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Evidence-based Practices *(A three-part series)*

Part 1

What is Evidence-based Practice?

By Pamela Waters, MEd, Director
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Evidence-based practice…researched-based interventions…science-based services…science-verified practices…empirically-supported practices…What do all of these mean?

Current terminology for bringing what we have found to be effective through research into everyday practice can be mind-boggling. Every time you turn around there is a new "catch phrase." While there are subtle nuances in the definitions of those phrases listed above, all of them mean essentially the same thing.

Evidence-based practices usually refer to programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results. Evidence-based practices or model programs that have shown the greatest levels of effectiveness are those that have established generalizability (replicated in different settings and with different populations over time) through research studies. The implementation of proven, well-researched programs is rapidly becoming standard practice today and required by most funding sources.

We often hear the question, "*By whose standards is this a model or "best" practice*?" For those readers who wish to delve deeply into answering this question, several noteworthy efforts have set explicit criteria for conducting studies to establish the evidence base for an intervention, for using completed studies to determine the degree to which an intervention is evidence-based, and for weighing the evidence about an intervention to decide whether it should be recommended for adoption (Leff, et al, 2001). These include: The United States Food and Drug Administration Center for Drug Evaluation and Research (*Guidelines for the Format and Content of the Clinical and Statistical Sections of an Application);* The International Conference on Harmonisation

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(ICH, *Guidance on Statistical Principles for Clinical Trials*); the criteria for empirically validated treatments developed by a task force of Division 12 of the American Psychological Association, a report commissioned by Division 12 of the American Psychological Association published in a report titled, *A Guide to Treatments That Work* (Nathan and Gorman, 1998); and *What Works for Whom*, a review of psychotherapy efficacy prepared for the National Health Service in the United Kingdom by Roth and Fonagy (1996).

For those readers who wish to have a less scientific foray into determining levels of evidence, it is important to note that the development of an evidence base supported by the research is necessary before conclusions can be drawn about any particular practice. Rigorous evaluation requires systematic, standardized description of target population, program practices, and the theoretical relationship between clients served, practices and desired outcomes. Interventions must be shown to improve outcomes that are meaningful to participants, and that are measured objectively in research conducted by independent investigators. In very simplistic terms, the evidence base is built by:

- Observation;
- Careful description and measurement;
- A determination of what goes with what;
- A determination of the mechanism that leads to success under certain conditions and with which populations; and
- Citing the specific results that can be anticipated.

Popular attention has focused of late on the role of evidence not only in addiction services but also in mainstream health care. Physicians, too, have been encouraged to practice "evidence-based medicine," so that their clinical decisions would be based upon a foundation of solid science, especially using research that has applied rigorous epidemiologic methods and has been published in peer-reviewed journals. The response of some clinicians and physicians has been gratitude for the recognition that the everyday practice of clinical care can be an intellectually rigorous undertaking. Others have responded less gently, asking, in essence, "*So what have I been practicing, magic?*" (Eisenburg, 2000).

In many ways, addiction services have been greatly influenced by:

- **Faith** - Turning it over to a Higher Power and working the Steps
- **Belief** - "It worked for me"
- **Anecdotal Evidence** - "Seems to work for most people"
- **Influence** - "Everybody does it this way"
- **Tradition** - "We've always done it this way"
- **Mandate** -"We have to do it this way"

There is sufficient evidence to suggest that most clinicians' practices do not reflect the principles of evidence-based practices but rather are based upon tradition, their most recent experience, what they learned years ago in formal education settings, or what they have heard from their friends (Eisenburg, 2000). The average clinician does not have sufficient time in the day to read scientific journals (even if they have access to the journals) and most are likely overwhelmed by the volume of material confronting them. No clinician alone can absorb and synthesize the vast amount of literature available, make judgments on its quality, and translate it into practice.

"How do I make sense out of this?"

