)
  - c. Review objectives and agenda
- 
- 8:45 INTRODUCTION TO EVIDENCE-BASED PRACTICES IN ADDICTION TREATMENT**
- a. Evidence-based practices: What are they and why consider using them?
  - b. How do we identify evidence-based practices worth considering?
  - c. Components of a comprehensive addiction treatment program
  - d. The role of practice manuals within a treatment setting
- 
- 9:30 EVIDENCE-BASED PRACTICES: A REVIEW OF THE MANUALS**
- a. (*List manual title here.*)
  - b. (*List manual title here.*)
  - c. (*List manual title here.*)
  - d. (*List manual title here.*)
- 
- 10:00 BREAK**
- 
- 10:20 INTRODUCTION TO A SMALL GROUP ACTIVITY**
- Participants divide into small groups.
- 
- 10:30 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 11:45 FACILITATED TWO-MINUTE REPORTS FROM SMALL GROUPS**
- General session reconvenes and break-out groups report.
- 
- 12:00 LUNCH**
- 
- 1:15 LARGE GROUP BRAINSTORMS A RESPONSE TO THE FOLLOWING QUESTION**
- What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?
- 
- 1:30 ISSUES IN IMPLEMENTING INNOVATIONS**
- a. Principles, steps and activities for adopting innovative practices
  - b. A case study: Implementing an evidence-based practice in a real treatment setting
  - c. Audience question and answer period
- 
- 2:30 BREAK**
- 
- 2:50 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 4:00 LARGE GROUP DEBRIEFING**
- What have we learned about implementing evidence-based practices?
- 
- 4:20 EVALUATION**



## Module IV: A Quick Review of Some Evidence-Based Practice Manuals

This Module corresponds with the third section on the agenda. It is designed to give participants a “taste” of what each manual covers so they can decide which manuals they want to examine in their small group sessions. This portion of the workshop is only allotted 30 minutes and moves very quickly. Please warn participants that the pace may be a little frustrating.

As the facilitator, it is very important that you have studied ALL of the manuals that are going to be reviewed.

### It Is the Facilitator’s Job to:

- Point out special features of each manual.
- Draw connections between material in the manuals and the particular issues or problems participants are addressing in their local regions.
- Connect the manuals to specific treatment issues addressed by Simpson’s model for treatment.
- Know the layout of each manual very well so he/she can easily direct participants to particular pages or sections as they are being discussed.



Time frame:  
30 minutes



### Connect the Material

*Know your participants, know the issues they are addressing locally, and draw connections between these issues and how material in the manuals can help them do their jobs better.*



## Module IV: How to Quickly Review the Manuals



### Adapt the Accompanying PowerPoint

There is a PowerPoint presentation to accompany this Module called *A Quick Overview of Evidence-Based Practice Manuals*. A template for this presentation can be found on the enclosed CD-Rom at the front of this notebook.

The current content of this presentation relates to manuals that were reviewed at previous *Best Practices in Addiction Treatment* workshops. **You will need to adapt this PowerPoint template to represent the specific manuals you will be reviewing at your local workshop.**

For this reason, sample slides from this presentation are not shown in this Module because they will change for each workshop. Sample slides from this template can, however, be found in the Appendix to this guide.

### What to Include in Your Presentation

1. List all of the manuals on the first slide.
2. Present about each manual individually.
3. Use as many slides as necessary to:
  - Provide a brief overview of each manual
  - Highlight the table of contents and key components of each manual
  - Explain why each manual might be of interest
  - Point out practices from each manual that would be helpful in treatment settings
  - Use examples from real-life treatment scenarios
4. Recap a few things about each manual, and ask participants to identify which manual they want to review.

### *Use Real Examples*

*It is important to continually use examples from real-life treatment scenarios when highlighting practices in the manuals.*



## Module IV: Facilitator Script for Reviewing the Manuals

### Purpose of This Presentation

The purpose of this portion of the workshop is to give you a quick overview of each of the evidence-based practice manuals that we will explore more fully later in small group sessions. I'm going to go through each manual VERY quickly to help you decide which one you are most interested in reviewing more closely.

Since we have less than ten minutes to discuss each manual, I want to give you a couple of minutes to put your manuals in the order you see on this slide. Please put them in a stack in front of you and remove any outside wrappers. This will make it easier to follow along as I highlight aspects of each manual.



#### *Remember*

*Use the facilitator's script in Modules II-X as a basis to develop your own presentation.*

*Because Module IV will change depending on the manuals being reviewed, it is important that you develop your own script and PowerPoint to use when delivering this portion of the workshop.*



# **Module V:** **Small Group Examination of Evidence-Based Practice Manuals**



## Best Practices in Addiction Treatment

- 8:30 WELCOME**  
 a. Introductions (*presenters, hosts, special guests*)  
 b. Announcements and complete forms (*evaluation and continuing education*)  
 c. Review objectives and agenda
- 
- 8:45 INTRODUCTION TO EVIDENCE-BASED PRACTICES IN ADDICTION TREATMENT**  
 a. Evidence-based practices: What are they and why consider using them?  
 b. How do we identify evidence-based practices worth considering?  
 c. Components of a comprehensive addiction treatment program  
 d. The role of practice manuals within a treatment setting
- 
- 9:30 EVIDENCE-BASED PRACTICES: A REVIEW OF THE MANUALS**  
 a. (*List manual title here.*)  
 b. (*List manual title here.*)  
 c. (*List manual title here.*)  
 d. (*List manual title here.*)
- 
- 10:00 BREAK**
- 10:20 INTRODUCTION TO A SMALL GROUP ACTIVITY**  
 - Participants divide into small groups.
- 10:30 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**  
 - Participants self-select a manual to review.
- 11:45 FACILITATED TWO-MINUTE REPORTS FROM SMALL GROUPS**  
 - General session reconvenes and break-out groups report.
- 
- 12:00 LUNCH**
- 
- 1:15 LARGE GROUP BRAINSTORMS A RESPONSE TO THE FOLLOWING QUESTION**  
 - What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?
- 
- 1:30 ISSUES IN IMPLEMENTING INNOVATIONS**  
 a. Principles, steps and activities for adopting innovative practices  
 b. A case study: Implementing an evidence-based practice in a real treatment setting  
 c. Audience question and answer period
- 
- 2:30 BREAK**
- 
- 2:50 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**  
 - Participants self-select a manual to review.
- 
- 4:00 LARGE GROUP DEBRIEFING**  
 - What have we learned about implementing evidence-based practices?
- 
- 4:20 EVALUATION**



## Module V: Small Group Examination of Evidence-Based Practice Manuals

This Module is focused more on *process* than *content*. It corresponds with the small group activity immediately following the morning break on the workshop agenda. This activity has been allotted one hour and 25 minutes.

**Time frame:  
1 hour and  
25 minutes**



This is probably the most exciting part of the day for participants. They want to see what is in the evidence-based practice manuals that might help them do their jobs better.

This Module provides you, as facilitator, with the process for dividing the participants into their small groups. It also provides guidelines for each group's discussion about the manuals.

### Corresponding Handouts

There are three corresponding participant handouts for this Module — they are called *Small Group Instruction Sheet*, *Small Group Discussion 1- Questions* and *Recording Sheet 1*. Samples of each of these handouts are provided at the end of this Module, and electronic versions of the handouts are available at the front of this facilitator's guide on the enclosed CD-Rom. Please modify these forms as needed for your own workshop. **Specifically, a *Recording Sheet 1* will need to be made for each manual being reviewed.**





## Module V: Facilitator's Script for Getting the Small Group Activity Started

### Goal of This Activity

The goal of this activity is for each of you to become familiar with an evidence-based practice manual, and to discuss your perspective about the contents of that manual with other workshop participants. In particular, provide your opinion about whether all or part of the manual you review could be assimilated into your current work.

We just wrapped up a quick overview of the four manuals we are focusing on today. Now you have a “taste” of what’s in each manual. I’m going to ask you to pick one manual that you would like spend the next hour looking at more closely. Then, we will break into small groups. Each group will review one manual and should have from three to eight people.

### Instructions for the Group Process

1. Each group will choose a facilitator, time keeper and recorder.
  - The facilitator will read questions from a handout provided and will lead the group’s discussion.
  - The time keeper will keep the group on track by allotting time for each question.
  - The recorder will record information about the discussion on a *Recording Sheet 1* provided. This person will also deliver a brief report about your discussion to the whole group after the group activity is finished.

