

Technology Transfer in Drug Abuse Treatment

Annotated Bibliography: Second Edition

8-30-04

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Supported in part by Cooperative Agreement U10 A 15815 between the National Institute on Drug Abuse and the University of California, San Francisco.

The authors appreciate the suggestions and support of the following colleagues: Jack Blaine, Greg Brigham, Bob Forman, Joseph Guydish, Louise Haynes, Paula Horvatic, Dennis McCarty, Paul Nagy, Jeff Selzer, Susan Sorti, and Sarah Yoo

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INTRODUCTION

This is the second edition of a bibliography designed to be a general guide to technology transfer readings in drug abuse treatment, for the years 1991-2003. We created the original bibliography in March 2003. As part of our participation in the Dissemination Sub-Committee of the NIDA Clinical Trials Network Program, we updated the bibliography, both to keep it current and to catch articles that we missed in the original edition. The second edition used the same procedures to gather nominations for articles, to review them, and to make decisions about inclusion into the work. The new edition includes 24 new citations, 13 that were published after the first edition emerged and 11 published earlier that were not reviewed in the initial edition. **To make it easy to find the new citations, they are bolded.**

By "technology transfer" we refer to the diffusion of information between research and treatment, not just from research to treatment. The bibliography is not a comprehensive listing of all available references but an overview, organized to provide information on the rationale and practice of technology transfer. Most references focus on the "hows" and "whys" of technology transfer, and specific studies are included to illustrate particular approaches. The annotations are a special feature that readers can use to decide how relevant particular references are to their own needs.

Other features of the bibliography include a small number of non-drug abuse treatment references, division of the bibliography into topic areas, and cross-referencing of articles within reference categories. Although the focus is primarily on drug abuse treatment, we included some references that were more general, or specific to areas such as mental health. These "non-drug abuse treatment" references were included primarily to illustrate a good approach that could be applicable in the drug abuse treatment area, or to include a general reference that can provide conceptual grounding in the area of technology transfer.

TOPIC AREAS IN THE BIBLIOGRAPHY

- I. Literature Reviews: These references contain sources that tell readers where they can find more information and review the state of the research in specific topic areas (e.g., academic detailing, mental health).
- II. Overviews: These references either put technology transfer in a social perspective or cover a wide range of issues in technology transfer.
- III. Research Designs and Strategies: These items contain about a third of the bibliography---the theories and methods of technology transfer. This section includes articles on experimental design, criterion measures, statistical methodology, theories of technology transfer, and strategies to disseminate interventions. This section is divided as follows: A.) Conceptual Frameworks; B) Dissemination Models and Strategies; and C) Specific Measurement Techniques.
- IV. Technology Transfer in the Real World: These references contain articles on practical constraints (e.g., personnel/ administrative considerations, political relationships, program resistance, use of research).
- V. Technology Transfer Studies (examples): These articles contain selected technology transfer studies---examples that illustrate a particular approach or design.
- VI. Research on Technology Transfer: These references contain articles describing the results of studies about such topics as which technology transfer methods are most effective or the degree that the field uses evidence-based approaches.

METHODOLOGY

The citations in this bibliography were generated from several sources. We examined articles and books known to the authors and studied the subject categories used in these references. Key words in these searches included knowledge transfer, diffusion, dissemination, technology transfer, drug abuse, drug rehabilitation, drug therapy, substance abuse treatment, practice to research, and addiction research. We asked colleagues to nominate references. We examined the reference sections of citations to identify frequently-cited authors and citations that were previously unknown to us. We conducted literature searches with *PubMed* and *PsychInfo*, using these key words and authors to identify relevant citations.

The authors held regular meetings to discuss whether to include newly identified references. References that seemed promising were entered into a list of tentative citations. Before deciding to include any reference, at least one of the authors read it, wrote an abstract, and identified provisional subject categories. Before a reference was added to the "final" list, it was discussed in an author meeting, where subject categories and abstracts were reviewed.

The authors were selective in including citations. Multiple articles by the same author were included only if they made substantially different points. We limited the citations to those that were archival (e.g. published in a journal, book, or a widely available report). We included only citations published in the most recent thirteen years, since the publication of Thomas Backer's comprehensive 1991 NIDA report on drug abuse technology transfer (Section II below). We decided not to include more broad topics such as organizational readiness for change or linking research with policy change. The ultimate criterion was whether the authors believed the citation would be useful to a clinician, researcher, or policy maker in the area of drug dependence who was trying to learn about how new treatment technologies get into the field. Altogether in this edition we examined about 149 citations by 118 authors, including 99 citations in this bibliography.

CITATIONS

I. Literature Reviews

Backer, T. E. (1995). (See conceptual frameworks section)

Brown, B. S. (1995). (See dissemination models and strategies section)

1. Corrigan, P. W., Steiner, L., McCracken, S. G., Blaser, B., & Barr, M. (2001). Strategies for disseminating evidence-based practices to staff who treat people with serious mental illness. *Psychiatric Services*, *52*(12), 1598-1606.

Reviews 100 articles on dissemination strategies that facilitate the transfer of knowledge from the academic to the public-sector of psychiatry. Two main areas are explored: 1) barriers to using evidence-based practices in real-world settings, and 2) strategies to overcome these barriers and foster dissemination of effective practices. (Non-drug abuse treatment)

2. Davis, D. A., Thomson, M. A., Oxman, A. D., & Haynes, R. B. (1995). Changing physician performance: A systematic review of the effect of continuing medical education strategies. *Journal of the American Medical Association*, *274* (9), 700-705.

Reviews 99 articles assessing the effectiveness of education strategies designed to change physician performance and health care outcomes. Intervention strategies include educational materials, CME activities, and outreach visits such as academic detailing, opinion leaders, patient-mediated strategies, audit with feedback, and reminders. (Non-drug abuse treatment)

3. Kanouse, D. E., Kallich, J. D., & Kahan, J. P. (1995). Dissemination of effectiveness and outcomes research. *Health Policy*, *34*, 167-192.

References 124 articles in health services and basic social sciences research regarding designing and disseminating effective information packages aimed at healthcare providers. (Non-drug abuse treatment)

4. Grimshaw, J. M., & Eccles, M. P. (2004). Is evidence-based implementation of evidence-based care possible? *The Medical Journal of Australia*, *180*(Suppl), 50-51.

Reports results of a systematic review of 235 evaluations of different guideline dissemination and implementation strategies in the health care field published up to 1998. Findings suggest that modest, and potentially clinically important, improvements occurred in 86% of studies, with a median 10% improvement observed across studies. Discusses a framework proposed by the United Kingdom Medical Research Council for evaluating complex interventions, which highlights the need to develop a theoretical basis for interventions and to conduct exploratory studies to refine interventions. (Non-drug abuse treatment)

Meza, E., & Kranzler, H. R. (1996). (See technology transfer in the real world section)

Simpson, D. D. (2002). (See conceptual frameworks section)

5. Soumerai, S. B. (1998). Principles and uses of academic detailing to improve the management of psychiatric disorders. *The International Journal of Psychiatry in Medicine*, 28 (1), 81-96.

