

Clinical News They Can Use:

Disseminating Practical Information from CTN Research to Providers in the Field

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BACKGROUND

The National Institute on Drug Abuse (NIDA) established the National Drug Abuse Treatment Clinical Trials Network (CTN) in 1999 with two critical aims:

1. To harness the power of science to determine the effectiveness of drug abuse treatments in real-world community-based settings.
2. To put these evidence-based findings—as quickly as possible—into the hands of clinicians who could make the best use of them to help their clients/patients.

In recent years, this process has accelerated along three pathways:

1. The CTN Research Utilization Committee (RUC) established three workgroups to provide training, technical assistance, and support for community treatment program (CTP) staff to implement CTN findings—using current Blending Products as the framework. These workgroups collaborate closely with NIDA/Substance Abuse and Mental Health Services Administration (SAMHSA) Blending activities.
2. The RUC has convened Dissemination Workshops at the two most recent meetings of the CTN Steering Committee, giving the opportunity for attendees to learn from clinical colleagues about their experiences as they implemented CTN research findings in their own programs.
3. The CTN supports a series of Regional Dissemination Workshops across the country—organized and hosted by local Nodes and based upon local needs—to provide training in evidence-based treatments to local clinicians, clinical supervisors, and clinic/program managers.

RUC WORKGROUPS: BUILDING NEW COLLABORATIONS

NIDA/SAMHSA Blending Product Framework: RUC workgroup activities build upon the alliance between NIDA and SAMHSA that creates and promotes the Blending Products, as well as the training infrastructure established by SAMHSA's Addiction Technology Transfer Center (ATTC) network. This framework relies primarily on a train-the-trainer process that prepares regional and local experts to train local clinicians to implement evidence-based treatments. The RUC workgroups participate in this process and, in addition, conduct separate trainings for CTN-affiliated clinicians, supervisors, and program managers; track implementation activities across the CTN; and identify training needs of CTN-affiliated treatment programs.

Buprenorphine Treatment: Since the release of the Buprenorphine Blending Products, six 2-day training workshops have prepared 73 individual trainers from 24 States and Puerto Rico. Thirty-seven percent of attendees came from CTN-affiliated programs and 63 percent enrolled through ATTCs. These new trainers have conducted 112 local training events for 3,172 participants from 41 States, Puerto Rico, and the U.S. Virgin Islands (Martino et al., 2010). Recent surveys of CTN-affiliated programs show that the percentage that have adopted buprenorphine has doubled from 15.6 percent to 31.6 percent in a 2-year period (Knudsen et al., 2009). Local program interest in further training remains strong.

Motivational Interviewing/Motivational Enhancement Therapy (MI/MET): Both ATTC and RUC workgroup

activities have focused on: (1) training clinical supervisors in the use of the Blending Product tool (Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency [MIA:STEP]) that promotes clinical skills in providing MI/MET and (2) providing continued technical assistance to trained supervisors. Since 2006, 93 individuals (38 percent CTN-affiliated; 62 percent ATTC) across 32 States and Puerto Rico have been prepared to train supervisors in MIA:STEP. These new trainers have gone on to train 1,182 clinical supervisors from 28 States, Puerto Rico and the U.S. Virgin Islands (Martino et al., 2010).

Contingency Management/Motivational Incentives: Since the Promoting Awareness of Motivational Incentives (PAMI) Blending Product roll-out, the ATTC has prepared 55 PAMI trainers (38 percent CTN-affiliated; 62 percent ATTC); these trainers have trained 3,621 participants from 41 States, Puerto Rico, and the U.S. Virgin Islands in 157 training events (Martino et al., 2010). RUC workgroup activities have primarily focused on identifying the needs of CTP managers and clinicians for training and technical assistance in implementing contingency management at their sites. One salient need is for training in practical aspects of implementation that go beyond initial awareness of the treatment model. Nevertheless, a recent survey showed that 46 percent of responding programs indicated that they have implemented some type of incentive treatment model. The workgroup has also contributed to the development of the ATTC's new technical assistance website.

RUC DISSEMINATION WORKSHOPS: METHODS FROM THE FRONT LINES

In March and October 2009, the RUC convened stand-alone Dissemination Workshops preceding the national meetings of the CTN Steering Committee. These were forums for clinicians, program managers, and program evaluators to describe—in tangible and practical terms—their efforts to implement empirically supported treatments or other innovations in the service of treatment dissemination. These workshops provided attendees the opportunity to learn directly from colleagues about their successful and not-so-successful experiences as they implemented CTN research findings in their own programs. The two workshops highlighted



bi-directionality between research and practice, showcased CTP activities, detailed ideas for facilitating evidence-based treatment (EBT) dissemination in their agencies, and underscored the importance of data collection to guide EBT implementation. The March 2009 workshop featured speakers from five Nodes and the CTN Dissemination Library and drew more than 100 attendees; the October 2009 workshop featured speakers from seven Nodes and drew 86 attendees. A video of the March workshop is now available for viewing on the CTN Dissemination Library website and is eligible for three NAADAC credit hours.