### **Remember**

*Use the facilitator’s script in Modules II-X as a basis to develop your own presentation.*

*This script is not intended to be read aloud, word-for-word.*

## Module V: Facilitator's Script Continued

2. After breaking into small groups, each person will take the first 10-15 minutes to scan the manual individually.
  - Note the table of contents.
  - Flip through the manual to discover how the material is organized.
  - Look at the sections that are of interest to you carefully. Check to see if there are tools, activities or information that you could use in your work.
  - If relevant, examine the appendices to see if additional tools are included in the manual.
3. After 15 minutes of individual review, begin your group discussion. You will have about an hour for this activity.
4. The last 15 minutes before the lunch break, we'll have brief two-minute reports from each group's recorder.



### **Handouts**

*Samples of all the handouts for this small group activity can be found at the end of this Module.*

*Electronic versions of the handouts are provided on the CD-Rom at the front of this notebook.*

*You'll need to adapt each of these forms to match the needs of your own workshop.*

## Steps for Creating Breakout Groups

Now we are ready to break into our small groups.

### TASK

1. Hold up each manual individually and ask the question to the right.
2. From the participants who raise their hands, randomly pick a “convener.” This is someone who will pull that group together at his/her table or a designated breakout room.
3. A minimum of three participants are needed for each break-out group. If there are more than eight people who want to review the same manual, split them into two separate groups.
4. You can do this step yourself, or have members of your planning team do it. Visit each group and hand out the instructions and questions. Also give the recorder the *Recording Sheet 1* that corresponds with the manual being reviewed by that group.

### SCRIPT

Will each person that is interested in reviewing (insert title of manual), please raise your hand.

Will those interested in this manual please gather at (insert room name or table name).





## BEST PRACTICES IN ADDICTION TREATMENT SMALL GROUP INSTRUCTIONS

1. Choose a facilitator, time keeper and recorder for your group.
  - The facilitator will read the questions on the *Small Group Discussion Questions Sheet* provided and then lead the group discussion.
  - The time keeper will keep the group on track by allotting time for each question.
  - After the group brainstorms for a while, the recorder will record a consensus of the discussion on the *Recording Sheet* provided. (See the *Recording Sheet* for questions on which the group should reach consensus.)
2. Each member of the group should take the first 10-15 minutes allotted to scan the manual individually.
  - Note the table of contents.
  - Flip through the manual to discover how the material is organized.
  - Look at the sections that are of interest to you carefully. Check to see if there are tools, activities or information that you could use in your work?
  - If relevant, examine the appendices to see if additional tools are included.
3. After 15 minutes of individual review, the facilitator should begin the group discussion. Start with the first question on the *Small Group Discussion Questions Sheet*. The facilitator needs to make sure that all group members have an opportunity to contribute to the discussion about each question.
4. The time keeper needs to watch the time, and help the facilitator keep the discussion moving in order to cover all four questions.
5. After your group has brainstormed these questions for a while, have your group reach consensus about the questions listed on the *Recording Sheet*. The group's recorder should document the group's answers. Write neatly, as each recorder may be responsible for a brief report back to the larger group after the small group activity is finished.



## BEST PRACTICES IN ADDICTION TREATMENT

### SMALL GROUP DISCUSSION 1

#### QUESTIONS

The goal of this activity is for you to become familiar with an evidence-based practice manual, and to discuss your perspective about the contents of that manual with your peers. In particular, please provide your opinion about whether all or part of the manual you are reviewing could be assimilated into your current work. Your group's recorder will be responsible for sharing a brief report of your discussion with the larger group after this activity is finished.

**Begin your group discussion by brainstorming the following questions.**

1. What features of this manual do you especially like?
2. Which tools or activities could you use in your work?
3. What is missing from the manual that would help you integrate this material into your work?
4. What preparations would you and/or your agency need to make in order for you to implement this intervention or strategy in your work?

**After you have brainstormed these questions for a while, have your group reach consensus about the questions listed on the *Recording Sheet*. The group's recorder should document the group's answers.**



## BEST PRACTICES IN ADDICTION TREATMENT

### RECORDING SHEET 1

**Manual:** \_\_\_\_\_

**After your group has brainstormed for a while, have your group reach consensus about the following questions. The group's recorder should neatly document your answers for a report back to the larger group.**

1. Which two features of the manual were considered most valuable by your group?

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2. Which two tools/activities in the manual could be especially useful with clients in a treatment setting?

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3. Name one key thing your group feels is missing from this manual.

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4. On a scale of 1-10, ask your group to rate the likelihood of using information from this manual in their treatment setting.

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# **Module VI:** **Facilitated** **Two-Minute** **Group Reports**

## Best Practices in Addiction Treatment

- 8:30 WELCOME**
- Introductions (*presenters, hosts, special guests*)
  - Announcements and complete forms (*evaluation and continuing education*)
  - Review objectives and agenda
- 
- 8:45 INTRODUCTION TO EVIDENCE-BASED PRACTICES IN ADDICTION TREATMENT**
- Evidence-based practices: What are they and why consider using them?
  - How do we identify evidence-based practices worth considering?
  - Components of a comprehensive addiction treatment program
  - The role of practice manuals within a treatment setting
- 
- 9:30 EVIDENCE-BASED PRACTICES: A REVIEW OF THE MANUALS**
- (List manual title here.)*
  - (List manual title here.)*
  - (List manual title here.)*
  - (List manual title here.)*
- 
- 10:00 BREAK**
- 
- 10:20 INTRODUCTION TO A SMALL GROUP ACTIVITY**
- Participants divide into small groups.
- 
- 10:30 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 11:45 FACILITATED TWO-MINUTE REPORTS FROM SMALL GROUPS**
- General session reconvenes and break-out groups report.
- 
- 12:00 LUNCH**
- 
- 1:15 LARGE GROUP BRAINSTORMS A RESPONSE TO THE FOLLOWING QUESTION**
- What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?
- 
- 1:30 ISSUES IN IMPLEMENTING INNOVATIONS**
- Principles, steps and activities for adopting innovative practices
  - A case study: Implementing an evidence-based practice in a real treatment setting
  - Audience question and answer period
- 
- 2:30 BREAK**
- 
- 2:50 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 4:00 LARGE GROUP DEBRIEFING**
- What have we learned about implementing evidence-based practices?
- 
- 4:20 EVALUATION**



## Module VI: Facilitated Two-Minute Group Reports

This Module is very brief and describes the process the facilitator should use to guide the reports from each group's recorder. It is very important to keep this portion of the workshop moving — particularly if the number of participants is over 60-70. Each recorder will be given two minutes to report on their group's discussion.

**The shortness of this Module does not diminish its importance, however.** Because each participant only gets to review two manuals, it is important for everyone to hear what their peers think about the value of the other manuals being reviewed.

### How to Guide the Reports

1. Ask all of the recorder's to raise their hands.
2. Determine if there was more than one group reviewing the same manual. If so, group these recorders together to deliver their reports.
3. Ask each recorder to stand and report on the four questions listed on the *Recording Sheet 1* in order.
4. Caution reporters that they have only two minutes to share their group's response to the manual.
5. Strictly limit each person's presentation time to two minutes.
6. Repeat this process for each manual, one at a time.



**Time frame:  
15 minutes**



### *Hint*

*Have a planning team member collect all of the Recording Sheets after the group reports are finished.*

*These can be used later to assess the effectiveness of the small group activity.*



## Module VI: Facilitator's Script for Organizing the Group Reports

### Purpose of This Activity

The purpose of this activity is to hear what your peers think about the four manuals being reviewed today. Because you will only have an opportunity to review two manuals, these reports will give you important information about the potential value of the manuals you are not reviewing personally.

This activity is only 15 minutes long. Therefore, it is important to have each report be focused and time-limited. Each group's recorder will only be given two minutes to present your group's answers to the questions listed on the *Recording Sheet 1*.

After each recorder is finished reporting, will you please give your *Recording Sheets* to **(insert the name of the team member that will be collecting the *Recording Sheets*)**.

