

From the Tower to the Trench: Strategies for Disseminating Clinical Research

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AGRI, 2005

The Shared Goal

- To provide persistent, incremental improvements in the quality and effectiveness of gambling prevention and treatment which results in better quality of life for more people.

What Are Evidence-Based Practices?

Interventions that show consistent scientific evidence of being related to preferred client outcomes.

Evidence-Based Gambling Treatment- The Researchers' Perspective

Gold Standard

- Multiple randomized clinical trials

Second Tier

- Consensus reviews of available science

Third Tier

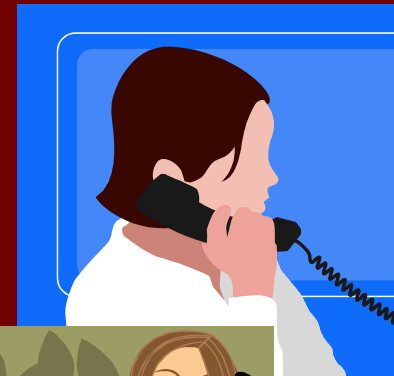
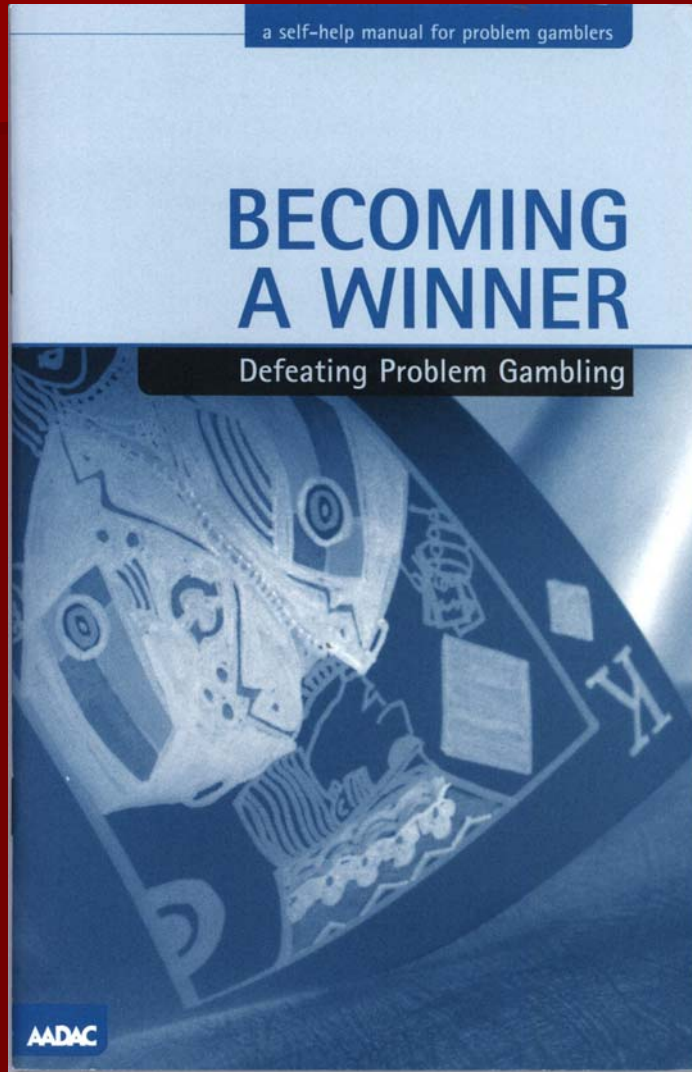
- Expert opinion based on clinical observation

(Drake, et al. 2001. Implementing evidence based practices in routine mental health service settings. *Psychiatric Services*, 52, 179 – 182)

Randomized Clinical Trials

- Toneatto & Ladouceur (2003)
 - 11 RCTs identified
 - Imaginal desensitization, aversion, cognitive-behavioural
 - Methodologically poor, sample sizes and follow-up rates

Problem Gambling Self-recovery Program



Self-Recovery Program

- SAMHSA – “promising program”
- Oregon pilot project
- Germany, Brazil
- AADAC – Alberta

But how can it be more effectively disseminated? 

The Policy-maker's Perspective

“Everything should be made as simple as possible, ...but not simpler” Einstein

(Gregrich, J. (2003). A note to researchers: Communicating science to policy makers and practitioners. *J of Sub Abuse Treat*, 25, 233 – 337)

The Problems

- Research is inaccessible
 - Language, location
- Findings are equivocal
- In gambling, the major outcomes are based upon self-report
- Findings do not account for decision-making cycles of policy makers

More problems

- Findings do not account for resource limitations
- Research questions are not policy-relevant
- Researchers do little to distinguish themselves from other self-interested parties seeking to influence policy or resource allocation

**So, how do you
decide what to
do?**



Three Models of Dissemination

- Roger's Diffusion of Innovation Theory
 - Most widely applied – from agriculture to substance abuse prevention
 - Based upon success stories
 - Five stage process
 - Key factors for success
 - Perceived advantage
 - Compatibility
 - Simplicity
 - Graduated
 - Observable change

Social Marketing Theory

- Martin et al., 1998 – Guided self-change
- Four Phases
 - Market Analysis
 - Market Segmentation
 - Market Strategy – product launch
 - Evaluation Phase

Community Organization Model

- Bracht at al., 1999
- Health promotion in the community
- Overlaps with Diffusion and Social Marketing Theories

Stirman Synthesis and Tips

1. Planning Phase
2. Training and implementation
3. Measuring and publicizing success
4. Maintenance and follow-up

Stirman et al., (2004). Achieving successful dissemination of empirically supported psychotherapies. *Clinical Psychology. Science and Practice*, 11, 343-359

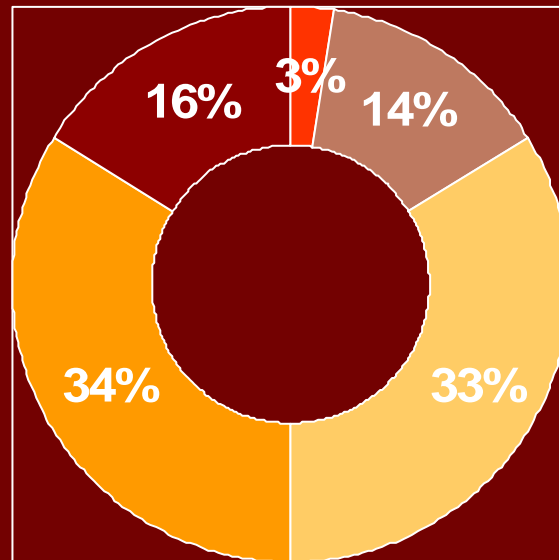
1. Planning Phase

- conduct focus groups
- appoint an advisory board
- secure adequate funding
- consider and address barriers
- conduct a readiness analysis
- match the appropriate innovation to the appropriate agency
- determine the appropriate innovation-decision

1. Planning Phase

- Theme is Assessment and Collaboration
- Bidirectional
 - Top-down?
- Interpersonal issues - Opinion leaders

Adopter Categorization



Adapted from Rogers, 2002

2. Training and implementation

- Intensive and sustained

3. Measuring and publicizing success

- Multiple outcomes
- Value of ambassadors
- Berwick (2003) – 20% tip point

4. Maintenance and follow-up

- routine?

Implications for Self-recovery and other Evidence-based Interventions?

- Feasibility?
- Implications?
 - Reno model theme of collaboration
 - Legitimate Funding Priority