On many fronts, both nationally and within the Southern Coast region, efforts are well underway to synthesize the vast amount of literature available on addiction prevention and treatment services and translate it into practice. In prevention, the Center for Substance Abuse Prevention has led the way in identifying model programs and promising approaches to substance abuse prevention services. Three national websites provide resources and documents to substantiate the science used in the prevention world today:

SAMHSA Model Programs
http://modelprograms.samhsa.gov/default.cfm

CSAP Prevention Pathways
http://www.samhsa.gov/preventionpathways/

CSAP Prevention Decision Support System
http://www.preventiondss.org

In the treatment arena, SAMHSA, NIDA and NIAAA have identified a variety of scientifically based approaches to addiction treatment. Scientific research and clinical experience have shown much about what really matters in addiction and where we need to focus our clinical efforts. NIDA has concentrated recent research efforts on the efficacy of new treatments for drug addiction through the National Drug Abuse Treatment Clinical Trials Network (CTN). NIDA has also produced four therapy manuals and guiding principles for addiction treatment. SAMHSA has widely published and disseminated *Treatment Improvement Protocols* and *Treatment Assistance Publications*, plus the newest evidence-based practice manuals through the Cannabis Youth Treatment Series.

Websites of interest are:
NIDA Clinical Trails Network
http://www.nida.nih.gov/CTN/Index.htm

NIDA Clinical Toolbox
http://www.nida.nih.gov/TB/Clinical/ClinicalToolbox.html

CSAT Treatment Improvement Exchange
http://www.treatment.org/

Cannabis Youth Treatment Series
http://dev37.shs.net/catalog/results.aspx?h=drugs&topic=54

NIAAA Treatment Manuals and Guides
http://www.niaaa.nih.gov/publications/guides.htm

A variety of national funding sources, including the Robert Wood Johnson Foundation and SAMHSA, are providing resources to support the development of materials designed to help substance abuse and mental health systems implement specific evidence-based practices (for information on evidence-based practice in mental health see SAMHSA's Center for Mental Health Services, the National Institute on Mental Health or the Illinois MISA Institute). These packages of materials, designed for administrators, program directors, practitioners, consumers, and families are known as implementation toolkits. Toolkits are being produced for a variety of practice areas. These toolkits are designed to provide information not only about how to deliver a particular treatment service, but also about: how to engage interest in adopting these practices; how to facilitate the adoption of the practices; and how to use fidelity measures to evaluate if the practice is being followed consistently.

For Florida and Alabama, the Southern Coast Addiction Technology Transfer Center (SCATTC) is charged with bringing evidence-based practice information and training to treatment practitioners. The SCATTC will serve as the knowledge synthesis arm for the field and assist in helping organizations and individuals as they adopt and adapt to using these new practices. One Florida initiative that will assist in motivating organizations to adopt evidence-based practices is the new Florida Clinical Consultation for Treatment Improvement Project.

This project (developed through collaboration between the Department of Children and Families Substance Abuse Office, the University of Miami Center for Family Studies, and the Florida Alcohol and Drug Abuse Association) brings a team of peer consultants into state contracted treatment agencies to undertake a review of agency practices related to those that have empirical evidence of effectiveness. You will be hearing more about this exciting process in future months.

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Evidence-based Practices *(A three-part series)*

Part II

Moving Science into Service: Preparing Your Agency to Adopt Evidence-Based Practice

By Gail D. Dixon, MA, NIDA, Project Manager
Southern Coast Addiction Technology Transfer Center (SCATTC)

Over the past five years, the substance abuse field has made a significant shift in how it approaches the design and delivery of treatment services. Terms such as "evidence-based practice," "science-based programs," and "empirically-supported practices," make it clear that there is a body of knowledge that should guide decision-making at the system, organization and individual practitioner levels. This body of knowledge is derived from research including rigorous clinical trials, replication studies and review of clinical outcomes in the field. **The goal of an evidence-based treatment system is to use the best evidence to guide interventions that will benefit the client, enhance the quality and outcomes of care, and be cost effective.**

As our research base has grown, we have gained information about what works — for which clients — for which specific conditions or problems. Using this information to make decisions about treatment practices is both sound business sense and good clinical practice. Funding agencies, researchers and policy makers have urged the field to adopt evidence-based practices, but have given minimal attention to what this means in practical terms. **Adoption of evidence-based practice requires a significant change at all levels in order to be effective.** The good news is that there are tools to help both organizations and individuals to manage that change.