#### **Remember**

*Use the facilitator's script in Modules II-X as a basis to develop your own presentation.*



# **Module VII:** **A Brainstorming** **Session**

## Best Practices in Addiction Treatment

- 8:30 WELCOME**  
 a. Introductions (*presenters, hosts, special guests*)  
 b. Announcements and complete forms (*evaluation and continuing education*)  
 c. Review objectives and agenda
- 
- 8:45 INTRODUCTION TO EVIDENCE-BASED PRACTICES IN ADDICTION TREATMENT**  
 a. Evidence-based practices: What are they and why consider using them?  
 b. How do we identify evidence-based practices worth considering?  
 c. Components of a comprehensive addiction treatment program  
 d. The role of practice manuals within a treatment setting
- 
- 9:30 EVIDENCE-BASED PRACTICES: A REVIEW OF THE MANUALS**  
 a. (*List manual title here.*)  
 b. (*List manual title here.*)  
 c. (*List manual title here.*)  
 d. (*List manual title here.*)
- 
- 10:00 BREAK**
- 
- 10:20 INTRODUCTION TO A SMALL GROUP ACTIVITY**  
 - Participants divide into small groups.
- 
- 10:30 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**  
 - Participants self-select a manual to review.
- 
- 11:45 FACILITATED TWO-MINUTE REPORTS FROM SMALL GROUPS**  
 - General session reconvenes and break-out groups report.
- 
- 12:00 LUNCH**
- 
- 1:15 LARGE GROUP BRAINSTORMS A RESPONSE TO THE FOLLOWING QUESTION**  
 - What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?
- 
- 1:30 ISSUES IN IMPLEMENTING INNOVATIONS**  
 a. Principles, steps and activities for adopting innovative practices  
 b. A case study: Implementing an evidence-based practice in a real treatment setting  
 c. Audience question and answer period
- 
- 2:30 BREAK**
- 
- 2:50 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**  
 - Participants self-select a manual to review.
- 
- 4:00 LARGE GROUP DEBRIEFING**  
 - What have we learned about implementing evidence-based practices?
- 
- 4:20 EVALUATION**



## Module VII: A Brainstorming Session

This Module is also very short, but serves several purposes. Upon returning from lunch, participants need an activity that brings them back to the subject matter at hand and is “light” in content. This brainstorming session does just that.

It also serves as a bridge from the last question they dealt with in their small group reports, and sets up the next presentation which will focus on the issues faced when implementing scientific innovations in a treatment setting.

The workshop facilitator needs to ask the following question, and then have the group quickly brainstorm some responses.

### Question

***What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?”***



**Time frame:  
15 minutes**



### ***Hint***

*Have a member of the planning team, or a volunteer from the audience record responses on a flip chart.*

*Then tape the pages around the room for future discussion.*



## Module VII: Facilitator's Script for the Brainstorming Activity

### Purpose of This Activity

Now we are going to have a short brainstorming session. The purpose of this activity is to help you think about HOW you might incorporate some of the concepts you reviewed in the manuals into your own practice settings.

I'd like you to tell me quickly, what steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?

### *Remember*

*Use the facilitator's script in Modules II-X as a basis to develop your own presentation.*

*This script is not intended to be read aloud, word-for-word.*





# **Module VIII:** **Issues in** **Implementing** **Innovations**

## Best Practices in Addiction Treatment

- 8:30 WELCOME**  
 a. Introductions (*presenters, hosts, special guests*)  
 b. Announcements and complete forms (*evaluation and continuing education*)  
 c. Review objectives and agenda
- 
- 8:45 INTRODUCTION TO EVIDENCE-BASED PRACTICES IN ADDICTION TREATMENT**  
 a. Evidence-based practices: What are they and why consider using them?  
 b. How do we identify evidence-based practices worth considering?  
 c. Components of a comprehensive addiction treatment program  
 d. The role of practice manuals within a treatment setting
- 
- 9:30 EVIDENCE-BASED PRACTICES: A REVIEW OF THE MANUALS**  
 a. (*List manual title here.*)  
 b. (*List manual title here.*)  
 c. (*List manual title here.*)  
 d. (*List manual title here.*)
- 
- 10:00 BREAK**
- 
- 10:20 INTRODUCTION TO A SMALL GROUP ACTIVITY**  
 - Participants divide into small groups.
- 
- 10:30 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**  
 - Participants self-select a manual to review.
- 
- 11:45 FACILITATED TWO-MINUTE REPORTS FROM SMALL GROUPS**  
 - General session reconvenes and break-out groups report.
- 
- 12:00 LUNCH**
- 
- 1:15 LARGE GROUP BRAINSTORMS A RESPONSE TO THE FOLLOWING QUESTION**  
 - What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?
- 
- 1:30 ISSUES IN IMPLEMENTING INNOVATIONS**  
 a. Principles, steps and activities for adopting innovative practices  
 b. A case study: Implementing an evidence-based practice in a real treatment setting  
 c. Audience question and answer period
- 
- 2:30 BREAK**
- 
- 2:50 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**  
 - Participants self-select a manual to review.
- 
- 4:00 LARGE GROUP DEBRIEFING**  
 - What have we learned about implementing evidence-based practices?
- 
- 4:20 EVALUATION**



## Module VIII: Issues in Implementing Innovations

Content in this Module is focused on the issues and challenges professionals face when implementing new innovations in treatment settings. This Module is divided into three distinct parts.

**Time frame:**  
**1 hour for**  
**Parts A, B & C**



### Part A

The first part of this Module is a presentation by the facilitator which gives an in-depth review of systems change, barriers to change and key elements of *The Change Book: A Blueprint for Technology Transfer*. This presentation is designed to help participants understand that change is a process.

**Accompanying  
Powerpoint  
Presentation**

### Part B

At the conclusion of the facilitator's presentation, another person will present a case study about implementing a successful technology transfer initiative (i.e., applying an evidence-based practice in a treatment setting). The case study portion of the workshop is designed to show participants that change is required at multiple levels within an organization for successful adoption of a new practice to occur.

**Implementing  
Evidence-Based  
Practices**  
*is the PowerPoint  
presentation that  
accompanies  
this Module.*

Part B of this guide also provides an outline for what the case study presenter should include in his/her presentation. A template is provided on the enclosed CD-Rom. The case study portion of the PowerPoint begins about halfway through the presentation called *Implementing Evidence-Based Practices*.

*A template can be  
found on the  
enclosed CD-Rom.*

*Please adapt the  
presentation for  
your needs*



## Module VIII: Issues in Implementing Innovations

### Part C

After the case study presenter has finished, the facilitator needs to quickly recap the case study for the audience, and then allow participants time to ask questions. It is important to watch the clock, however, to make sure there is time for the remainder of the workshop agenda.

#### ***Remember***

*In addition to the facilitator, a second presenter is needed to present the case study during Module VIII.*





# Module VIII: Part A – Facilitator’s Script for Issues in Implementing Innovations

## Purpose of This Presentation

Adopting evidence-based practices in treatment settings imposes burdens and requires change. Most people find comfort and a sense of confidence in the “tried-and-true” — in doing things the way they have always been done. The purpose of this presentation is to acknowledge these burdens and give you a sense of comfort with the change process.

Time frame:  
Part A –  
15 minutes

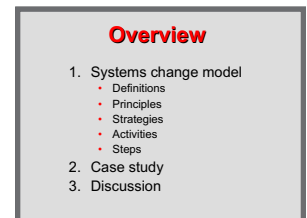
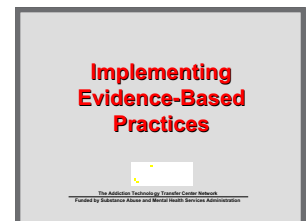


Next, we are going to talk about **implementing** evidence-based practices. I will share information from *The Change Book: A Blueprint for Technology Transfer (The Change Book)*. This publication was written by the ATTC Network for agencies to use when planning how to incorporate new practices into their treatment design. It takes into account policies, procedures, staff skills and the impact of the desired change on clients.

## Corresponding Slide(s) ▼

*The Change Book* can help agencies address many of the issues related to implementing change initiatives, and can help prevent some of the unforeseen “road blocks” that often occur.

We will discuss the principles, strategies, activities and steps that make up a comprehensive change strategy. We’ll go through all of these concepts very quickly, however, so we can leave as much time as possible to hear a real example of implementing an evidence-based practice in a treatment setting. Then, we’ll have a brief question and answer period.



## How Do We Implement New Practices?

Ultimately, we want to improve treatment outcomes by changing behavior — both staff and client behavior. So how do we move science-based methods into real-life practice settings?

We've learned that in order to make change “stick,” there must be a continuous, bi-directional, multi-dimensional process. Change requires a comprehensive strategy.