For more information:

CTN: www.nida.nih.gov/CTN/

CTN Dissemination Library: <http://ctndisseminationlibrary.org>

REGIONAL DISSEMINATION WORKSHOPS: LOCAL TRAINING FOR LOCAL NEEDS

CTN has established an ongoing series of Regional Dissemination Workshops, hosted by local Nodes, and typically in collaboration with local ATTCs. Local and national experts train clinicians, clinical supervisors, and program managers/administrators on CTN-tested and other evidence-based practices, with specific curricula determined by the specific needs of the community and programs. Practical methods and technical assistance to facilitate implementation of EBTs are strongly emphasized.

2009 Workshops:
Portland, OR 230 attendees over 2 days
Pittsburgh, PA 208 attendees over 2 days
Charleston, SC 100 attendees over 1 day

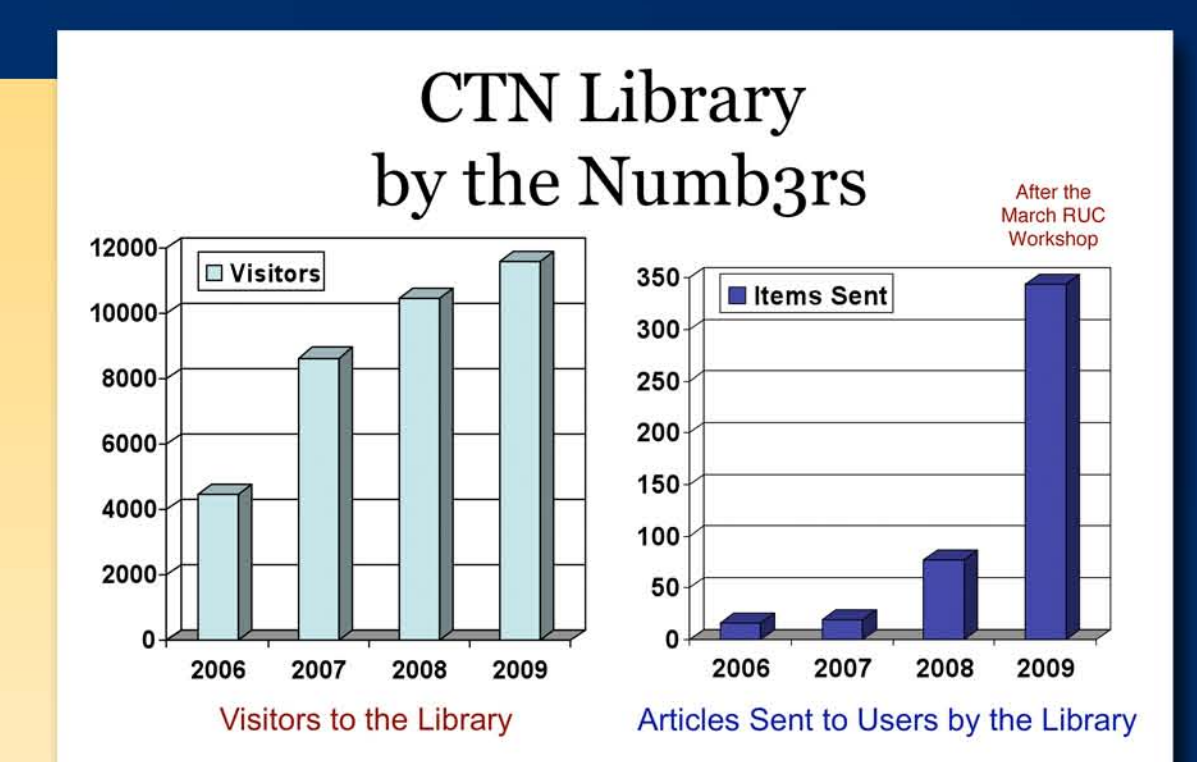
2010 Workshops:
Baltimore, MD June 3-4
Los Angeles, CA August 10-11

CTN Dissemination Library

This comprehensive store of CTN research findings offers a free digital repository of resources and downloadable materials, such as descriptions of all CTN studies, detailed treatment manuals, scientific publications and presentations, and Blending Products. It gives CTN members, other clinicians and researchers, and the public a single point of access to research findings and other materials, including information on technology transfer and implementing EBTs in real-world

programs. All of the CTN Dissemination Library materials are available for direct transmission upon request, making it particularly valuable for clinicians and others who do not have ready access to Medline or scientific journals.

Chart Source: CTN Dissemination Library



REFERENCES

HK Knudsen, AJ Abraham, JA Johnson and PM Roman, Buprenorphine adoption in the National Drug Abuse Treatment Clinical Trials Network, *Journal of Substance Abuse Treatment* 37 (2009), 307–312.

S Martino, GS Brigham, C Higgins, S Gallon, TE Freese, LM Albright, EG Hulsey, L Krom, SA Storti, H Perl, CD Nugent, D Pintello and TP Condon, Partnerships and Pathways of dissemination: The National Institute on Drug Abuse – Substance Abuse and Mental Health Services Administration Blending Initiative in the Clinical Trials Network, *Journal of Substance Abuse Treatment* 38 Suppl 1 (2010), S31-S43.



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