The Addiction Technology Transfer Center (ATTC) Network has been funded by the Center for Substance Abuse Treatment to assist systems leaders, program managers and individual practitioners in making the change to evidence-based practice. The Substance Abuse and Mental Health Services Administration (SAMHSA), which administers the federal Substance Abuse Prevention and Treatment Block Grant and other funding totaling almost $3 billion annually, has set a clear direction toward using evidence-based practice. State agency directors throughout the country are following suit.

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Adopting practices that have a higher than average likelihood of achieving positive outcomes is critical for the field as we face the following challenges:

- Increased demand for services in a age of shrinking resources;
- A greater number, variety and potency of drugs of abuse;
- Variance in definitions of medical necessity;
- Conflicts in public policy approaches;
- Rapid turnover in the workforce; and
- A generalized belief that treatment doesn't work.

Before considering the adoption of a specific evidence-based practice, an agency must recognize that the implementation of this practice may involve changes in both the administrative and clinical arenas. Attention to the process of change itself, as well as to the content of the intervention, is important for ensuring success. The remainder of this article focuses on the change process itself. Part III of this series will identify specific steps to implementing evidence-based treatment programs.

Research on the process of change identifies five (5) stages that individuals or organizations navigate before a specific change becomes a behavior or practice that is maintained and sustained over time:

- **Precontemplation –** No thinking about change is occurring;
- **Contemplation –** Thinking about change has begun, but there is some ambivalence;
- **Preparation –** People or organizations are preparing to change, but have not begun to act;
- **Action –** The actual process of change has begun and specific actions have occurred; and
- **Maintenance –** The new behavior or practice is continued and supported over time.[1]

These stages of change may be internally-driven by an individual or organization as the need for change is recognized and accepted or they may be externally-driven by some outside factor, such as a change in regulations or the demands of a funding agency. When the change is externally-driven, individuals and organizations may be forced to enter the change cycle at the preparation or action stage, rather than at pre-contemplation or contemplation.

Resources for Change

The Change Book: A Blueprint for Technology Transfer, The National Addiction Technology Transfer Network, 2002.

Journal of Substance Abuse Treatment: Special Issue – Transferring Research to Practice, Volume 22, (4), June 2002.

"Making Systems Change Happen," The Change Agent's Toolbox, National Technical Assistance Center, National Association of State Mental Health Program Directors, 2001.

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Managing Change

In order to effectively manage the change process, individuals and organizations must assess their current stage of readiness or involvement in the change cycle. This assessment may be structured and formal, using instruments such as the *Organizational Readiness to Change*[2] scale developed by Dr. Wayne E.K. Lehman and Dr. Dwayne Simpson of Texas Christian University or informal and based on the opinions of leaders and managers within the organization. This assessment is crucial, since the strategies and timetables for accomplishing change will vary based on the level of readiness of change participants. The Southern Coast ATTC can assist treatment agencies and state systems administrators in Florida and Alabama to assess readiness to change at both the systems and organization levels.

Directors of addiction service agencies have had to become experts at managing change. Over the past three decades, the divergent needs of various target populations, changes in funding priorities and innovations in treatment practices have all stimulated and/or required change at various levels. The movement toward evidence-based practice requires system-level change as well as changes at the organization and individual practitioner levels. This broad-scale change will be perhaps the most sweeping in the history of both substance abuse treatment and prevention. The role of the Southern

Coast Addiction Technology Transfer Center (ATTC) is to provide technical assistance, training, resources and support to systems administrators and agency managers as they move through this significant change.

Dwayne Simpson (2002)[3] identifies a number of factors that influence the success of any change process. Managers and administrators can facilitate the change process in their organizations if they are aware of these factors: *Motivation, Institutional Resources, Convenience, Utility, and Climate for Change*. Motivational forces are especially important. These forces for change are complex, and for organizations include perceptions of current status with regard to clinical as well as organizational functioning. Organizations must *perceive the need for change* – their perception activates motivation and increases their readiness to use new information about practice innovations. Unless motivation is "activated," individuals within the organization are unlikely to change behaviors.