Discusses the principles of academic detailing in primary care, reviews the research literature on improving physician performance and academic detailing, reviews studies that assess the effectiveness of academic detailing in improving mental health care, and provides suggestions for further research.
(Non-drug abuse treatment)

II. Overviews

Addiction Technology Transfer Centers. (2000). (See dissemination models and strategies section)

6. Backer, T. E. (1991). *Drug Abuse Technology Transfer*. Rockville, MD: National Institute on Drug Abuse.

Provides further input to NIDA's definition of technology transfer, discusses circumstances associated with drug abuse and its treatment and several levels of context for NIDA's developing technology transfer program, summarizes NIDA's past and present technology transfer activities, and presents some alternative strategies for technology transfer.

7. Backer, T. E., & David, S. L. (1995). Synthesis of behavioral science learnings about technology transfer. In T. E. Backer, S. L. David, & Soucy (Eds.), *Reviewing the behavioral science knowledge base on technology transfer* (NIDA Research Monograph, 155, NIH Publication No. 95-4035). Rockville, MD: National Institute on Drug Abuse, pp. 262-279.

Summarizes key principles for technology transfer derived from 12 papers presented in the November 1993 NIDA Technical Review, "Reviewing the behavioral science knowledge base on technology transfer". Discusses six overarching issues likely to influence the application of these principles in implementing a technology transfer intervention and provides specific recommendations that NIDA may wish to consider for future technology transfer initiatives.
(Non-drug abuse treatment)

8. Brown, B. S. (2000). From research to practice: The bridge is out and the water's rising. *Advances in Medical Sociology*, 7, 345-365.

Distinguishes between research dissemination and technology transfer, emphasizing the importance of the latter in substance abuse treatment. Discusses impediments and aids to the fostering of technology transfer in this field, and addresses relevant issues in current technology transfer research.

9. Clark, H. W. (2002). Bridging the gap between substance abuse practice and research: The national treatment plan initiative. *Journal of Drug Issues*, 32 (3), 757-768.

Discusses important issues in addressing the research to practice gap, and presents the Practice Improvement Collaborative (PIC) Program, a real world approach to resolving these issues.

10. De Corte, E. (2003). Transfer as the productive use of acquired knowledge, skills, and motivations. *Current Directions in Psychological Science*, 12, 142-146.

Reconceptualizes transfer by focusing on "preparation for future learning" (PFL) and productivity of learning results, thereby expanding the traditionally narrow definition of this concept. Incorporates an intervention study to illustrate the effect of a powerful learning environment and calls for continued research to improve understanding of the transfer construct.

(Non-drug abuse treatment)

11. Haynes, B., & Haines, A. (1998). Barriers and bridges to evidence based clinical practice. *BMJ (British Medical Journal)*, 317 (7153), 273-276.

Addresses the importance of research evidence to optimal healthcare and acknowledges common barriers in implementation of this evidence. Several prospects for improving the utilization of research evidence in healthcare are discussed, such as the use of abstracting services, new information technology, and the production of guidelines for creating evidence based clinical policies.

(Non-drug abuse treatment)

Lamb, S., Greenlick, M. R., & McCarty D. (Ed.). (1998). (See dissemination models and strategies section)

12. Marinelli-Casey, P., Domier, C. P., & Rawson, R. A. (2002). The gap between research and practice in substance abuse treatment. *Psychiatric Services*, 53, 984-987.

Outlines factors responsible for the research-to-practice gap in the substance abuse field, such as divergent treatment perspectives, legislative barriers, and financial constraints. Discusses steps being taken, particularly by NIDA and CSAT, to encourage partnerships between researchers and practitioners and provides suggestions for furthering this endeavor.

13. Rawson, R. A., Marinelli-Casey P., & Ling, W. (2002). Dancing with strangers: Will U.S. substance abuse practice and research organizations build mutually productive relationships? *Addictive Behaviors*, 27(6), 941-949.

Provides evidence for the gap between substance abuse research and treatment and discusses the reasons underlying the divide between research and practice. Describes current federally sponsored initiatives to "close the gap."

14. Reback C. J., Cohen, A. J., Freese, T. E., & Shoptaw, S. (2002). Making collaboration work: Key components of practice/research partnerships. *Journal of Drug Issues*, 32(3), 837-848.

Discusses key points in research and practice partnerships as discussed at the 2001 conference "Common Ground, Common Language, Common Goals: Bringing Substance Abuse Research and Practice Together". Also provides a general overview of lessons learned from the implementation of two Clinical Trials Network protocols at Aegis Medical Systems, Inc., a traditional community treatment setting in Southern California.

15. Rogers, E. M. (1995). *Diffusion of innovations* (4th ed.). New York: The Free Press.

Provides a comprehensive review of the diffusion of innovations, including the elements of diffusion, the history of diffusion research, and generators of innovations, change agents, and the consequences of innovations.

(Non-drug abuse treatment)

16. Schoenwald, S. K., & Hoagwood, K. (2001). Effectiveness, transportability, and dissemination of interventions: What matters when? *Psychiatric Services*, 52, 1190-1197.

Discusses diffusion and dissemination of interventions in the mental health field, highlighting the importance of examining transportability issues at both the efficacy-effectiveness interface, as well as at the effectiveness-dissemination interface. A multisystemic therapy transportability study is presented to illustrate independent and interdependent aspects of transportability (e.g. intervention characteristics, practitioner and client characteristics, organizational structure), and how this relates to the progression from treatment efficacy to dissemination.

(Non-drug abuse treatment)

17. Sobell, L. C. (1996). Bridging the gap between scientists and practitioners: the challenge before us. *Behavior Therapy*, 27, 297-320.
- Addresses the need to bridge the gap between science and practice in addiction treatment (specifically behavior therapy), and provides two examples of their successful integration at Ontario's Addiction Resource Center. Includes discussion of current problems in research dissemination, factors that contribute to better adoption rates, and proposes the use of traditional business marketing strategies as a means of better disseminating research.

