

# Research- and Community-Based Clinicians' Attitudes on Treatment Manuals

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*We assessed the attitudes of 18 research- and 22 community-based substance abuse clinicians on treatment manuals. Research and community clinicians exhibited favorable attitudes toward manuals, and the majority (72% and 77%, respectively) reported an interest in learning more about substance use disorder (SUD) treatment manuals. Among community clinicians, greater years of experience was significantly associated with less favorable attitudes toward treatment manuals. Research clinicians endorsed significantly higher ratings for the importance attached to "theoretical rationale/overview" and "main session points to address" than community clinicians. Findings suggest that community SUD clinicians are already familiar with and have positive attitudes toward manuals, but specific subgroups have concerns that should be addressed. (Am J Addict 2008;17:145–148)*

## INTRODUCTION

Empirically supported treatments (ESTs) have garnered increased attention and funding in the substance abuse treatment field.<sup>1</sup> Treatment manuals have played a pivotal role in the development and dissemination of ESTs.<sup>2–5</sup> While the increased availability of EST manuals (ESTMs)<sup>6</sup> provides clinicians with the tools to potentially address a key health care policy concern, namely the provision of standardized treatment,<sup>4,7</sup> there is further room for dissemination of such manuals and evidenced-based treatments in community substance abuse treatment settings.<sup>8,9</sup> While clinicians' attitudes toward ESTs affect their successful dissemination,<sup>10</sup> there is limited research that examines the actual practice and attitudes of "front-line" or "real world" (ie, community-based)

clinicians toward manualized treatments.<sup>1,10</sup> Research to date has focused on the attitudes of mostly doctoral-level cognitive-behavioral therapists<sup>11</sup> and of clinicians participating in clinical trials,<sup>1,4,12</sup> who have all generally documented favorable attitudes toward treatment manuals.

In this study, we investigated the attitudes of two groups of substance abuse clinicians (research and community) on treatment manuals. Such attitudes may be particularly important to assess among community clinicians, as many states are encouraging SUD programs to implement ESTs. Given the relative emphasis on manualized treatments in clinical research settings, we hypothesized that, in comparison to their community counterparts, research clinicians would report having read significantly more treatment manuals (both in their lifetime and in the past year), and find such manuals to be of significantly greater usefulness. Among the community group, we further hypothesized that years of clinical experience would be associated with lower clinician manual usefulness ratings. Given the recent proliferation of EST manuals,<sup>11</sup> we assumed that those who graduated most recently (ie, had fewer years of clinical experience) were more likely to have been exposed to ESTs and treatment manuals in their clinical training.

Additionally, we explored whether research and community clinicians systematically varied on the types of manual components they found important; manuals read, used, and found to be useful; and interest in learning more about treatment manuals for substance use disorders (SUDs).

## MATERIAL AND METHODS

### Participants

Participants were 40 substance abuse clinicians (11 men, 29 women). Eighteen were research clinicians (ie, reported working in a research setting) and 22 were community clinicians (ie, reported working in a community clinic setting). Participants ranged in age from 23 to 60 years ( $M = 38.9$ ,  $SD = 8.0$ ). Research and community clinicians did not differ

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significantly in age ( $t = -1.59$ ,  $df = 35$ ,  $p = .12$ ) but differed significantly in their educational backgrounds ( $U = 82.00$ ,  $N_1 = 22$ ,  $N_2 = 18$ ,  $p < .01$ ). Research clinicians were more likely to have a doctoral degree (55.6% vs. 9.1%), while community clinicians were more likely to have a master's (61.5% vs. 38.5%) or bachelor's (36.4% vs. 5.6%) degree. In addition, clinicians differed significantly in years of substance abuse treatment experience ( $t = -2.48$ ,  $df = 37$ ,  $p < .05$ ). Research clinicians ranged in treatment experience from 1 to 10 years ( $M = 5.7$ ,  $SD = 2.8$ ), while community clinicians ranged in treatment experience from 2 to 20 years ( $M = 9.0$ ,  $SD = 4.9$ ).