Resistance to Change

It is important to recognize that resisting change is a natural human impulse and that change has a feeling component as well as thinking and acting components. Acknowledging feelings about change may be a key to its success. Regardless of the factors that precipitate change, the process can be stressful. Resistance to change or ambivalence about changing is a natural part of the process and must be addressed from the outset if change is to be successful.

The National Addiction Technology Transfer Center Network's publication, *The Change Book, (2000)*, provides the following tips for minimizing resistance:

· Directly address resistance;
· Discuss the pros and cons of change openly;
· Provide incentives and rewards;
· Listen to fears and concerns;
· Educate and communicate;
· Develop realistic goals;
· Celebrate small victories;
· Actively involve as many people as possible from the beginning;
· Emphasize that feedback will shape the change process; and
· Use opinion leaders and early adopters for training and promotion.[4]

It is also critical to have realistic expectations about the speed of change and when results can be expected. Wertheimer (2001) identifies the following timetable for expecting change results:

· Systems Change Outcomes in 12-18 months
· Service Change Outcomes in 18-24 months
· Client Change Outcomes in 24-36 months[5]

Change as an Intentional Process

Addiction treatment programs throughout the country have begun the process of changing their treatment approaches to be more evidence-based. By working together and sharing strategies for change, treatment agencies can help to shape the change process that is taking place at the national and state levels. Viewing change as an intentional process that is managed, rather than a chaotic process that is imposed from the outside is important to making the process successful. As we work together to strategically manage change in the substance abuse treatment systems in Florida and Alabama at all levels over the next four years, we must identify individuals who can provide leadership in that effort. These "change agents" or "change champions" can come from the state system, agency manager, and individual practitioner levels and should possess the core qualities that will help them facilitate change:

· Being comfortable in assuming different roles at different times;
· Being effective as an advocate;
· Being a "boundary spanner";
· Having experience in providing direct services to clients;
· Having experience in supervising staff;
· Displaying strong communication skills; and
· Displaying strong facilitation skills.[6]

Despite the challenges, this is an exciting time for the substance abuse field. We now have a significant body of research that demonstrates that **treatment works.** By shaping our treatment practice to follow this research evidence we will be able to be credible as we claim our successes. More importantly, we are likely to **have more success** because we are making choices about treatment that have a higher likelihood of achieving the outcomes we are seeking.

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Evidence-based Practices *(A three-part series)*

Part III

Moving Science into Service: Steps to Implementing Evidence-Based Practice

By Gail D. Dixon, MA, NIDA Project Manager
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As the body of research about effective substance abuse treatment has grown, addiction professionals have become increasingly aware of the gap between science and service. Widespread dissemination of research findings has not necessarily resulted in a comparably widespread adoption of evidence-based practices. Implementation of evidence-based practices, whether on a small scale, such as in an individual clinician's practice or a large scale within an entire state system of treatment services, represents a change that must be managed in order to be successful. This article outlines key steps for implementing such a change and presents strategies for addressing barriers and developing solutions to facilitate the adoption of evidence-based practices.

Bridging the Gap Between Research and Practice

In 1998, the Institute of Medicine identified eight approaches for bridging the gap between research and practice in addictions treatment:

- Technology transfer models
- Organizational change models
- Practice guidelines
- Consensus conferences and evidence-based reviews
- Top-down incentives models
- Models incorporating trust-building experiences
- Practice-based research networks
- Collaboration case studies.[1]

Many of these approaches have been employed at the national level. The National Institute on Drug Abuse (NIDA) has published a practice guidelines document (*Principles of Drug Prevention Treatment: A Research-Based Guide, 1999)* and has continued to fund the Clinical Trials Network (CTN) that forges partnerships between community treatment programs and research institutions. The Addiction Technology Transfer Center (ATTC) Network, funded by the Center for Substance Abuse Treatment (CSAT), focuses heavily on technology transfer and organizational change strategies. The next step to increasing adoption of evidence-based practices must be taken by state and local leaders with the assistance of these national initiatives. One key element in the success of such an effort will be the creation of evidence-based cultures to support agencies and clinicians in making necessary changes.