III. Research Designs and Strategies

A. Conceptual Frameworks

18. Backer, T. E. (1995). Assessing and enhancing readiness for change: Implications for technology transfer. In T. E. Backer, S. L. David, & Soucy (Eds.), *Reviewing the behavioral science knowledge base on technology transfer* (NIDA Research Monograph, 155, NIH Publication No. 95-4035). Rockville, MD: National Institute on Drug Abuse, pp. 21-41.
- Examines readiness for change as an important dimension in the technology transfer process. A review of the literature relating to the concepts and principles of readiness for change is presented, followed by a discussion about techniques and interventions for assessing and enhancing readiness for change and how such methods can be applied to drug abuse and HIV/AIDS treatment and prevention. (Non-drug abuse treatment)
19. Berwick, D. M. (2003). Disseminating innovations in health care. *JAMA*, 285(15), 1969-1975.
- Provides real-world examples of the gap between knowledge and practice in health care as evidence of the slow pace of dissemination in the field. Explores three factors derived from the literature on dissemination theory that impact the spread of change: the perceptions of the innovation, the characteristics of the individuals who may adopt the change, and contextual and managerial factors within the organization. Provides concrete recommendations for disseminating innovations.**
(Non-drug abuse treatment)
20. Haynes, R. B., Hayward, R. S., & Lomas, J. (1995). Bridges between health care research evidence and clinical practice. *Journal of the American Medical Informatics Association*, 2(6), 342-350.
- Addresses the gap between health care research evidence and clinical practice and the role that health informatics has in bridging it. Discusses a three-step model for integrating research evidence into the management of clinical problems and places a call for further innovation and collaboration in this area. (Non-drug abuse treatment)
- Liddle, H. A., Rowe, C. L., Quille, T. J., Dakof, G. A., Mills, D. S., Sakran, E., et al. (2002). (See technology transfer studies section)
21. McGuire, W. J. (1995). Transferring research findings on persuasion to improve drug abuse prevention programs. In T. E. Backer, S. L. David, & Soucy (Eds.), *Reviewing the behavioral science knowledge base on technology transfer* (NIDA Research Monograph, 155, NIH Publication No. 95-4035). Rockville, MD: National Institute on Drug Abuse, pp. 225-245.

Discusses how research findings on persuasive communication and social influence can be transferred to the development of more effective drug abuse prevention programs. Presents the Communication/ Persuasion Matrix as a conceptual framework for guiding the search and efficient use of research findings to develop drug abuse prevention programs.
(Non-drug abuse treatment)

22. Nurco, D. N. & T. E. Hanlon. (1996). The linking of research and service. *Substance Use and Misuse*, 31(8), 1059-1062.
- Argues for the employment of an intermediate level of the application of research findings in a brief paper that discusses the need to translate valid research findings into effective drug abuse prevention and treatment efforts.
23. Rogers, E. M. (1995). Lessons for guidelines from the diffusion of innovations. *The Joint Commission Journal on Quality Improvement*, 21(7), 324-328.
- Discusses how practice guidelines function as an important dissemination strategy in the medical field by applying an understanding of the general theory of the diffusion of innovations.
(Non-drug abuse treatment)
24. Simpson, D. D. (2002). A conceptual framework for transferring research into practice. *Journal of Substance Abuse Treatment*, 22(4), 171-182.
- Reviews related research and recommendations found in the research on technology transfer and organizational behavior and proposes a heuristic model of key factors that influence the process of technology transfer based on findings in the literature. Introduces assessment instruments for measuring organizational functioning and highlights the need for a better conceptual understanding of the technology transfer process.
25. Sloboda, Z., & Schildhaus, S. (2002). A discussion of the concepts of technology transfer of research-based drug "abuse" prevention and treatment interventions. *Substance Use and Misuse*, 37 (8-10), 1079-1087.
- Discusses the issue of how to deliver evidence based prevention and treatment interventions in community settings without diluting the effectiveness attained under controlled circumstances. Conceptualizes technology transfer as a process consisting of three dimensions: 1) dissemination, 2) diffusion, and 3) replication or adaptation, in order to understand the barriers to successful implementation of interventions.
26. Spear, S., & Rawson, R. A. (2002). Linking researchers and practitioners in the substance abuse field: Perspectives of two "bridgers". *Journal of Drug Issues*, 32, 881-892.
- Introduces a conceptual framework for collaborative processes in substance abuse research and treatment based upon a model that characterizes creative collaboration in the arts as well as sciences. Presents the Los Angeles County Partnerships Network as an example of the synergistic relationships that researchers and practitioners may develop by embracing components of this collaborative framework.
- B. Dissemination Models and Strategies**
27. Addiction Technology Transfer Centers. (2000). *The change book: A blueprint for technology transfer*. Rockville, MD: Center for Substance Abuse Treatment.
- Discusses the importance of effective technology transfer in the field of substance abuse prevention and treatment. Also presents principles and strategies for effective transfer of information.