### What Does a Comprehensive Change Strategy Include?

- Agency policies must accommodate the new innovation.
- System administrators must be supportive of the desired change.
- Agency directors must be willing to support the change in terms of staff time, resources, equipment, etc.
- Clinical supervisors must be knowledgeable enough about the new innovation to provide support, education and training for staff to consistently implement it.
- There must be opinion leaders who “buy in” to the change process. (Opinion leaders are people who other staff go to for advice, information sharing, consultation, etc. They may be directors, supervisors or peers.)
- There must be skilled service providers who recognize a need for change.
- There must be opportunities for staff and clients to provide bi-directional feedback. (These are often the people required to do most of the changing, so their input and support is very important.)

#### A Comprehensive Strategy Includes

- Policies that accommodate evidence-based practices
- Supportive system administrators
- Willing agency directors
- Skilled clinical supervisors
- Opinion leaders who are convinced
- Skilled service providers
- Opportunities for staff/client input



## Barriers to the Change Process

It is important to be aware of barriers that can prevent change initiatives from being implemented successfully by everyone involved. These barriers need to be considered early when developing plans. If barriers are examined up front, the change process typically goes more smoothly.

### Barriers Can Include

- Administrative philosophy
- Organizational policy
- System structure
- Unclear literature
- Agency staff
- Client population

### Some Examples of Barriers

- Administrative philosophy
- Policies
- System structure
- Unclear information describing the change
- Staff opinion about the change
- Impact of the change on clients

## So How Do You Decide What to Do?

As I mentioned previously, *The Change Book* offers direction for getting the change process started. It discusses the principles of change, strategies for how to go about making change, specific activities to use in engaging stakeholders, and some concrete steps to get started.

So, how do you decide what to do?

### The Change Book

- Principles
- Strategies
- Activities
- Steps



## Principles of Change

Certain principles must be incorporated into any change process for successful adoption of a new practice to occur. The following definitions are taken directly from *The Change Book*. Change initiatives must be:

### Relevant

The technology in question must have obvious, practical application.

### Timely

Recipients must acknowledge the need for this technology now or in the very near future.

### Clear

The language and process used to transfer the technology must be easily understood by the target audience.

### Credible

The target audience must have confidence in the proponents/sources of the technology.

### Multifaceted

Technology transfer requires a variety of activities and formats suited to the various targets of change.

### Continuous

The new behavior must be continually reinforced at all levels until it becomes standard and then is maintained as such.

### Bi-directional

From the beginning of the change initiative, individuals targeted for change must be given opportunities to communicate directly with plan implementers.

### Change Initiatives Must Be

- Relevant
- Clear
- Multifaceted
- Bi-directional
- Timely
- Credible
- Continuous

*The Principles*





## Module VIII: Facilitator's Script Continued

Corresponding Slide(s) ▼

### Make Sure the Last Three Principles Receive Enough Attention

**Multifaceted** refers to people learning in different ways. Some people learn well from training; others learn from reading, and still others learn from person-to-person practice. Adoption of a new innovation seldom occurs when only one activity, such as training, is employed. Therefore, it is important to remember that a variety of activities may be needed to successfully create a change in practice.

**Continuous** refers to supporting the change initiative for an extended period of time. Some change requires a fundamental shift in how one's work is conceptualized and executed. New practices are sometimes in direct conflict with practices that have been used for a long time. It is important to remember that many change initiatives will take considerable time to implement and maintain.

**Bi-directional communication** refers to providing staff at all levels (and clients) with opportunities to provide input and feedback about how new practices will be implemented and maintained. This should be an ongoing dialogue.

#### Don't Forget the Last Three

- Multifaceted
- Continuous
- Bi-directional

*The Principles*



## A Blueprint for Change

Here then, is a blueprint for developing a change initiative. It includes the ten steps one might use to implement new innovations. It may seem that these steps will lengthen the change process, but they add a measure of assurance that the process your agency undertakes will accomplish the desired goals.

### 10 Steps of Effective Change Initiatives

- 1. Identify the problem** — don't jump to the solution before you have adequately identified the problem. Consider these questions: What specifically is the issue? Whose issue is it? What factors contribute to this issue?
- 2. Decide who will be involved in planning the change initiative?** Organizing a team that represents all sectors of your agency will enrich the change plan and minimize potential failure.
- 3. Determine what the desired outcome is?** If your change initiative is successful, what will be different in your agency?
- 4. Assess your organization's readiness for change and the potential barriers to success.** This will help you know what needs to be done to prepare for the change initiative.
- 5. Identify who will need to change within the organization** — administrative staff, line staff, supervisors, clients? How will these target audiences respond to the requested change? Decide how to increase their likelihood of accepting the process?

**Creating Your Blueprint**  
*The Ten Steps*

### Ten Steps of Effective Change Initiatives

1. Identify the problem
2. Organize a team
3. Identify an outcome
4. Assess your organization
5. Assess your audience

*The Steps*

## Remember

*The steps add a measure of assurance that the change process your agency undertakes will accomplish the desired goals.*



## Module VIII: Facilitator's Script Continued

### Corresponding Slide(s) ▼

6. **Identify the approach to use.** Investigate available options. Find out what other agencies in similar situations have done. See what the practice literature says.
7. **Design action and maintenance plans that best fit the needs of your agency.**
8. **Implement your plan for change.**
9. **Evaluate the change plan.** Gather data that shows whether the desired goals are being met or not.
10. **Revise and continuously improve your change plan.**

#### Ten Steps of Effective Change Initiatives

6. Identify the approach
7. Design action and maintenance plans
8. Implement the plans
9. Evaluate your plans
10. Revise your plans

*The Steps*

Agency directors often say they have attempted change initiatives by starting at step seven or eight. Often when they examine these steps comprehensively, they realize what went wrong.

### What Activities Are Required to Implement Change?

- See if policy and procedures permit the desired change to occur.
- Make sure managers/directors are supportive of the change effort.
- Use bi-directional communication to include all levels of staff in the change process. Give them multiple opportunities to provide input and feedback.
- Make sure opinion leaders at a variety of levels support the change initiative.

#### Types of Activities

- Administrative/structural
- Bi-directional dialogue
- Information dissemination
- Education
- Person to person
- Evaluation



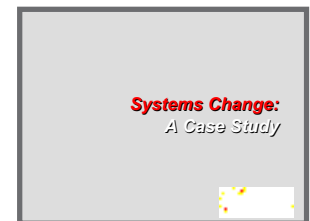
## Module VIII: Facilitator's Script Continued

### Corresponding Slide(s) ▼

- Determine how to distribute information about the change initiative to staff (i.e., company newsletter, e-mail, memos, flyers in the break room, etc.).
- Determine what kind of education and training need to be provided for staff. Think about how to accommodate different learning styles. Determine if person-to-person support, mentoring or supervision are needed in addition to traditional training.
- Determine how to evaluate the change initiative. It is important to develop an evaluation plan at the outset to see if appropriate goals are being achieved along the way.

### A Case Study

With that as an introduction, I would like to introduce (fill-in case study presenter's name), who will present a brief case study about implementing a real change initiative.



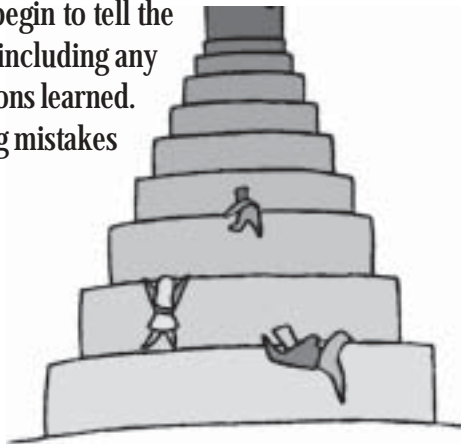
## Module VIII: Part B – A Case Study

Because each case study presentation will be different, a script for this portion of the workshop is not included in this facilitator's guide. It will be up to each case study presenter to develop his/her own presentation. However, tips for what to include in the case study presentation are listed below. In addition, sample slides are included in the *Implementing Evidence-Based Practices* PowerPoint presentation on the enclosed CD-Rom. The case study portion begins about half-way through the presentation.

### What to Include in the Case Study Presentation

The case study presentation needs to tell participants about a real change initiative that was successfully implemented in a treatment setting. The presenter's first slide should introduce the agency: include the agency name, who the agency serves, its size and any other relevant characteristics.