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Developing an Evidence-Based Culture

The decision to implement evidence-based practices may be internally or externally-driven. In either case, it is important to examine the context in which the change will occur. Examination of the context includes a review of current practice strategies; the quality of outcomes clients are achieving; available evidence that is relevant to your practice setting; outcomes achieved by a particular intervention that is being considered; and available resources to facilitate change.

Implementation of evidence-based practices is more likely to be successful in what is called an "evidence-based culture." In this context, culture means the organizational and systems environments in which the implementers of an evidence-based practice must function. An evidence-based culture:

- Involves all levels of the system – state administrators, program managers, clinical supervisors and clinicians – in the implementation process;
- Begins with a thorough understanding of the current treatment system, the interventions that are utilized and the outcomes being achieved;
- Includes a systematic approach to reviewing available evidence and recommending changes in intervention strategies as appropriate;
- Supports a reimbursement rate commensurate with the level of work required to implement new interventions;
- Provides reimbursement for the training and clinical supervision that are essential to implementation of evidence-based practices;
- Creates and maintains data collection and reporting mechanisms that will document evidence-based practice results;
- Develops and supports policies that facilitate adoption and implementation of evidence-based practices;
- Supports bi-directional communication between researchers and clinicians;
- Promotes an appropriate balance between fidelity and adaptation; and,
- Uses outcome data to drive systems change.

The role of the Southern Coast ATTC is to assist in the creation of an evidence-based culture in the addiction treatment systems in Florida and Alabama. We will accomplish this by providing training, technical assistance and resources in a coordinated and strategic approach for key stakeholders at all levels of the system.

In considering implementation of evidence-based practices in addiction treatment, we can view treatment as a set of specific interventions that are applied in a strategic way in order to achieve targeted outcomes. Interventions are the behaviors of clinicians that are utilized systematically within the treatment environment to elicit specific responses from the client. Within this framework, the move to evidence-based practices can be conceptually defined as a *behavior change initiative*. This construct is familiar to treatment professionals, since it precisely what they have been doing all along with their own clients. Fishbein (1995) indicates that behavior changes when intention to change is combined with the necessary skill and absence of environmental constraints.[2] Successful implementation of evidence-based practice must address all three of these areas.

Intention to Change

Intention to change involves both readiness and motivation. It is important for the clinical supervisors and administrators who will be managing the change to evidence-based practice to have an accurate picture of these two dimensions of intention within their organizations and within the individual clinicians who will be implementing the practice. Lehman (2002) and his colleagues have developed a formal instrument, the *Organizational Readiness to Change (ORC),* to assess the following domains:

- **Motivational readiness –** the perceived need for improvement, training needs, and the pressures for change;
- **Institutional Resources –** office, staffing, training resources, computer access, and electronic communications;
- **Staff Attributes** -value placed on professional growth, efficacy, willingness and ability to influence co-workers, and adaptability; and,
- **Organizational climate –** clarity of mission and goals, staff cohesiveness, staff autonomy, openness of communication, level of stress, and openness to change.[3]

While it is not essential to utilize a formal, standardized assessment such as the ORC, it is important that those managing change have a clear understanding of where their organization stands with each of these elements. Change managers must have sufficient information so that they can identify the level of intention to change, make adjustments and provide resources that enhance readiness and strategize about ways to overcome the natural resistance or ambivalence that accompanies any change.

Necessary Skills

This component of change naturally has received the greatest level of attention from those who are attempting to implement evidence-based practices. Focus often is placed on training in specific evidence-based practices without addressing some of the other areas that comprise a necessary skill set for successful implementation. Green (1995) refers to enabling change – acquisition of the necessary skills and conditions that are essential to accomplishing the change.[4] In addition to training their clinicians, organizations wishing to implement evidence-based practices must be certain that managers, clinical supervisors, data system coordinators and evaluators possess the necessary skills and information to implement a specific evidence-based practice. Many evidence-based practices require an enhanced level or different style of clinical supervision, which is important in monitoring fidelity. The Southern Coast ATTC will be offering training in clinical supervision for evidence-based practice in a series of events throughout Florida in the fall of 2003.