28. **Addis, M. E. (2002). Methods for disseminating research products and increasing evidence-based practice: Promises, obstacles, and future directions. *Clinical Psychology: Science and Practice*, 9(4), 367-378.**
Evaluates methods for increasing the use of research products in clinical practice in psychotherapy. Provides a detailed assessment of two approaches: 1) the dissemination of empirically supported treatments and 2) the dissemination of general evidenced-based stances to clinical decision-making, including their promises, obstacles, and future directions. (Non-drug abuse treatment)
29. Andrzejewski, M. E., Kirby, K. C., Morral, A. R., & Iguchi, M. Y. (2001). Technology transfer through performance management: The effects of graphical feedback and positive reinforcement on drug treatment counselors' behavior. *Drug & Alcohol Dependence*, 63, 179-186.
Addresses the low adherence to a research based contingency management intervention protocol at a community methadone clinic and the steps taken to increase adherence of drug treatment counselors to this protocol. Discusses two approaches to facilitating the technology transfer of behavioral drug treatment procedures: 1) systematic feedback, and 2) positive reinforcement.
30. Arthur, M. W., & Blitz, C. (2000). Bridging the gap between science and practice in drug abuse prevention through needs assessment and strategic community planning. *Journal of Community Psychology*, 28 (3), 241-255.
Reviews recent research findings in prevention needs assessment and comprehensive community prevention planning and provides suggestions regarding how to promote the use of science-based prevention strategies in guiding strategic community prevention planning. This article is part of a special issue of the *Journal of Community Psychology* devoted to examining the gap between research and practice in community based substance abuse prevention. (Non-drug abuse treatment)
31. Backer, T. E. (2000). The failure of success: Challenges of disseminating effective substance abuse prevention programs. *Journal of Community Psychology*, 28(3), 363-373.
Identifies the reasons why researchers and providers in the substance abuse prevention field have failed to collaborate and provides recommendations for the dissemination of community-based prevention models. This article is part of a special issue of the *Journal of Community Psychology* devoted to examining the gap between research and practice in community based substance abuse prevention. (Non-drug abuse treatment)
32. Backer, T. E. (2003). Science-based strategic approaches to dissemination. In J. L. Sorensen, R. A. Rawson, J. Guldish, & J. E. Zweben (Eds.), *Drug abuse treatment through collaboration: Practice and research partnerships that work* (pp. 269-286). Washington, DC: American Psychological Association.
Provides an overview of research-based dissemination strategies from various fields that can help identify and close the gap between drug abuse treatment and research. Summarizes the principles that underlie successful dissemination and the dissemination strategies derived from these principles. Suggests new areas for exploration.
Backer, T. E., & David, S. L. (1995). (See overviews section)
33. Bauchner, H., Simpson, L., & Chessare, J. (2001). Changing physician behavior. *Archives of Disease in Childhood*, 84 (6), 459-462.
Focuses on a few select issues in physician behavior change essential to understanding how to facilitate effective physician behavior change. Reviews issues related to quality of care, presents a contemporary view of how physicians make decisions, summarizes what is known about how physicians make decisions, and provides suggestions for successful physician behavior change. (Non-drug abuse treatment)
- Bero, L. A., Grilli, R., Grimshaw, J. M., Harvey, E., & Oxman, A. D. (1998). (See research on technology transfer section)
- Berwick, D. M. (2003). (See conceptual frameworks section)**
34. Brown, B. S. (1995). Reducing impediments to technology transfer in drug abuse programming. In T. E. Backer, S. L. David, & Soucy (Eds.), *Reviewing the behavioral science knowledge base on technology transfer* (NIDA Research Monograph, 155, NIH Publication No. 95-4035). Rockville, MD: National Institute on Drug Abuse. pp. 169-185.
Identifies six factors essential to effective technology transfer based on a review of the literature, followed by a discussion of how these factors enhanced utilization of an outreach effort sponsored by NIDA to educate injection drug users about HIV risks. Provides suggestions for removing impediments to technology transfer.
35. Brown, B. S., & Flynn, P. M. (2002). The federal role in drug abuse technology transfer: A history and perspective. *Journal of Substance Abuse Treatment*, 22(4), 245-257.
Describes the history of the federal role in drug abuse technology transfer and argues that the federal government should lead the effort to promote technology transfer. Presents a model for facilitating technology transfer emphasizing the federal government's role and describes the underlying principles and elements of such a model.
36. Brown, V. B. (2003). Integrating research into a treatment program. In J. L. Sorensen, R. A. Rawson, J. Guldish, and J. E. Zweben (Eds.), *Drug abuse treatment through collaboration: Practice and research partnerships that work* (pp. 249-264).
Describes PROTOTYPES, a community based program that provides health and human services in an environment committed to the integration of research and practice. Discusses the diverse ways in which PROTOTYPES engenders a mutually collaborative relationship between research staff and service providers, highlighting approaches and organizational structures that encourage and sustain this partnership.
Davis, D. A., Thomson, M. A., Oxman, A. D., & Haynes, R. B. (1995). (See literature reviews section)
37. **Carroll, K. M. & Rounsaville, B. J. (2003). Bridging the gap: A hybrid model to link efficacy and effectiveness research in substance abuse treatment. *Psychiatric Services*, 54(3), 333-339.**
Proposes a model that links efficacy and effectiveness research in order to encourage adoption of evidence-based practices in substance abuse treatment. The authors present a hybrid model which retains the design-related features of efficacy research while also focusing on the practice-related issues addressed in effectiveness research.
38. Haines, A., & Jones, R. (1994). Implementing findings of research. *BMJ (British Medical Journal)*, 308(6942), 1488-1492.
Discusses the general delay in innovation implementation in the health care field, and argues for an integrated approach involving components such as evidence based guidelines and professional organizations in accelerating the transfer of knowledge from research to clinical practice. (Non-drug abuse treatment)

- Hawkins, J. D., Catalano, R. F., & Arthur, M. W. (2002). (See technology transfer studies section)
39. Hayes, S. (2002). **Getting to dissemination. *Clinical Psychology: Science and Practice*, 9(4), 410-415.**
The author criticizes the stage model-driven and manualized approach to psychotherapy research as a model of treatment development that impedes research on dissemination. Proposes use of alternative methods, including manipulated training designs that include dissemination research in the first step of the research process, to resolve these issues. (Non-drug abuse treatment)
40. Kirby, K. C., Amass, L., & McLellan, A. T. (1999). Disseminating contingency management research to drug abuse treatment practitioners. In S. T. Higgins, K. Silverman (Eds.), *Motivating behavior change among illicit-drug abusers: Research on contingency management interventions* (pp.327-344) Washington, DC: American Psychological Association.
 Reviews the challenges of disseminating contingency management research to treatment providers, and discusses strategies for addressing these challenges.
41. Lamb, S., Greenlick, M. R., & McCarty, D. (Ed.). (1998). *Bridging the gap between practice and research: Forging partnerships with community-based drug and alcohol treatment*. Washington, D.C.: National Academy Press.
 Provides an overview of why a gap exists between research and drug and alcohol treatment and provides suggestions for overcoming this gap. Discusses the benefits and challenges of collaboration among researchers and community-based treatment providers and recommends strategies to community providers, federal and state agencies, and other decision makers for disseminating knowledge about addiction and treatment. A 12 page summary of this book, *New partnerships for a changing environment: why drug and alcohol treatment providers and researchers need to collaborate*, is available online at: www.nap.edu/books/NI000539/html/index.html
- Martin, G. W., Herie, M. A., Turner, B. J., & Cunningham, J. A. (1998). (See research on technology transfer section)
42. Nutbeam, D. (1996). Achieving "best practice" in health promotion: Improving the fit between research and practice. *Health Education Research*, 11, 317-326.
 Discusses 3 types of health promotion practice (planned, response, and reactive) that employ variable application of research evidence, and identifies key issues and possible solutions to promote a better fit between the development of evidence and its application in health promotion.
 (Non-drug abuse treatment)
43. Obert, J. L., London, E. D., & Rawson, R. A. (2002). Incorporating brain research findings into standard treatment: An example using the Matrix Model. *Journal of Substance Abuse Treatment*, 23 (2), 107-113.
 Introduces the Matrix Model, one of several manualized treatment approaches developed by NIDA as a means of increasing the application of research findings to substance abuse treatment. Describes development of the model, which distills complex neuroscience findings into simplified "psychoeducational" information, as well as its application and adoption in a clinical setting.
44. Oxman, A. D., Thomson, M. A., Davis, D. A., & Haynes, R. B. (1995). No magic bullets: A systematic review of 102 trials of interventions to improve professional practice. *Canadian Medical Association Journal*, 153 (10), 1423-1431.
 Discusses the effectiveness of different types of interventions for improving health professional performance as described in 102 trials conducted between 1970 and 1993.
- Addresses the need to couple interventions with other strategies so that effects may be cumulative and significant.
 (Non-drug abuse treatment)
45. Petry, N. M., & Simcic, F. Jr. (2002). Recent advances in the dissemination of contingency management techniques: Clinical and research perspectives. *Journal of Substance Abuse Treatment*, 23 (2), 81-86.
 Reviews advances in the field of contingency management and explores obstacles and suggestions for program implementation.
46. Rawson, R. A., & Branch, C. (2002) Connecting substance abuse treatment and research: "Let's make a deal". *Journal of Drug Issues*, 32(3), 769-782.
 Addresses the importance of collaborative efforts between substance abuse researchers and treatment providers, as well as financial and logistical issues that may impede the integration of research in a treatment setting. Discusses approaches that tend to the needs and expectations of researchers and clinicians and that may encourage successful partnerships between the two groups.
- Rogers, E. M. (1995). (See conceptual frameworks section)
47. Rogers, E. M. (2002). Diffusion of preventive innovations. *Addictive Behaviors*, 27, 989-993.
 Employs the diffusion of innovations model to derive strategies for accelerating the spread and implementation of addiction prevention information.
 (Non-drug abuse treatment)
48. Rosenheck, R. A. (2001). Organizational process: A missing link between research and practice. *Psychiatric Services*, 52 (12), 1607-1612.
 Identifies organizational process as an unaddressed barrier and potential bridge between research and practice in the mental health field, particularly with respect to large, complex organizations. Cites experience in the implementation of innovative programs in the Department of Veterans Affairs health care system in discussing strategies for moving research into practice.
 (Non-drug abuse treatment)
49. Roy-Byrne, P. P., Sherbourne, C. D., Craske, M. G., Stein, M. B., Katon, W., Sullivan, G., Means-Christensen, A., & Bystritsky, A. (2003). **Moving treatment research from clinical trials to the real world. *Psychiatric Services*, 54 (3), 327-332.**
Describes the step-by-step design of an effectiveness study on treatment for panic disorders in primary care in order to illustrate a process that bridges the gap between efficacy and effectiveness research. Reviews design considerations and the rationale behind the decision-making process and discusses the need for clinical and service researchers to work together to develop hybrid study designs that contain elements of both efficacy and effectiveness research in order to improve effective delivery of evidence-based treatment in mental health and other settings. (Non-drug abuse treatment)
- Sobell, L. C. (1996). (See overviews section)
50. Sorensen, J. L., & Midkiff, E. E. (2002). Bridging the gap between research and drug abuse treatment. *Journal of Psychoactive Drugs*, 32 (4), 379-382.
 Reviews the gap between researchers and drug abuse treatment providers and provides suggestions for institutional and personal changes to close the gap between researchers and practitioners.