The presenter should then begin to tell the story of the change process including any mistakes, successes and lessons learned. Also include tips for avoiding mistakes in future change initiatives.



Time frame:  
Part B –  
30 minutes



### Hint

*Make sure the case study presenter is organized and uses humor throughout his/her presentation.*

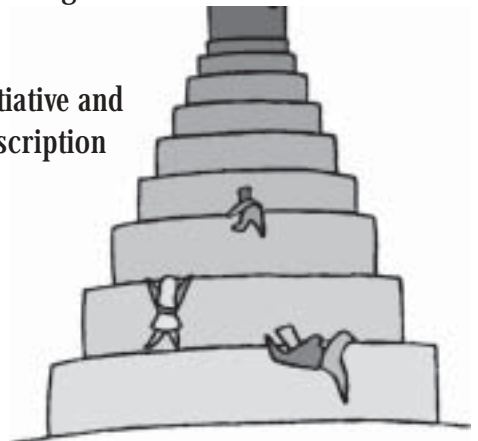
*At this portion of the workshop, humor and wit will help keep participants engaged.*



## Module VIII: Part B – A Case Study (Continued)

### Include the Ten Steps

1. Explain how staff identified the problem to be addressed. Include information about how they knew it was a problem. Provide data to help describe the problem. Outline who was involved in identifying the problem, etc.
2. Discuss who was involved in determining a solution.
3. Explain the desired outcome of the change initiative.
4. Describe the kinds of things that were done to assess the organization's readiness for change and what the potential barriers were to the change process.
5. Discuss who was required to make a change — clients, staff or both.
6. Explain how stakeholders identified the approach to be implemented.
- 7-8. Include a brief discussion about the agency's action plan, how staff implemented that plan and maintained the change initiative.
9. Describe the agency's evaluation plan for the change initiative — what worked and didn't work.
10. Did staff get a chance to revise the change initiative and improve the process? If so, provide a brief description of how this worked.





## Module VIII: Part C – Question and Answer Session

### Back to the Facilitator

Following the case study presentation, the facilitator will lead a brief question and answer session with the audience. It is important to give participants an opportunity to ask questions. Typically, they have a great deal of interest in the case study agency's process and lessons learned. Keep an eye on the clock, however, to allow enough time for the remainder of the workshop schedule to be completed.

Time frame:  
Part C –  
15 minutes



## Module VIII: Facilitator's Script for Getting the Q&A Session Started

Let's summarize what we have learned from **(insert case study presenter's name)** experience and what we know about change initiatives.

**(Facilitator should quickly recap the lessons learned in the case study.)**

*Corresponding  
Slide(s) ▼*



### Typical Lessons Learned

- Assess and address staff and organizational readiness for change.
- Check the assumptions of all stakeholders at the outset of the change process.
- Secure staff buy-in early.
- Implement a change design that is tailored to the realities of the agency.
- Develop a comprehensive plan that is sufficient to accomplish the desired objectives.
- Have an on-site “champion” for the process.

#### Knowledge Adoption – Lessons Learned

- Assess and address staff and organizational readiness for change
- Check assumptions of all stakeholders as project begins
- Secure staff buy-in

#### Knowledge Adoption – Lessons Learned

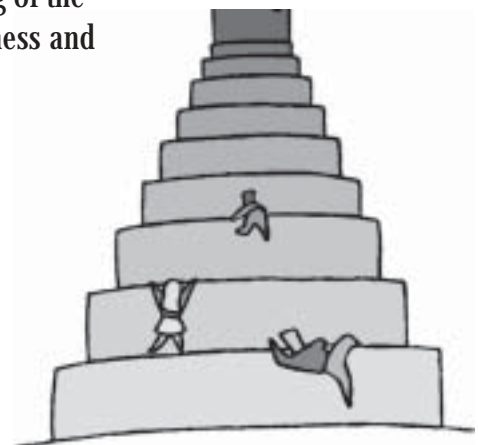
- Utilize researcher and provider collaboration throughout the project
- Implement a design tailored to the realities of the agency
- Develop a plan sufficient to accomplish your objectives
- Have an on-site champion

### Final Tips

- No systems change can occur without a process.
- Effective change strategies are multifaceted, bi-directional and continuous.
- Make sure all stakeholder groups are represented in decision-making about the change process. This will facilitate buy-in and adoption of the desired change.
- Continuous promotion, training and mentoring of the desired practice will build top-of-mind awareness and consistent use of the new innovation by staff.

#### Final Tips

- No system change works without a process
- Effective strategies are multi-faceted, bi-directional and continuous
- Representation of all stakeholder groups in decision-making facilitates buy-in and adoption
- Continuous promotion, training and mentoring builds top-of-mind awareness and consistent use





# **Module IX:** **Small Group Examination of Second Evidence-Based Practice Manuals**

## Best Practices in Addiction Treatment

- 8:30 WELCOME**  
 a. Introductions (*presenters, hosts, special guests*)  
 b. Announcements and complete forms (*evaluation and continuing education*)  
 c. Review objectives and agenda
- 
- 8:45 INTRODUCTION TO EVIDENCE-BASED PRACTICES IN ADDICTION TREATMENT**  
 a. Evidence-based practices: What are they and why consider using them?  
 b. How do we identify evidence-based practices worth considering?  
 c. Components of a comprehensive addiction treatment program  
 d. The role of practice manuals within a treatment setting
- 
- 9:30 EVIDENCE-BASED PRACTICES: A REVIEW OF THE MANUALS**  
 a. (*List manual title here.*)  
 b. (*List manual title here.*)  
 c. (*List manual title here.*)  
 d. (*List manual title here.*)
- 
- 10:00 BREAK**
- 
- 10:20 INTRODUCTION TO A SMALL GROUP ACTIVITY**  
 - Participants divide into small groups.
- 
- 10:30 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**  
 - Participants self-select a manual to review.
- 
- 11:45 FACILITATED TWO-MINUTE REPORTS FROM SMALL GROUPS**  
 - General session reconvenes and break-out groups report.
- 
- 12:00 LUNCH**
- 
- 1:15 LARGE GROUP BRAINSTORMS A RESPONSE TO THE FOLLOWING QUESTION**  
 - What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?
- 
- 1:30 ISSUES IN IMPLEMENTING INNOVATIONS**  
 a. Principles, steps and activities for adopting innovative practices  
 b. A case study: Implementing an evidence-based practice in a real treatment setting  
 c. Audience question and answer period
- 
- 2:30 BREAK**
- 
- 2:50 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**  
 - Participants self-select a manual to review.
- 
- 4:00 LARGE GROUP DEBRIEFING**  
 - What have we learned about implementing evidence-based practices?
- 
- 4:20 EVALUATION**



## Module IX: Small Group Examination of Second Evidence-Based Practice Manuals

This Module is primarily a repeat of the earlier small group manual review session. It corresponds with the small group activity directly following the afternoon break on the workshop agenda.

The facilitator should repeat the small group process from the morning. This time, participants should focus their discussion on the strengths of each manual and the issues that might accompany its implementation in an agency. **Participants are encouraged to spend a significant portion of their discussion time on implementation issues.**

### Corresponding Handouts

Like in the previous manual review session, there are three accompanying handouts for this Module. They are called: *Small Group Instruction Sheet*, *Small Group Discussion 2 - Questions* and *Recording Sheet 2*. Samples of each of these handouts are provided at the end of this Module, and electronic versions of the handouts are available at the front of this facilitator's guide on the enclosed CD-Rom. Please modify these forms as needed for your own workshop. **Specifically, a *Recording Sheet 2* will need to be made for each manual being reviewed.**

Time frame:  
1 hour and  
10 minutes



### *Hint*

*Have a planning team member collect all of the Recording Sheets after the group activity is finished.*

*These can be used later to assess the effectiveness of the small group activity.*



## Module IX: A Quick Recap of the Manuals

### Quickly Review Each of the Manuals

Before the second small group activity begins, the facilitator should quickly provide a recap of what each of the four manuals is about so participants can decide which one they would like to review during this small group activity. Show the slide that lists all of the manuals from Module IV, and quickly highlight key points about each manual with one or two sentences.