Successful implementation of evidence-based practices also requires skill in adapting the intervention to fit the local practice setting. This adaptation must be accomplished without sacrificing the core elements or components of the intervention that are critical to producing the expected outcomes. In addition, the change managers in an organization must have the ability to recognize what changes or accommodations need to be made within the organization to allow incorporation of the evidence-based practice. This may include changes in staff-to-client ratios, physical plant settings; frequency and intensity of services; evaluation methodology or training policies and practices. In any implementation process, a balance must be achieved between fidelity to the original intervention design and adaptation for the local setting. Change managers must decide how much fidelity is required and how much adaptation is possible in order to achieve the desired outcomes of treatment.

Absence of Environmental Constraints

In addition to readiness to change and necessary skills, an absence of environmental constraints is essential to produce behavior change. Environmental constraints are defined as conditions that would limit or preclude adoption of the new behavior or sustaining the behavior over time. These constraints may be physical – insufficient financial resources, lack of space, inadequate management information systems. Psychological constraints in the environment might include practitioner resistance or ambivalence, lack of a clear vision for change, inadequate supervision, or disagreement with the theory underlying the new intervention. Managers responsible for the implementation of evidence-based practices must address and remove environmental constraints at the same time that they are assessing readiness and developing the necessary skills for implementing the intervention.

Phases of the Implementation Process

Dwayne Simpson (2002) has identified a four-phase process that describes the process of implementing changes toward evidence-based practice. The following chart identifies each of these stages and lists the type of activities that organizations can employ as they move from exploring evidence-based practices to sustaining implementation of new practices over time.

Phase	Strategies
Exposure	- Dissemination of research literature - Review of "Best Practice" documents - Initial review of possible practices for implementation - Training overviews of several possible interventions - Consultation with experts
Adoption	- Examining the "fit" of a particular intervention for: Relevance, Timeliness, Clarity, Credibility, Replicability and Acceptability - Training in the delivery of the selected intervention - Adapting the intervention for the local setting - Establishing data collection and quality assurance mechanisms
Implementation	- Pilot studies or trial uses of the intervention - Developing policies and procedures to support the practice - Clinical supervision to monitor fidelity and effectiveness - Develop a cadre of internal trainers to provide training in the intervention to minimize problems with turnover - Review of evaluation results and client outcomes - More adaptation of the intervention if indicated by data - Establish mechanisms to balance fidelity and adaptation
Practice	- Incorporation of the intervention into overall treatment approach - Sustaining use of the intervention over time[5]

It is important to begin the implementation process with a clear vision about the results that the new intervention will yield and to have a systematic plan for implementation, evaluation, review and adaptation of the intervention. This systematic approach will help to facilitate the process and to identify obstacles to successful implementation and develop strategies for overcoming those obstacles.

Strategies to Overcome Challenges

There are many challenges to successfully implementation of evidence-based practices. The following table identifies strategies for overcoming some of the most common obstacles.

Obstacle	Strategies
Lack of knowledge or skill	Identify resources
	Staff development plans
	Supervision and mentoring
	Collaborative training and technical assistance
	Developing shared vision and commitment
Beliefs and Attitudes	Articulate existing beliefs and attitudes
	Hold frequent meetings to discuss change
	Utilize motivational strategies to move staff ambivalence toward positive change
	Ensure a clear understanding of terms
	Enlist a neutral facilitator
	Affect beliefs through information
	Provide opportunities to speak with people who have done it
	Provide incentives and recognition
Lack of Adequate Resources	Resource sharing with other providers
	Cross-site training and technical assistance
	Community-wide collaboration
Lack of Collaboration	Implement a collaborative planning model
	Use stakeholder teams to make decisions
	Partner with other agencies implementing the same intervention
	Develop a community-wide system of care where the evidence-based practice is essential toproducing desired outcomes.[6]

Next Steps

Both Florida and Alabama are engaged in moving their state treatment systems toward increased implementation of evidence-based practices.Over the next four years, the Southern Coast ATTC will provide training, technical assistance and resources that will help to make the implementation of evidence-based practices successful in both states.

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