Soumerai, S. B. (1998). (See literature reviews section)

(Non-drug abuse treatment)

51. Watson, D. W., Rawson, R. R., Rataemane, S., Shafer, M. S., Obert, J., Bisesi, L., & Tanamly, S. (2003). A distance education model for training substance abuse treatment providers in cognitive-behavioral therapy. *Journal of Teaching in the Addictions, 2*(2), 45-57.

Presents literature supporting the use of a distance education approach to train substance abuse treatment providers in clinical methods. Discusses the need for clinical training to facilitate the adoption of evidence-based cognitive-behavioral therapy and the need to explore the application of distance learning as an efficient and cost-effective tool for technology transfer in the substance abuse field.

C. **Specific Measurement Techniques**

52. Lehman, W. E., Greener, J. M., & Simpson, D. D. (2002). Assessing organizational readiness for change. *Journal of Substance Abuse Treatment, 22*(4), 197-209.

Describes a comprehensive assessment instrument for organizational readiness for change (ORC), representing innovation and personality attributes of program leaders and staff, institutional resources, and organizational climate. Describes the rationale and structure of the ORC and indicates that it can be an important instrument for the study of organizational change and technology transfer.

IV. **Technology Transfer in the Real World**

Addis, M. E. (2002). (See dissemination models and strategies section)

53. Addis, M. E., Wade, W. A. & Hatgis, C. (1999). Barriers to the dissemination of evidence-based practices: Addressing practitioners' concerns about manual-based psychotherapies. *Clinical Psychology: Science and Practice, 6*, 430-441.

Discusses common concerns of practitioners regarding manual-based psychotherapies including 1) effects on the therapeutic relationship, 2) unmet client needs, 3) competence and job satisfaction, 4) treatment credibility, 5) restriction of clinical innovation, and 6) feasibility of manual-based therapies. Provides suggestions for how these issues can be addressed.
(Non-drug abuse treatment)

54. Brown, A. H. (in press). Integrating research and practice in the CSAT Methamphetamine Treatment Project. *Journal of Substance Abuse Treatment*.

This study examines the dynamics of integrating research in practice in community-based treatment organizations that participated in the CSAT Methamphetamine project. The study includes a discussion of participants' experiences and perceptions of the process of integrating a research project into a clinical setting, including concerns about addressing client needs within a research protocol and the effect of research on clinical dynamics.

Brown, B. S., & Flynn, P. M. (2002). (See dissemination models and strategies section)

55. Bulleit, T. N. Jr., & Bonnet, S. M. (1996). Technology transfer: Trends in the federalization of biomedical research. *Academic Medicine, 71*(7), 709-715.

Provides a history of technology transfer laws and issues and highlights the current role of the federal government and related issues in technology transfer, including sponsored research agreements, conflicts of interest, scientific misconduct, and the prospect of government price control over some biomedical inventions.

56. Carroll, K. M., Farentinos, C., Ball, S. A., Crits-Christoph, P., Libby, B., Morgenstern, J., Obert, J. L., Polcin, D., & Woody, G. E. (2002). MET meets the real world: Design issues and clinical strategies in the Clinical Trials Network. *Journal of Substance Abuse Treatment, 23*, 73-80.

Describes the development of a protocol to implement a multi-site study evaluating the effectiveness of Motivational Enhancement Therapy and Motivational Interviewing in community-based substance abuse treatment programs. Discusses challenges and strategies related to developing and implementing the protocol and the clinical issues involved in training and supervision of the "real world" clinicians who delivered the interventions.

57. Dansereau, D. F., & Dees, S. M. (2001). Mapping training: The transfer of a cognitive technology for improving counseling. *Journal of Substance Abuse Treatment, 22*(4), 219-230.

Examines the transfer of a complex drug abuse counseling technology to provide information that will reduce the gap between research and practice. Describes the development of cognitive mapping and obstacles to its transfer to treatment, and provides strategies for successful training.

58. Fals-Stewart, W., & Birchler, G. R. (2001). A national survey of the use of couples therapy in substance abuse treatment. *Journal of Substance Abuse Treatment, 20*(4), 219-230.

Discusses the lack of use of Behavioral Couples Therapy (BCT) in substance abuse treatment despite very strong empirical support for BCT and addresses the barriers that impede the transfer of BCT to the substance abuse treatment community.

59. Forman, R. F., Svikis, D., Montoya, I. D., & Blaine, J. (2004). *Journal of Substance Abuse Treatment, 27*, 1-8.

Describes the process used by the Clinical Trials Network to select a diagnostic instrument to be used in its clinical trials to illustrate an example of practice/research collaboration. Investigators and treatment providers ranked the five most commonly used instruments to diagnose substance use disorders with the aid of a table comparing the instruments on eight dimensions associated with their suitability for use in practice and research. An instrument was selected after an open debate and vote. Discusses the need to standardize the use of diagnostic instruments when conducting multi-site community-based clinical trials and explores implications for practice/research collaborations.

