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Latent practice profiles of substance abuse treatment counselors: Do evidence-based techniques displace traditional techniques?

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ABSTRACT

As more substance abuse treatment counselors begin to use evidence-based treatment techniques, questions arise regarding the continued use of traditional techniques. This study aims to (1) assess whether there are meaningful practice profiles among practitioners reflecting distinct combinations of cognitive–behavioral and traditional treatment techniques; and (2) if so, identify practitioner characteristics associated with the distinct practice profiles. Survey data from 278 frontline counselors working in community substance abuse treatment organizations were used to conduct latent profile analysis. The emergent practice profiles illustrate that practitioners vary most in the use of traditional techniques. Multinomial regression models suggest that practitioners with less experience, more education, and less traditional beliefs about treatment and substance abuse are least likely to mix traditional techniques with cognitive–behavioral techniques. Findings add to the understanding of how evidence-based practices are implemented in routine settings and have implications for training and support of substance abuse treatment counselors.

1. Introduction

Substance abuse treatment is steeped in tradition and norms of peer service delivery (Miller, Sorensen, Selzer, & Brigham, 2006). Nevertheless, influenced by a wider move toward evidence-based practice, treatment organizations have adopted evidence-based techniques (Garner, 2009; Roman, Abraham, Rothrauff, & Knudsen, 2010), and more frontline practitioners are using treatment techniques supported by evidence (Amodeo et al., 2013; Najavits, Kivlahan, & Kosten, 2011). Studies of the implementation of evidence-based treatment techniques in substance abuse treatment have clarified organizational and individual characteristics that promote greater use of evidence-based treatment approaches such as pharmaceutical-based treatments (Abraham, Knudsen, & Roman, 2011; Roman, Abraham, & Knudsen, 2011), motivational interviewing (Guydish, Jessup, Tajima, & Manser, 2010; Wood, Ager, & Wood, 2011), and cognitive–behavioral treatments (Bride, Abraham, & Roman, 2011; Henggeler, Schidow, Cunningham, Donohue, & Ford, 2008; Rawson et al., 2013). Whereas a strong literature is developing on the adoption and implementation of new practices and those factors that promote greater use of evidence-based treatment approaches, we know far less about the use of traditional practices. Questions arise when considering how practitioners integrate new, evidence-based techniques with traditional techniques. When substance abuse treatment counselors make greater use of evidence-based approaches, do they also make lesser use of traditional approaches? Do new evidence-based treatment practices go hand in hand with traditional approaches? In addition to efforts to promote the implementation of evidence-based practices, do treatment providers want or need help to phase out practices lacking strong evidence of effectiveness?

This study aims to identify practice profiles of substance abuse treatment counselors. Rather than assume that greater use of evidence-based treatment approaches coincides with lesser use of traditional treatment approaches, the study assesses whether counselors commonly use techniques from different approaches. Upon indentifying practice profiles, we investigate counselor characteristics associated with the practice profiles. Specifically, the study aims to address the following two research questions:

1. Are there meaningful practice profiles among community-based substance abuse treatment counselors reflecting combinations of cognitive–behavioral and traditional techniques?
2. If so, what counselor characteristics are associated with different practice profiles?

2. Background

2.1. Implementation challenges

Addiction treatment approaches shown to enhance positive outcomes under test conditions – commonly labeled "evidence-based

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treatments" – are often difficult to implement in typical community settings (Condon, Miner, Balmer, & Pintello, 2008; IOM, 2005). Some even question whether the client outcome benefits demonstrated in clinical trials can be achieved in routine settings (Manuel, Hagedorn, & Finney, 2011). To help fill the gap between intervention trials and common use, a new field of "implementation science" seeks to clarify the implementation process and identify practitioner and organizational characteristics that enhance routine use of evidence-based treatments (Chambers, 2008; Damschroder & Hagedorn, 2011). As we learn more about implementation challenges, the conceptualization of the gap between "test tube" treatment conditions and much everyday practice is evolving. Whereas early work focused on "transporting" evidence-based interventions to routine settings (Schoenwald & Hoagwood, 2001), more recent work emphasizes the importance of integrating evidence-based interventions with practice wisdom, identifying the core elements of evidence-based interventions, and developing the potential for routine community settings to produce evidence in place (Aarons, Hurlburt, & Horwitz, 2011; Gifford et al., 2012; Mitchell, 2011). New ways of thinking require greater knowledge about existing frontline practices.