### Procedure and Setting

Research clinicians were recruited from Yale University School of Medicine/Substance Abuse Treatment Unit (SATU), a research clinic offering professional training to psychiatry residents, psychology fellows, social work interns, marriage and family therapist trainees, and drug abuse rehabilitation counselor students. Community clinicians were drawn from the Legion, Orchard, and Park methadone maintenance clinics operated by the APT Foundation, Inc., a private, not-for-profit community-based organization located in New Haven, Connecticut.

### Measures

Attitudes toward substance use disorder (SUD) treatment manuals were assessed with a modified version of the Treatment Manual Survey,<sup>11</sup> which comprised five components:

- *Clinician background variables* included age, gender, highest degree or certification, number of years since graduation, years of substance abuse counseling experience, work setting, and primary counseling modality;
- *Clinicians' experience and perception of treatment manuals* assessed the number of manuals read in the past year and lifetime and perceived usefulness;
- *Importance of treatment manual components* assessed clinicians' ratings of the importance of 20 specified components (see Table 1);
- *Manuals read, used, and found most useful* were assessed by providing respondents with a grid containing a list of 12 treatment manuals that targeted major empirically-supported SUD treatment approaches; and
- *Interest in learning more about treatment manuals.*

### Data Analysis

Clinician group differences on demographic variables were examined using t-tests for continuous data and the Mann-Whitney test (U) for ordinal-level data. We examined clinician group differences on manual ratings using t-tests for continuous data and chi-square tests for frequency data. We performed the Bonferroni correction when comparing clinician groups on manual component importance ratings.

## RESULTS

### Clinicians' Experience and Perception of Treatment Manuals

Table 1 summarizes the findings for clinicians' familiarity and usefulness ratings for treatment manuals. Research and community clinicians did not differ on the number of manuals read (past year or lifetime) or treatment manual usefulness ratings. Among community clinicians, manual usefulness ratings were not associated with age, but higher ratings were significantly associated with fewer years of clinical experience ( $r = -.33$ ,  $p < .05$ ).

### Manual Component Importance

Table 1 also summarizes clinicians' ratings for the importance/usefulness of specific treatment manual components. Research clinicians reported significantly higher importance scores for "theoretical rationale/overview" ( $t = 4.16$ ,  $df = 38$ ,  $p < .01$ ), "research overview/support" ( $t = 2.27$ ,  $df = 38$ ,  $p < .05$ ), "specific treatment techniques" ( $t = 2.92$ ,  $df = 38$ ,  $p < .01$ ), "main session points to address" ( $t = 3.16$ ,  $df = 38$ ,  $p < .01$ ), "session by session plans" ( $t = 2.11$ ,  $df = 38$ ,  $p < .05$ ), and "reexamine/alter treatment needs" ( $t = 2.45$ ,  $df = 38$ ,  $p < .05$ ). The application of a Bonferroni adjustment for multiple comparisons ( $.05 \div 20 = .0025$ ) yielded two significant differences: research clinicians continued to report significantly higher importance ratings for "theoretical overview/rationale" and "main session points to address."

### Manuals Read, Used, and Found Most Useful

Research- and community-based clinicians rated Miller & Rollnick's *Motivational Interviewing*<sup>13</sup> manual as the most widely read and most useful manual (55.6% and 68.2%, respectively). Carroll's *Cognitive-Behavioral Approach: Treating Cocaine Addiction*<sup>14</sup> was used by 6 of 18 research clinicians and 6 of 22 community clinicians.

Chi-square tests indicated that community clinicians were more likely to have read *Cognitive Therapy of Substance Abuse*<sup>15</sup> ( $\chi^2 = 9.50$ ,  $df = 1$ ,  $p < .01$ ) and to have read ( $\chi^2 = 5.51$ ,  $df = 1$ ,  $p < .05$ ) and used ( $\chi^2 = 5.51$ ,  $df = 1$ ,  $p < .05$ ) *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors*<sup>16</sup> than their research counterparts.

### Interest in Learning More about Treatment Manuals

Thirteen (72.2%) research and 17 (77.3%) community clinicians expressed interest in learning more about substance use disorder treatment manuals.