60. Gendreau, P. (1995). Technology transfer in the criminal justice field: Implications for substance abuse. T. E. Backer, S. L. David, & Soucy (Eds.), *Reviewing the behavioral science knowledge base on technology transfer* (NIDA Research Monograph, 155, NIH Publication No. 95-4035). Rockville, MD: National Institute on Drug Abuse, pp. 198-208.

Highlights the lack of knowledge transfer from the criminal justice field to the substance abuse field despite the overlap between the clientele served by both systems. Proposes that knowledge destruction prevents the transfer of knowledge across these related fields and summarizes the principles of implementing effective technology transfer.

61. Glasgow, R. E., Lichtenstein, E., & Marcus, A. C. (2003). Why don't we see more translation of health promotion research to practice? Rethinking the efficacy-to-effectiveness transition. *American Journal of Public Health, 93*, 1261-1267.

Addresses the health promotion research to practice gap, and finds culpability in the assumption that successful efficacy research logically leads to good effectiveness studies. Uses the RE-AIM dimensions of program evaluation

- to define distinctive characteristics of efficacy and effectiveness research, provides reasons for the disconnect between these two research types, and proposes changes to bridge this disconnect.
(Non-drug abuse treatment)
62. Kavanagh, K. H. (1995). Collaboration and diversity in technology transfer. T. E. Backer, S. L. David, & Soucy (Eds.), *Reviewing the behavioral science knowledge base on technology transfer* (NIDA Research Monograph, 155, NIH Publication No. 95-4035). Rockville, MD: National Institute on Drug Abuse, pp. 42-64.
Examines the conflicting theoretical perspectives, values, and cultures of researchers and drug abuse treatment providers as the primary barrier to technology transfer. Discusses the need to develop a theoretical framework that features collaboration among front-line workers and leadership and the management of diversity as a guide to technology transfer.
63. Ling, W., Smith, D. (2002). Buprenorphine: Blending practice and research. *Journal of Substance Abuse Treatment, 23* (2), 87-92.
Presents a brief introduction of office-based buprenorphine, recently approved in the United States as an agent in treating opiate addiction. Includes discussion of buprenorphine's implementation in France and Australia and presents issues that will be central in successfully integrating buprenorphine into standard treatment practices in the U.S.
64. Mattson, M. E., & Donovan, D. M. (1994). Clinical applications: The transition from research to practice. *Journal of Studies on Alcohol, Supplement, 12*, 163-166.
Describes the need to incorporate evidence-based alcoholism treatment methods into on-going programs. Provides an overview of the challenges to improving researcher-provider interactions.
(Non-drug abuse treatment)
65. **Meza, E. & Kranzler, H. R. (1996). Closing the gap between alcoholism research and practice: The case for pharmacotherapy. *Psychiatric Services, 47* (9), 917-920.**
Reviews recent advances in the pharmacotherapy of alcoholism. Discusses the integration of pharmacotherapy with traditional psychosocial interventions and potential impediments to the dissemination of research findings into clinical practice.
(Non-drug abuse treatment)
66. Morgenstern, J. (2000). Effective technology transfer in alcoholism treatment. *Substance Use and Misuse, 35*(12-14), 1659-1678.
Describes the widespread use of the Minnesota model by alcohol treatment providers despite the lack of evidence based support for its effectiveness. Identifies the allegiance of researchers and providers to contrasting treatment models as a barrier to researcher-practitioner collaboration and discusses the need to facilitate evidence based care in alcohol treatment services.
(Non-drug abuse treatment)
67. Morin, S. F., & Collins, C. (2000). Substance abuse prevention: Moving from science to policy. *Addictive Behaviors, 25*(6), 975-83.
Criticizes the current federal anti-drug strategy of emphasizing supply reduction over demand reduction and discusses the need to establish a body of research supporting substance abuse prevention. Suggests several ways in which prevention science can influence substance abuse prevention policy.
(Non-drug abuse treatment)
68. Rawson, R. A., Marinelli-Casey, P. J., & Huber, A. (2002). A multisite evaluation of treatment of methamphetamine dependence in adults. *New Directions for Evaluations, 94*, 73-87.
Describes the goals and the development of the design of the **Methamphetamine Treatment Project, a multi-site study examining the efficacy and effectiveness of a manualized treatment model for methamphetamine abuse in community treatment programs. The study serves as an example of the need to modify traditional clinical research design in community treatment settings in order to accommodate real-world needs. Includes a discussion of lessons learned.**
- Reback C. J., Cohen, A. J., Freese, T. E., & Shoptaw, S. (2002). (See overviews section)**
69. Rogers, E. M. (1995). Diffusion of drug abuse prevention programs: Spontaneous diffusion, agenda setting, and reinvention. In T. E. Backer, S. L. David, & Soucy (Eds.), *Reviewing the behavioral science knowledge base on technology transfer* (NIDA Research Monograph, 155, NIH Publication No. 95-4035). Rockville, MD: National Institute on Drug Abuse, pp. 90-105.
Examines the widespread diffusion of drug abuse prevention programs despite research indicating that such programs have limited effectiveness. Discusses the factors involved in the diffusion and adoption of drug abuse prevention programs through an analysis of the diffusion of two programs: Project DARE and Project STAR.
(Non-drug abuse treatment)
70. Zweben, J. E., Cohen, J. B., Obert, J., Vandersloot, D., & Marinelli-Casey, P. (2000). Conducting trials in community settings: The provider perspective. *Journal of Psychoactive Drugs, 32*(2), 193-199.
Describes factors that hindered or fostered the development of a research-to-practice relationship in implementing a treatment protocol (developed by the Matrix Center in Los Angeles) in a community drug treatment system. Also provides recommendations for developing and maintaining productive collaboration between researchers and clinicians in this setting.

V. Technology Transfer Studies (examples)

71. Carise, D., Cornely, W., & Gurel, O. (2002). A successful researcher-practitioner collaboration in substance abuse treatment. *Journal of Substance Abuse Treatment, 23*, 157-162.
Presents the Drug Evaluation Network System (DENS), a real world example of a partnership designed to close the research-to-practice gap. Also discusses general factors important in implementing and maintaining successful research-to-practice integrations
72. Gleghorn, A. A., & Cotter, F. (2003). National and local perspectives on the center for substance abuse treatment practice/research collaborative and practice improvement collaborative initiatives. In J. L. Sorensen, R. A. Rawson, J. Gurdish, & J. E. Zweben (Eds.), *Drug abuse treatment through collaboration: practice and research partnerships that work* (pp. 213-225). Washington, DC: American Psychological Association.
Describes the establishment of the Practice Improvement Collaborative (PIC), a national program which fosters and maintains collaborations between different sectors of the substance abuse field with the goal of implementing and improving evidence based substance abuse treatment in community settings. Describes the implementation and collaboration activities of a local PIC.