## Module IX: Facilitator's Script for Quickly Recapping the Manuals

Before we begin our second small group activity, I will quickly recap some key points about each of the four manuals we are reviewing today. In a few moments, you'll need to decide which manual you are most interested in reviewing and discussing. **(The facilitator should now show the slide listing all four manuals, and provide one or two sentences about each to jog participants' memories about the content and key components of each manual.)**

### *Hint*

*Show the first slide (that lists all the manuals being reviewed) from the presentation that accompanies Module IV.*



## Module IX: Facilitator's Script for Getting the Small Group Activity Started

### Goal of This Activity

Now that we all remember the most important aspects of each manual, I want to remind you that as with the morning review session, the goal of this activity is for each of you to become familiar with an evidence-based practice manual. You'll be discussing your perspective about the contents of that manual with other workshop participants. In particular, please share your opinions about whether all or part of the manual you are reviewing could be assimilated into your current work and what the implementation issues might be.

### Instructions for the Group Process

Before we break into our groups, I'll briefly recap the instructions for the small group process.

1. Each group will choose a facilitator, time keeper and recorder.
  - The facilitator will read questions from the handout provided and will lead the group's discussion.
  - The time keeper will keep the group on track by allotting time for each question.
  - The recorder will record information about the discussion on a *Recording Sheet* provided.



### **Remember**

*Use the facilitator's script in Modules II-X as a basis to develop your own presentation.*

*This script is not intended to be read aloud, word-for-word.*

## Module IX: Facilitator's Script Continued

2. After breaking into small groups, each person will take the first 10-15 minutes to scan the manual individually.
  - Note the table of contents.
  - Flip through the manual to discover how the material is organized.
  - Look at the sections that are of interest to you carefully. Check to see if there are tools, activities or information that you could use in your work?
  - If relevant, examine the appendices to see if additional tools are included in the manual.
3. After 15 minutes of individual review, begin your group discussion. Focus your discussion on the strengths of your manual and the issues that might accompany its implementation in an agency.



### **Handouts**

*Samples of all the handouts for this small group activity can be found at the end of this Module.*

*Electronic versions of the handouts are provided on the CD-Rom at the front of this notebook.*

*You'll need to adapt these forms for your own workshop.*

## Steps for Creating Breakout Groups

Now we are ready to break into our small groups.

### TASK

1. Hold up each manual individually and ask the question to the right.

### SCRIPT

Will each person that is interested in reviewing (**insert title of manual**), please raise your hand.

2. From the participants who raise their hands, randomly pick a "convener." This is someone who will pull that group together at his/her table or a designated breakout room.

Will those interested in this manual please gather at (**insert room name or table name**).

3. Three to eight participants are needed for each breakout group. If there are more than eight people who want to review the same manual, split them into two separate groups.

4. You can do this step yourself, or have members of your planning team do it. Visit each group and hand out the instructions and questions. Also give the recorder the *Recording Sheet 2* that corresponds with the manual being reviewed by that group.





## BEST PRACTICES IN ADDICTION TREATMENT SMALL GROUP INSTRUCTIONS

1. Choose a facilitator, time keeper and recorder for your group.
  - The facilitator will read the questions on the *Small Group Discussion Questions Sheet* provided and then lead the group discussion.
  - The time keeper will keep the group on track by allotting time for each question.
  - After the group brainstorms for a while, the recorder will record a consensus of the discussion on the *Recording Sheet* provided. (See the *Recording Sheet* for questions on which the group should reach consensus.)
2. Each member of the group should take the first 10-15 minutes allotted to scan the manual individually.
  - Note the table of contents.
  - Flip through the manual to discover how the material is organized.
  - Look at the sections that are of interest to you carefully. Check to see if there are tools, activities or information that you could use in your work?
  - If relevant, examine the appendices to see if additional tools are included.
3. After 15 minutes of individual review, the facilitator should begin the group discussion. Start with the first question on the *Small Group Discussion Questions Sheet*. The facilitator needs to make sure that all group members have an opportunity to contribute to the discussion about each question.
4. The time keeper needs to watch the time, and help the facilitator keep the discussion moving in order to cover all four questions.
5. After your group has brainstormed these questions for a while, have your group reach consensus about the questions listed on the *Recording Sheet*. The group's recorder should document the group's answers. Write neatly, as each recorder may be responsible for a brief report back to the larger group after the small group activity is finished.



## BEST PRACTICES IN ADDICTION TREATMENT

### SMALL GROUP DISCUSSION 2

#### QUESTIONS

The goal of this second small group discussion is a little different from the first. This is an opportunity to become familiar with a second evidence-based practice manual, and to discuss its merits and relevance to your work. In addition, please consider how your agency might proceed with adopting and using this approach, activity or intervention on a regular basis.

**Start your group discussion by brainstorming the following questions.**

1. What features of this manual do you especially like?
2. Which tools or activities could you use in your work?
3. What steps would you suggest your agency take to adopt and implement this strategy?
4. What barriers or difficulties would you anticipate and how could you minimize or overcome them?
5. What outside resources, training or technical assistance would you need to ensure successful adoption and implementation of this strategy?

**After you have brainstormed these questions for a while, have your group reach consensus about the questions listed on the *Recording Sheet*. The group's recorder should document the group's answers.**



## BEST PRACTICES IN ADDICTION TREATMENT

### RECORDING SHEET 2

**Manual:** \_\_\_\_\_

**After your group has brainstormed for a while, have your group reach consensus about the following questions. The group's recorder should neatly document your answers.**

1. Which two features of the manual were considered most valuable by your group?

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2. Which three steps or actions did your group think were most important to the successful adoption and implementation of this strategy or intervention?

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3. What were the two most frequently mentioned barriers to adopting the best features of this strategy?

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4. What were the most frequently cited outside resources or technical assistance that would be needed to ensure successful implementation of this strategy?

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## **Module X:**

# **What Have We Learned About Implementing Evidence-Based Practices?**



## Best Practices in Addiction Treatment

- 8:30 WELCOME**
- Introductions (*presenters, hosts, special guests*)
  - Announcements and complete forms (*evaluation and continuing education*)
  - Review objectives and agenda
- 
- 8:45 INTRODUCTION TO EVIDENCE-BASED PRACTICES IN ADDICTION TREATMENT**
- Evidence-based practices: What are they and why consider using them?
  - How do we identify evidence-based practices worth considering?
  - Components of a comprehensive addiction treatment program
  - The role of practice manuals within a treatment setting
- 
- 9:30 EVIDENCE-BASED PRACTICES: A REVIEW OF THE MANUALS**
- (List manual title here.)*
  - (List manual title here.)*
  - (List manual title here.)*
  - (List manual title here.)*
- 
- 10:00 BREAK**
- 
- 10:20 INTRODUCTION TO A SMALL GROUP ACTIVITY**
- Participants divide into small groups.
- 
- 10:30 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 11:45 FACILITATED TWO-MINUTE REPORTS FROM SMALL GROUPS**
- General session reconvenes and break-out groups report.
- 
- 12:00 LUNCH**
- 
- 1:15 LARGE GROUP BRAINSTORMS A RESPONSE TO THE FOLLOWING QUESTION**
- What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?
- 
- 1:30 ISSUES IN IMPLEMENTING INNOVATIONS**
- Principles, steps and activities for adopting innovative practices
  - A case study: Implementing an evidence-based practice in a real treatment setting
  - Audience question and answer period
- 
- 2:30 BREAK**
- 
- 2:50 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 4:00 LARGE GROUP DEBRIEFING**
- What have we learned about implementing evidence-based practices?
- 
- 4:20 EVALUATION**



## Module X: What Have We Learned About Implementing Evidence-Based Practices?

This Module is designed to wrap up the entire workshop. It corresponds with the last activity before evaluation on the workshop agenda. It is designed to guide the facilitator through a review of the workshop objectives. It also includes an open-ended discussion of what participants think they gained from the workshop.

**Time frame:  
20 minutes**



It is important to leave enough time at the end of the day to cover the material in this Module because it recaps the most important elements of the day for participants. As facilitator, try to gain a sense of whether or not participants got what was intended in the workshop.

Indicate that they will not be reporting on the second small group activity, but that what they learned in the second group session can be contributed during the wrap-up discussion.

The workshop facilitator may choose to move around the room and ask for volunteers to answer the questions that follow, or he/she may simply choose to recap parts of the workshop and then offer the questions as “food for thought.”



## Module X: Facilitator's Script for Wrapping Up the Day

### Purpose of This Activity

The purpose of this closing session is to wrap up the day and review the objectives for the workshop. While we will not formally report on the second small group activity, please feel free to make individual comments about what you learned during this closing discussion.

