

## 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

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### Abstract

Since 2001, the National Drug Abuse Treatment Clinical Trials Network (CTN) has worked to put the results of its trials into the hands of community treatment programs, in large part through its participation in the National Institute on Drug Abuse—Substance Abuse and Mental Health Services Administration Blending Initiative and its close involvement with the Center for Substance Abuse Treatment's Addiction Technology Transfer Centers. This article describes (a) the CTN's integral role in the Blending Initiative, (b) key partnerships and dissemination pathways through which the results of CTN trials are developed into blending products and then transferred to community treatment programs, and (c) three blending initiatives involving buprenorphine, motivational incentives, and motivational interviewing. The Blending Initiative has resulted in high utilization of its products, preparation of more than 200 regional trainers, widespread training of service providers in most U.S. States, Puerto Rico, and the U.S. Virgin Islands and movement toward the development of Web-based implementation supports and technical assistance. Implications for future directions of the Blending Initiative and opportunities for research are discussed. © 2010 Elsevier Inc. All rights reserved.

**Keywords:** Dissemination; Technology transfer; Treatment adoption; Treatment implementation; Buprenorphine; Motivational incentives; Motivational interviewing; Evidence-based treatment; Substance abuse

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## 1. Introduction

The National Institute on Drug Abuse (NIDA) established the National Drug Abuse Treatment Clinical Trials Network (CTN) in 1999 with two major aims: (a) to conduct pharmacological and behavioral treatment trials to determine the effectiveness of drug abuse interventions within diverse community treatment programs and patient populations and (b) to transfer research results from its trials to community program providers and their patients. This article describes how the CTN has approached this second aim over the past decade through its contribution to the NIDA—Substance Abuse and Mental Health Services Administration (SAMHSA) Blending Initiative and its partnerships with researchers, community treatment program providers, and the SAMHSA Center for Substance Abuse Treatment's (CSAT) Addiction Technology Transfer Centers (ATTCs). The article also details the pathways by which the results of CTN trials are developed into dissemination products and then transferred to community programs and providers. Finally, the article describes three blending initiatives that promote the adoption and implementation of buprenorphine, motivational incentives, and motivational interviewing in the United States as illustrations of how the CTN has helped the NIDA-SAMHSA Blending Initiative progress.

The CTN and its contribution to the NIDA-SAMHSA Blending Initiative fits into a broader context of federal efforts to transfer research findings and evidence-based addiction treatments to community programs. These efforts have included major print-based initiatives (e.g., NIDA treatment manuals and CSAT Treatment Improvement Protocols), SAMHSA's National Registry of Evidence-based Programs and Practices ([www.nrepp.samhsa.gov/](http://www.nrepp.samhsa.gov/)), and use of interpersonal strategies (e.g., national conferences, technology transfer programs) that bring together researcher, service provider, and policy maker communities (see Brown & Flynn, 2002, for detailed discussion). The CTN fits into this latter category in that it has relied upon bidirectional collaborations between community-based researchers and service providers in the development and conduct of trials, the use of local expert trainers to prepare agencies for implementation and to provide programs with ongoing consultative support, and the development of program-based supervisors to provide performance feedback to frontline clinicians and coach them in implementing treatments with fidelity (Guydish, Tajima, Manser, & Jessup, 2007; Hanson, Leshner, & Tai, 2002). These components have been highlighted as essential elements of program-based technology transfer efforts (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005).

Simpson (2002) and Simpson and Flynn (2007) have categorized program-based technology transfer into four stages. First, programs expose their staff to a treatment using content-focused education and training (Training). After programs and their staff become familiar with the treatment, they make a commitment to adopt it within their practice

settings (Adoption). Subsequently, a trial period of treatment implementation occurs (Implementation) in which the value of the treatment (client acceptability, feasibility, effectiveness, costs) to providers and patients is demonstrated. If proven valuable, programs then put the treatment to routine use in a manner appropriate to their settings (e.g., targeted patient populations, treatment formats, and levels of care) without compromising the fundamental tenets of the treatment (Practice Improvement). The staff members' experience using the treatment, perception of the organizations' support of treatment implementation, and changes in staffing and setting characteristics continuously influence progression through these stages.

As CTN effectiveness trials have concluded, the CTN has been challenged to transfer the research findings to the 240 community treatment programs across the country that have participated in the network of 16 Regional Research and Training Centers. In meeting this challenge, the CTN has played an integral role in the NIDA-SAMHSA Blending Initiative that provides community programs with timely education, training, and implementation support for the adoption of treatments that have been proven effective in CTN trials.

## 2. Blending initiative

Developed in 2001 by NIDA and SAMHSA and directed by NIDA's Office of Science Policy and Communications, the Blending Initiative melds science and practice together to improve substance use disorder treatment (see Condon, Miner, Balmer, & Pintello, 2008, for a full description). Its primary goal is to accelerate the adoption and implementation of research findings from the CTN trials and other NIDA-funded treatment studies into community-based practice through the development of blending products and accompanying training programs. The Blending Initiative promotes its products and training programs through partnerships with key stakeholders involved in evidence-based treatment dissemination and via dissemination pathways created to formally facilitate community programs' adoption and implementation of these treatments.

Collaboration between the CTN and SAMHSA/CSAT ATTCs has been an essential feature of the Blending Initiative. The ATTC program is a nationwide network of 14 Regional Centers coordinated by a National Office that serves as a major vehicle through which SAMHSA disseminates scientific findings and evidence-based addiction treatments to community programs (Horvatic, 2006). Each regional ATTC provides education, training, and technical assistance to raise awareness of evidence-based treatments and to encourage their adoption and implementation within its geographical area. The ATTC National Office coordinates the Regional Centers and assists with marketing ATTC activities and products, including the blending products. Other key stakeholders involved in the

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