73. Gleghorn, A., Rosenbaum, M., & Garcia, B. A. (2001). Bridging the gap in San Francisco: The process of integrating harm reduction and traditional substance abuse services. *Journal of Psychoactive Drugs*, 33 (1), 1-7.
Discusses the gap between traditional substance abuse providers and harm reduction providers and describes three "Bridging the Gap" conferences sponsored by the San Francisco Department of Public Health which were convened to improve standards of care and develop best practice principles in integrating harm reduction into traditional substance abuse services.
74. Hagan, H., Des Jarlais, D. C., & Purchase, D. (2003). The Tacoma syringe exchange studies: Public health practice influences research. In J. L. Sorensen, R. A. Rawson, J. Guydish, & J. E. Zweben (Eds.), *Drug abuse treatment through collaboration: practice and research partnerships that work* (pp. 71-84). Washington, DC: American Psychological Association.
Describes the establishment of a syringe exchange program and its subsequent growth and promotion within the community through on-going collaborations with both researchers and public health officials to develop the program and to conduct studies to test the effectiveness of the program.
75. Hawkins, J. D., Catalano, R. F., & Arthur, M. W. (2002). Promoting science-based prevention in communities. *Addictive Behaviors*, 27, 951-976.
Describes the Communities That Care (CTC) prevention operating system, a field-tested strategy for activating communities to use evidence based prevention strategies and to implement these interventions into existing community organizations. Describes the background and use of the CTC operating system and results of evaluations of implementation of that system.
(Non-drug abuse treatment)
76. Huber, A., Lord, R. H., Gulati, V., Marinelli-Casey, P., Rawson, R., & Ling, W. (2000). The CSAT methamphetamine treatment program: research design accommodations for "real world" application. *Journal of Psychoactive Drugs*, 32 (2), 149-156.
Presents the Methamphetamine Treatment Project, a multisite study of the efficacy and effectiveness of the Matrix model, as an example of how to transfer research-based treatments and to conduct research in community settings. Discusses the rationale for the research design of the project and the challenges of integrating the clinical trial into the community sites.
77. Liddle, H. A., Rowe, C. L., Quille, T. J., Dakof, G. A., Mills, D. S., Sakran, E., et al. (2002). Transporting a research-based adolescent drug treatment into practice. *Journal of Substance Abuse Treatment*, 22(4), 231-243.
Describes the implementation of a research-developed family therapy for adolescent drug users, Multidimensional Family Therapy (MDFT), into an intensive day treatment program. Discusses the key events and principles underlying this technology transfer process and provides a conceptualization of the technology transfer based on Simpson's organizational change model.
78. McCarty, D., Rieckmann, T., Green, C., Gallon, S., & Knudsen, J. (2004). **Training rural practitioners to use buprenorphine: Using *The Change Book* to facilitate technology transfer.** *Journal of Substance Abuse Treatment*, 26 (3), 203-208.
Describes the training of health care practitioners and drug abuse treatment providers to use buprenorphine and the development of community treatment protocols designed to engage opioid-dependent patients in drug abuse counseling. A 10-step blueprint for change was used to guide the training and technology transfer activities. Discusses the importance of developing linkages between physicians, pharmacists, allied health practitioners, and drug abuse counselors in order to facilitate technology transfer.
79. Rawson, R. A., McCann M. J., Huber, A., Marinelli-Casey, P., & Williams, L. (2000). Moving research into community settings in the CSAT methamphetamine treatment project: The coordinating center perspective. *Journal of Psychoactive Drugs*, 32 (2), 201-208.
Describes challenges faced by the CSAT Methamphetamine Treatment Project's coordinating center as it has attempted to bring research into community treatment organizations. Discusses the different "cultures and values" of the researchers and clinical organizations and provides the lessons learned about how to conduct a clinical trial in community treatment organizations.
80. Robbins, M. S., Bachrach, K., & Szapocznik, J. (2002). Bridging the research-practice gap in adolescent substance abuse treatment: The case of brief strategic family therapy. *Journal of Substance Abuse Treatment*, 23 (2), 123-132.
Presents the format of Brief Strategic Family Therapy (BSFT), an empirically proven family-based intervention for adolescent substance abusers, and explores practical issues in integrating this intervention with adolescent community treatment services.
81. Sorensen, J. L., & Clark, W. W. (1995). A field-based dissemination component in a drug abuse research center. In T. E. Backer, S. L. David, & Soucy (Eds.), *Reviewing the behavioral science knowledge base on technology transfer* (NIDA Research Monograph, 155, NIH Publication No. 95-4035). Rockville, MD: National Institute on Drug Abuse, pp. 186-197.
Presents an example of how dissemination techniques and other communication activities can be built into ongoing research projects. Describes the integration of technology transfer activities into a drug abuse research center which provided community liaison, policy, and dissemination functions.

VI. Research on Technology Transfer

82. Allery, L. A., Owen, P., & Robling, M. R. (1997). Why general practitioners change their clinical practice: A critical incident study. *BMJ (British Medical Journal)*, 314(7084), 870-874.
Describes a study which identified and categorized the reasons why physicians change their clinical practice and measured how often education was involved in change.
(Non-drug abuse treatment)
83. Ball, S., Bachrach K., DeCarlo, J., Farentinos, C., Keen, M., McSherry, T., Polcin, D., Snead, N., Sockriter, R., Wrigley, P., Zammarelli, L., & Carroll K. (2002). Characteristics, beliefs, and practices of community clinicians trained to provide manual-guided therapy for substance abusers. *Journal of Substance Abuse Treatment*, 23 (4), 309-318.
Describes a study in which a heterogeneous sample of community providers were trained in Motivational Interviewing or Motivational Enhancement Therapy in order to evaluate and understand the characteristics of clinicians willing to participate in this technology transfer process.
84. Bero, L. A., Grilli, R., Grimshaw, J. M., Harvey, E., & Oxman, A. D. (1998). Closing the gap between research and practice: An overview of systematic reviews of interventions to promote the implementation of research findings. *BMJ (British Medical Journal)*, 317 (7156), 465-468.
Examines systematic reviews of various strategies for the dissemination and implementation of research findings in the healthcare field to assess the effectiveness of different strategies and to assess the quality of the systematic reviews.