### Remember

*Use the facilitator's script in Modules II-X as a basis to develop your own presentation.*

*This script is not intended to be read aloud, word-for-word.*

### What Have We Learned Today?

Let's spend a little time talking about what we learned today.

1. Can you define the term evidence-based practice?
2. Can you describe an evidence-based model of treatment?
3. Do you feel familiar with a small portfolio of evidence-based practice manuals that have been demonstrated to improve client retention and recovery rates?
4. What did you gain from the discussions about issues relating to adapting new practices?
5. What ideas do you have for next steps at your agency?





## *Module X: Facilitator's Script Continued*

### **What Will the Future Hold?**

We hope this day has been interesting for you and that you will leave with a heightened awareness of some resources that might assist you in your work.

Our goal has not been to suggest complete change in the way treatment services are provided, but rather to consider new innovations that might improve the quality and effectiveness of our efforts. In the months and years to come, our colleagues in the research community will be sharing what they are learning about facilitating recovery in treatment settings. Those discoveries will provide us, as treatment practitioners, with new options and alternatives to consider as we strive to improve treatment outcomes. I look forward to sharing more of this information with you as it becomes available. Thanks so much for attending today.





# Evaluation and Adjournment

*Best Practices in Addiction Treatment: A Workshop Facilitator's Guide*

## Best Practices in Addiction Treatment

- 8:30 WELCOME**
- a. Introductions (*presenters, hosts, special guests*)
  - b. Announcements and complete forms (*evaluation and continuing education*)
  - c. Review objectives and agenda
- 
- 8:45 INTRODUCTION TO EVIDENCE-BASED PRACTICES IN ADDICTION TREATMENT**
- a. Evidence-based practices: What are they and why consider using them?
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- 10:00 BREAK**
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- 10:20 INTRODUCTION TO A SMALL GROUP ACTIVITY**
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- 12:00 LUNCH**
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- 1:15 LARGE GROUP BRAINSTORMS A RESPONSE TO THE FOLLOWING QUESTION**
- What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?
- 
- 1:30 ISSUES IN IMPLEMENTING INNOVATIONS**
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  - b. A case study: Implementing an evidence-based practice in a real treatment setting
  - c. Audience question and answer period
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- 2:30 BREAK**
- 
- 2:50 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 4:00 LARGE GROUP DEBRIEFING**
- What have we learned about implementing evidence-based practices?
- 
- 4:20 EVALUATION**



## Evaluation and Adjourning

### Process for Adjourning

1. The facilitator and planning team should pass out the ATTC evaluation forms and continuing education contact hour forms or certificates to participants.
2. Provide participants with any necessary explanation for completing the evaluation forms.
3. Stay near the exits to collect forms as participants leave.
4. Thank participants for their input throughout the day and for attending the workshop.





# Appendix



## Bibliography

Addiction Technology Transfer Center. (2000). *The change book: A blueprint for technology transfer*. Kansas City: Author.

Hester, R.K., & Miller, W.R. (Eds.) (1995). *Handbook of alcoholism treatment approaches: Effective alternatives*. (Second edition). Needham, MA: The Guilford Press.

Lamb, S., Greenlick, M.R., & McCarty, D. (Eds.) (1998). *Bridging the gap between practice and research: Forging partnerships with community-based and alcohol treatment*. Washington, DC: National Academy Press.

Miller, W.R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. New York: The Guilford Press.

National Institute on Drug Abuse. (1999). *Principles of drug addiction treatment: A research-based guide*. (NIH Publication No. 99-4180). Rockville, MD: Author.



# Evidence-Based Practice Materials Previously Used by Northwest Frontier ATTC

## Materials from the National Institute on Drug Abuse (NIDA)

Carroll, K.M. (1998). A cognitive-behavioral approach: Treating cocaine addiction. *Treating Cocaine Addiction – Therapy Manual 1*. (NIH Publication No. 99-4380). Rockville, MD: Author.

Budney, A. & Higgins, S. (1998). A community reinforcement plus vouchers approach. *Treating Cocaine Addiction – Therapy Manual 2*. (NIH Publication No. 98-4309). Rockville, MD: Author.

Mercer, D. & Woody, G. (1999). Individual Drug Counseling. *Treating Cocaine Addiction – Therapy Manual 3*. (NIH Publication No. 99-4380). Rockville, MD: Author.

National Institute on Drug Abuse. (1999). Principles of drug addiction treatment: A research-based guide. (NIH Publication No. 99-4180). Rockville, MD: Author.

## Materials from the National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Nowinski, J., Baker, S., & Carroll, K.M. (1992). Twelve-step facilitation therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence. NIAAA Project MATCH Monograph Series Volume 1, (NIH Publication No. 94-3722). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

Kadden, R., Carroll, K. M., Donovan, D., Cooney, N., Monti, P., Abrams, D., Litt, M., & Hester, R. (1999). Cognitive-behavioral coping skills therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence. NIAAA Project MATCH Monograph Series, Volume 3 (NIH Publication No. 94-3724). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

Carroll, K.M. (1997). Improving compliance with alcoholism treatment. NIAAA Project MATCH Monograph Series, Volume 6 (NIH Publication No. 97-4143). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.



## Evidence-Based Practice Materials Previously Used by Northwest Frontier ATTC (Continued)

### Materials from the Substance Abuse and Mental Health Services Administration (SAMHSA)/ Center for Substance Abuse Treatment (CSAT)

Center for Substance Abuse Treatment. (1998b). Comprehensive case management for substance abuse treatment. Treatment Improvement Protocol Series, Number 27. (DHHS Publication No. (SMA)98-3222). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

Center for Substance Abuse Treatment. (1999b). Enhancing motivation for change in substance abuse treatment. Treatment Improvement Protocol Series, Number 35. (DHHS Publication No. (SMA)02-3693). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

Center for Substance Abuse Treatment. (1998a). Substance abuse among older adults. Treatment Improvement Protocol (TIP) Series, Number 26. (DHHS Publication No. (SMA)98-3179). Rockville, MD: Center for Substance Abuse Treatment.

Center for Substance Abuse Treatment. (1999a). Treatment of stimulant use disorders. Treatment Improvement Protocol Series, Number 33. (DHHS Publication No. (SMA)99-3296). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

Godley, S.H., Meyers, R.J., Smith, J.E., Karvinen, T., Titus, J.C., Godley, M.D., Dent, G., Passetti, L., & Kelberg, P. (2001). The adolescent community reinforcement approach for adolescent cannabis users. Cannabis Youth Treatment Series, Volume 4 (DHHS Publication No. (SMA)01-3489). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

Liddle, H.A. (2002). Multidimensional family therapy for adolescent cannabis users. Cannabis Youth Treatment Series, Volume 5 (DHHS Publication No. (SMA)02-3660). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.



## Evidence-Based Practice Materials Previously Used by Northwest Frontier ATTC (Continued)

Sampl, S., & Kadden, R. (2001). Motivational enhancement therapy and cognitive behavioral therapy for adolescent cannabis users: 5 sessions. Cannabis Youth Treatment (CYT) Series, Volume 1 (DHHS Publication No. (SMA) 01-3846). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

Webb, C., Scudder, M., Kaminer, Y., & Kadden, R. (2002). The motivational enhancement therapy and cognitive behavioral supplement: 7 sessions of cognitive behavioral therapy for adolescent cannabis users. Cannabis Youth Treatment Series, Volume 2 (DHHS Publication No. (SMA)02-3659). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

### Materials From Other Sources

Bartholomew, N., Chatham, L.R., & Simpson, D.D. (2002). Time Out! for me: An assertiveness/sexuality workshop specially designed for women. Fort Worth, TX: Texas Christian University.

Bartholomew, N.G., & Simpson, D.D. (2002). Time Out! for men: A communications skills/sexuality workshop for men. Fort Worth, Texas: Texas Christian University.

Dansereau, D.F., Dees, S.M., Chatham, L.R., Boatler, J.F., & Simpson, D.D. (1993). Mapping new roads to recovery: Cognitive enhancements to counseling. Fort Worth, TX: Texas Christian University.

Rawson, R.A., Obert, J.L., & McCann, M.J. (1995). The matrix intensive outpatient program therapist manual. Los Angeles, CA: The Matrix Center, Inc.