2.2. Implementation theory and substance abuse treatment

Much conceptualization of the implementation of evidence-based practices reflects Everett Roger's (2003) work on the diffusion of innovations. Rogers' work is very helpful in conceptualizing how new practices can spread among social networks or organizations, and for understanding how individuals reach a decision to adopt a new or evidence-based practice. Rogers' ideas pertain to a wide range of practices. Nevertheless, there is an important difference between most of the innovative practices Rogers addressed and much substance abuse treatment. Rogers, for example, spoke of old practices as practices that an "innovation will replace," indicating that old practices cease with innovation adoption (Rogers, 2003, p. 255). Whereas some evidence-based substance abuse treatments involve adoption of a particular manualized approach to the exclusion of other techniques, much substance abuse treatment involves a variety of techniques, some of which may continue even if a new, manualized treatment is adopted.

2.3. Treatments, treatment components and techniques

The term "substance abuse treatments" and the plural noun evidence-based "treatments" refer to particular, perhaps copyrighted, sets of practices that commonly include a manual offering guidance for implementation (Chambless & Hollon, 1998). Some researchers argue that client needs will be best addressed by shifting focus from packaged, manualized treatments to the smaller practice components that may comprise effective treatments or even transcend them (Manuel et al., 2011; Morgenstern & McKay, 2007; Wachtel, 2010). Chorpita, Daleiden, and Weisz (2005), for example, illustrate how components of various evidence-based treatments can be "distilled" and targeted to address particular client needs. In applying similar ideas to substance abuse treatment, Rudolf H. Moos (2007) observes that various evidence-based substance abuse treatments share common active ingredients or social processes. He argues that counselor training should focus more on evidence-based treatment processes rather than on manualized, packaged treatments. Gifford et al. (2012) similarly observe that manualized evidence-based treatments are composed of smaller practice components. Their investigation of practitioners' endorsement and reported use of smaller components as well as complete evidence-based treatments suggested that practitioners use a range of treatment components in routine practice.

Considering the likelihood that substance abuse treatment practitioners select components from different treatments, a practitioner could potentially implement part of a new treatment approach while continuing to also use components of old treatment approaches. Some argue that counselors in routine settings may be more likely to implement evidence-based techniques when they combine new techniques with traditional techniques rather than face the prospect of jettisoning traditional techniques all together (Manuel et al., 2011). Indeed, one study found that practitioners who endorsed traditional treatment approaches nevertheless remain open to cognitive–behavioral approaches and report using a range of practice approaches, including cognitive–behavioral approaches (McGovern, Fox, Xie, & Drake, 2004). Combining new and old techniques may be especially likely if counselors have an emotional or spiritual commitment to traditional techniques, perhaps even based in personal experience (Manuel et al., 2011). Hence, implementation of new, evidence-based treatments may or may not involve surrendering former practices.

Of course, counselors practice within organizational contexts, and organizational dynamics affect practice preferences and the capacity to exercise them (D'Aunno, 2006; Glisson et al., 2008; Simpson, 2002). Counselors are more likely to use practices supported by evidence when their organizations are open to new practices and prepared to change (Baer et al., 2009; Simpson, 2002; Smith & Manfredo, 2011), and when they perceive administrative support for innovation (Knudsen & Studts, 2010; Scott & Bruce, 1994; Simpson, Joe, & Rowan-Szal, 2007). Likewise, researchers have identified organizational influences on the use of traditional practices. Moos and Moos (1998), for example, found that counselors in more supportive and goal-directed residential treatment settings were more likely to adhere to disease-model beliefs about substance abuse and more likely to use 12-step treatment techniques. We have more to learn about ways that organizational contexts influence the combinations of techniques counselors use.

If substance abuse treatment can involve a combination of new and old practices, interesting questions emerge about the degree to which practitioners give up old techniques as they implement new techniques. Other questions emerge about the implications of combining new and old treatment techniques, particularly if underlying theories of different treatment approaches conflict. Cognitive–Behavioral approaches, for example, include techniques focused on helping clients to feel empowered to make their own decisions and gain a sense of self efficacy, whereas traditional approaches may encourage clients to acknowledge helplessness and surrender control to a higher power (Miller, 2008).

2.4. Knowledge gaps

Given the growing body of knowledge about substance abuse treatment, it is surprising that we still know so little about what takes place in typical treatment sessions (Weingardt & Gifford, 2007). Sometimes treatment sessions are audio or video-taped and later reviewed and coded for adherence to a treatment protocol, particularly if a treatment agency is affiliated with university-based researchers. The vast majority of treatment sessions in routine settings, however, are not recorded. As a consequence, researchers have noted a lack of knowledge about "treatment as usual" to which evidence-based treatments are often compared and believed to offer superior outcomes (Gifford et al., 2012). To appropriately compare and evaluate evidence of treatments' relative effectiveness, we need to know more about routine practice.

2.5. Study aims

Many studies have investigated factors associated with the use of new and evidence-based treatment practices. Few studies, however, have investigated whether implementation of new treatment techniques coincides with the use of old techniques, or whether and/or how practitioners combine new and old techniques in routine