(Non-drug abuse treatment)

Brown, B. S. (2000). (See overviews section)

85. Crits-Christoph, P., Siqueland, L., Chittams, J., Barber, J. P., Beck, A. T., Frank, A., Liese, B., Luborsky, L., Mark, D., Mercer, D., Onken, L. S., Najavits, L. M., Thase, M. E., & Woody, G. (1998). Training in cognitive, supportive-expressive, and drug counseling therapies for cocaine dependence. *Journal of Consulting and Clinical Psychology, 66* (3), 484-492.
Presents a study that evaluated the effects of manual-guided training on therapists' adherence and competence to three treatment modalities for cocaine dependence. The study also evaluated the effect of the training on the therapeutic alliance.
86. Forman, R. F., Bovasso, G., & Woody, G. (2001). Staff beliefs about addiction treatment. *Journal of Substance Abuse Treatment, 21* (1), 1-9.
Describes the procedures and findings of a survey of staff beliefs about addiction treatment and draws correlations between staff characteristics and staff beliefs regarding various types of addiction treatment. Discusses implications of these findings for technology transfer.
87. Forman, R. F., Bovasso, G., Woody, G., McNicholas, L., Clark, C., Royer-Malvestuto, C., & Weinstein, S. (2002). Staff beliefs about drug abuse clinical trials. *Journal of Substance Abuse Treatment, 23*, 55-60.
Staff in community-based substance abuse treatment programs were surveyed about their knowledge and attitudes regarding clinical trials before and after they completed an educational session on the conduct of clinical trials. The study identified gaps in the staff's knowledge and understanding of critical issues in clinical trials and assessed the degree to which staff knowledge changed after the information session.
88. Kelly, J. A., Somlai, A. M., DiFranceisco, W. J., Otto-Salaj, L. L., McAuliffe, T. L., Hackl, K. L., Heckman, T. G., Holtgrave, D. R., & Rompa, D. (2000). Bridging the gap between the science and service of HIV prevention: Transferring effective research-based HIV prevention interventions to community AIDS service providers. *American Journal of Public Health, 90* (7), 1082-1088.
Presents a study which compared the effectiveness of three technical assistance strategies for disseminating the social-cognitive HIV risk reduction intervention model from research to community providers of HIV prevention services.
(Non-drug abuse treatment)
89. Mark, T. L., Kranzler, H. R., & Song, X. (2003). Understanding US addiction physicians' low rate of naltrexone prescription. *Drug and Alcohol Dependence, 71*, 219-228.
Presents a study examining factors limiting physicians' use of naltrexone in alcoholism treatment. The study uses a model of physician prescribing decisions to understand the factors influencing physicians' decisions to prescribe naltrexone.
(Non-drug abuse treatment)
90. Martin, G. W., Herie, M. A., Turner, B. J., & Cunningham, J. A. (1998). A social marketing model for disseminating research-based treatments to addictions treatment providers. *Addiction, 93* (11), 1703-1715.
Describes and evaluates the application of a dissemination model based on principles of social marketing and diffusion theory in a substance abuse treatment setting.
91. McGovern, M. P., Fox, T. S., Xie, H., & Drake, R. E. (2004). A survey of clinical practices and readiness to adopt evidence-based practices: Dissemination research in an addiction treatment system. *Journal of Substance Abuse Treatment, 26*, 305-312.
Surveyed addiction treatment directors and clinicians to identify clinical practices and motivation and readiness to adopt various evidence-based practices. The study found that both front-line clinicians and program directors endorsed a range in treatment approaches, with some evidence-based practices favored over other practices.
92. Miller, W. R., & Mount, K. A. (2001). A small study of training in motivational interviewing: Does one workshop change clinician and client behavior? *Behavioural and Cognitive Psychotherapy, 29*, 457-471.
Presents a study that examined the effects of a motivational interviewing workshop on the practice behavior of counselors who participated in the training and on client behavior.
(Non-drug abuse treatment)
93. Miller, W. R., Yahne, C. E., Moyers, T. B., Martinez, J., & Pirritano, M. (in press). A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology*.
Presents findings from the Evaluating Methods for Motivation Enhancement Education (EMMEE) study, which randomized substance abuse treatment health professionals into five different motivational interviewing (MI) training conditions to determine the effectiveness of the dissemination methods. Findings indicated that common methods of clinical skill acquisition (self study and one-time workshops) yielded little improvement in MI proficiency, whereas the provision of feedback and/or coaching resulted in higher levels of proficiency and retention. Surprises and caveats are discussed, as well as the implications for training individuals in complex clinical skills such as MI.
94. Oldenburg, B. F., Sallis, J. F., French, M. L., & Owen, N. (1999). Health promotion research and the diffusion and institutionalization of interventions. *Health Education Research, 14*(1), 121-130.
Examines the extent to which health promotion research is providing an empirical basis for the diffusion and implementation of effective intervention via an audit of all articles in 12 public health and health promotion journals for the 1994 calendar year.
(Non-drug abuse treatment)
95. Rohrbach, L. A., Graham, J. W., & Hansen, W. B. (1993). Diffusion of a school-based substance abuse prevention program: Predictors of program implementation. *Preventive Medicine, 22* (2), 237-260.
Presents a study which examined the diffusion of a psychosocial-based substance abuse prevention program, including (a) teacher adoption, implementation, and maintenance; (b) teacher characteristics associated with implementation; (c) the relationship between integrity of program delivery and program outcomes; and (d) the effectiveness of teacher training and school principal involvement in increasing implementation.
(Non-drug abuse treatment)
96. Roman, P. M., & Johnson, J. A. (2002). Adoption and implementation of new technologies in substance abuse treatment. *Journal of Substance Abuse Treatment, 22*(4), 211-218.
Presents a study which assessed the predictive utility of organization-level features of substance abuse treatment centers in understanding the adoption and implementation of naltrexone. Features of the organizational structure, leadership and

caseload characteristics of substance abuse treatment organizations were examined as possible predictors of the adoption and implementation of naltrexone.

97. Schildhaus, S. (2002). How do substance "abuse" providers get information to improve treatment? *Substance Use and Misuse*, 37 (8-10), 1089-1091.

Describes recent efforts to improve communication between substance abuse researchers and treatment communities including a brief introduction of a study which will examine what information sources clinicians and facility managers use and what they need to improve treatment.

98. Taxman, F. S., & Bouffard, J. A. (2003). Substance abuse counselors' treatment philosophy and the content of treatment services provided to offenders in drug court programs. *Journal of Substance Abuse and Treatment*, 25, 75-84.

This study explores the relationship between beliefs and philosophies of substance abuse counselors and the treatment administered to clients ordered into treatment by four different drug courts. Examines the link between counselor beliefs and theoretical orientations to treatment approaches. Implications for adoption of evidence-based practices and management quality assurance are discussed.

99. Thomas, C. P., Wallack, S. S., Lee, S., McCarty, D., & Swift, R. (2003). Research to practice: Adoption of naltrexone in alcoholism treatment. *Journal of Substance Abuse Treatment*, 24, 1-11.

Presents a study on the adoption of naltrexone among alcoholism treatment providers. Examines the reasons why clinicians have adopted naltrexone into practice and what clinical and non-clinical factors act as barriers to its use. Describes a conceptual model of technology diffusion as a basis for understanding the factors contributing to the limited diffusion of naltrexone. (Non-drug abuse treatment)