Sia, T. L., Czuchry, M. L., & Dansereau, D. F. (1996). The Downward spiral of substance abuse. Copyrighted instructional game. Fort Worth: Texas Christian University.

## Best Practices in Addiction Treatment

- 8:30 WELCOME**
- a. Introductions (*presenters, hosts, special guests*)
  - b. Announcements and complete forms (*evaluation and continuing education*)
  - c. Review objectives and agenda
- 
- 8:45 INTRODUCTION TO EVIDENCE-BASED PRACTICES IN ADDICTION TREATMENT**
- a. Evidence-based practices: What are they and why consider using them?
  - b. How do we identify evidence-based practices worth considering?
  - c. Components of a comprehensive addiction treatment program
  - d. The role of practice manuals within a treatment setting
- 
- 9:30 EVIDENCE-BASED PRACTICES: A REVIEW OF THE MANUALS**
- a. (*List manual title here.*)
  - b. (*List manual title here.*)
  - c. (*List manual title here.*)
  - d. (*List manual title here.*)
- 
- 10:00 BREAK**
- 
- 10:20 INTRODUCTION TO A SMALL GROUP ACTIVITY**
- Participants divide into small groups.
- 
- 10:30 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 11:45 FACILITATED TWO-MINUTE REPORTS FROM SMALL GROUPS**
- General session reconvenes and break-out groups report.
- 
- 12:00 LUNCH**
- 
- 1:15 LARGE GROUP BRAINSTORMS A RESPONSE TO THE FOLLOWING QUESTION**
- What steps would you take to integrate the best parts of the manual you reviewed into common practice in your agency?
- 
- 1:30 ISSUES IN IMPLEMENTING INNOVATIONS**
- a. Principles, steps and activities for adopting innovative practices
  - b. A case study: Implementing an evidence-based practice in a real treatment setting
  - c. Audience question and answer period
- 
- 2:30 BREAK**
- 
- 2:50 SMALL GROUP EXAMINATION OF AN EVIDENCE-BASED PRACTICE MANUAL**
- Participants self-select a manual to review.
- 
- 4:00 LARGE GROUP DEBRIEFING**
- What have we learned about implementing evidence-based practices?
- 
- 4:20 EVALUATION**



## BEST PRACTICES IN ADDICTION TREATMENT

### OBJECTIVES

#### **PURPOSE:**

This is a one-day program focused on “evidence-based” practices in addiction treatment. Participants will learn about treatment models and evidence-based practices supported by the Center for Substance Abuse Treatment (CSAT), the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and other research centers. Manuals and materials describing specific evidence-based practices will be distributed, reviewed and discussed.

#### **OBJECTIVES:**

**By the conclusion of the workshop participants will be able to:**

1. Identify a number of current evidence-based practices,
2. Describe a model of addiction treatment that illustrates how evidence-based practices can be used to improve the clinical process,
3. Review instructional manuals for implementing evidence-based practices, and
4. Examine some of the issues related to adopting innovative practices in community treatment settings.

#### **PRESENTERS:**

(Insert presenter names here.)



## BEST PRACTICES IN ADDICTION TREATMENT

### SOURCES OF EVIDENCE-BASED INFORMATION ON THE WEB

- **Managed Care** - [samhsa.gov/mcnew](http://samhsa.gov/mcnew)
- **Dual Disorders** - [dartmouth.edu/~psychrc](http://dartmouth.edu/~psychrc)
- **Stimulant Treatment** - [matrixcenter.com](http://matrixcenter.com)
- **Drug Abuse Treatment** - [ibr.tcu.edu](http://ibr.tcu.edu)  
- [nida.nih.gov](http://nida.nih.gov)
- **Alcoholism Treatment** - [niaaa.nih.gov](http://niaaa.nih.gov)
- **Addiction Medicine** - [asam.org](http://asam.org)
- **HIV/AIDS** - [cdc.gov/idu](http://cdc.gov/idu)
- **Prevention** - [unr.edu/westcapt](http://unr.edu/westcapt)
- **Technology Transfer** - [nattc.org](http://nattc.org)
- **Addiction Science** - [utexas.edu/research/asrec](http://utexas.edu/research/asrec)



## BEST PRACTICES IN ADDICTION TREATMENT SMALL GROUP INSTRUCTIONS

1. Choose a facilitator, time keeper and recorder for your group.
  - The facilitator will read the questions on the *Small Group Discussion Questions Sheet* provided and then lead the group discussion.
  - The time keeper will keep the group on track by allotting time for each question.
  - After the group brainstorms for a while, the recorder will record a consensus of the discussion on the *Recording Sheet* provided. (See the *Recording Sheet* for questions on which the group should reach consensus.)
2. Each member of the group should take the first 10-15 minutes allotted to scan the manual individually.
  - Note the table of contents.
  - Flip through the manual to discover how the material is organized.
  - Look at the sections that are of interest to you carefully. Check to see if there are tools, activities or information that you could use in your work?
  - If relevant, examine the appendices to see if additional tools are included.
3. After 15 minutes of individual review, the facilitator should begin the group discussion. Start with the first question on the *Small Group Discussion Questions Sheet*. The facilitator needs to make sure that all group members have an opportunity to contribute to the discussion about each question.
4. The time keeper needs to watch the time, and help the facilitator keep the discussion moving in order to cover all four questions.
5. After your group has brainstormed these questions for a while, have your group reach consensus about the questions listed on the *Recording Sheet*. The group's recorder should document the group's answers. Write neatly, as each recorder may be responsible for a brief report back to the larger group after the small group activity is finished.



## BEST PRACTICES IN ADDICTION TREATMENT

### SMALL GROUP DISCUSSION 1

#### QUESTIONS

The goal of this activity is for you to become familiar with an evidence-based practice manual, and to discuss your perspective about the contents of that manual with your peers. In particular, please provide your opinion about whether all or part of the manual you are reviewing could be assimilated into your current work. Your group's recorder will be responsible for sharing a brief report of your discussion with the larger group after this activity is finished.

**Begin your group discussion by brainstorming the following questions.**

1. What features of this manual do you especially like?
2. Which tools or activities could you use in your work?
3. What is missing from the manual that would help you integrate this material into your work?
4. What preparations would you and/or your agency need to make in order for you to implement this intervention or strategy in your work?

**After you have brainstormed these questions for a while, have your group reach consensus about the questions listed on the *Recording Sheet*. The group's recorder should document the group's answers.**



## BEST PRACTICES IN ADDICTION TREATMENT

### RECORDING SHEET 1

**Manual:** \_\_\_\_\_

**After your group has brainstormed for a while, have your group reach consensus about the following questions. The group's recorder should neatly document your answers for a report back to the larger group.**

1. Which two features of the manual were considered most valuable by your group?

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2. Which two tools/activities in the manual could be especially useful with clients in a treatment setting?

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3. Name one key thing your group feels is missing from this manual.

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4. On a scale of 1-10, ask your group to rate the likelihood of using information from this manual in their treatment setting.

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## BEST PRACTICES IN ADDICTION TREATMENT

### SMALL GROUP DISCUSSION 2

#### QUESTIONS

The goal of this second small group discussion is a little different from the first. This is an opportunity to become familiar with a second evidence-based practice manual, and to discuss its merits and relevance to your work. In addition, please consider how your agency might proceed with adopting and using this approach, activity or intervention on a regular basis.

**Start your group discussion by brainstorming the following questions.**

1. What features of this manual do you especially like?
2. Which tools or activities could you use in your work?
3. What steps would you suggest your agency take to adopt and implement this strategy?
4. What barriers or difficulties would you anticipate and how could you minimize or overcome them?
5. What outside resources, training or technical assistance would you need to ensure successful adoption and implementation of this strategy?

**After you have brainstormed these questions for a while, have your group reach consensus about the questions listed on the *Recording Sheet*. The group's recorder should document the group's answers.**



## BEST PRACTICES IN ADDICTION TREATMENT

### RECORDING SHEET 2

**Manual:** \_\_\_\_\_

**After your group has brainstormed for a while, have your group reach consensus about the following questions. The group's recorder should neatly document your answers.**

1. Which two features of the manual were considered most valuable by your group?

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2. Which three steps or actions did your group think were most important to the successful adoption and implementation of this strategy or intervention?

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3. What were the two most frequently mentioned barriers to adopting the best features of this strategy?

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4. What were the most frequently cited outside resources or technical assistance that would be needed to ensure successful implementation of this strategy?

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