## DISCUSSION

Our hypothesis that research clinicians would report reading more treatment manuals (both in their lifetime and in the past year) than community clinicians was not supported. Furthermore, clinicians did not differ on their overall usefulness ratings for treatment manuals; both groups, on average, scored above 5 on a seven-point Likert-type scale.

**TABLE 1.** Comparison of Research- and Community-based Clinicians' Views of Treatment Manuals and Treatment Manual Components

	Research (n = 18)		Community (n = 22)		t-test t (df = 38)	p
	M	SD	M	SD		
Clinician's experience of manuals*						
Manuals read in past year	1.7	2.0	1.4	1.1	0.57	.568
Manuals read in lifetime	4.6	2.6	8.1	9.7	-1.45	.155
Treatment manual usefulness	5.7	0.8	5.0	1.4	1.85	.072
Manual component importance <sup>†</sup>						
Theoretical overview/rationale	6.1	.94	4.4	1.5	4.16	<b>.001</b> <sup>‡</sup>
Research overview/support	5.3	1.5	4.1	1.8	2.27	.029
Worksheets/handouts	5.7	1.6	5.1	1.4	1.31	.196
Specific treatment techniques	6.3	.91	5.1	1.7	2.92	.006
Frequently encountered problems	5.6	1.1	5.0	1.4	1.46	.151
Transcripts of session dialogue	4.7	1.7	4.4	1.6	0.63	.532
Case histories	4.8	1.8	4.1	1.6	1.21	.234
Videotapes demonstrating techniques	5.7	1.2	4.8	1.8	1.80	.080
Main session points to address	5.9	1.1	4.5	1.7	3.16	<b>.002</b>
Proscribed techniques/components	5.1	1.7	4.4	1.9	1.11	.271
Session by session plans	5.3	1.6	4.2	1.6	2.11	.042
Target population description	4.7	1.5	4.8	1.5	-0.32	.752
Bibliography/additional reading	5.1	1.4	4.4	1.8	1.35	.186
General principles	4.9	1.5	4.0	1.7	1.88	.068
Reexamine/alter treatment needs	5.6	1.1	4.7	1.4	2.45	.019
Guidelines on aspects addressed	5.6	1.1	4.9	1.2	1.96	.057
Supervisory practice	5.4	1.1	4.7	1.6	1.48	.146
Outlining technique options	5.7	1.2	4.9	1.5	1.86	.070
Process comments	5.3	1.5	4.5	1.3	1.88	.067
Self-quizzes	4.6	1.6	4.0	1.4	1.39	.171

\*Refers to clinicians' experience and perception of treatment manuals.

<sup>†</sup>Manual component importance/usefulness ratings were scored on a scale from 1 ("Not important/useful") to 7 ("Extremely important/useful").

<sup>‡</sup>Bonferroni adjustment for multiple comparisons was applied to the analyses testing for differences in manual component importance. The adjusted level is  $p < .0025$ . Significant differences at the adjusted level are indicated in **bold**.

<sup>§</sup>This denotes guidelines for when the clinician should reexamine and possibly alter treatment plans.

Our hypothesis that community clinicians with more years of experience would be significantly less likely to hold favorable attitudes toward treatment manuals for SUDs was supported (and was not accounted for by age), and suggests that special attention may need to be focused on addressing the concerns of community clinicians with more years of experience in the dissemination of ESTMs. Further research is needed to clarify the role of educational status and years of clinical experience in attitudes toward ESTMs and their implementation.

We found that research clinicians attached significantly greater importance to a solid theoretical overview and rationale for treatment interventions ("theoretical overview/rationale") and providing clinicians with a summary of the main points to address for each session ("main session points to address") than community clinicians. The basis of these group differences is currently unclear and requires further study. Whereas both groups exhibited somewhat similar patterns in the specific treatment manuals that they had read, used, and found most useful, community clinicians were more likely to have read

and used *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors*<sup>16</sup> and to have read *Cognitive Therapy of Substance Abuse*.<sup>15</sup> This reported difference (if it is not a study artifact) might represent a difference in training, perceived treatment efficacy, or perceived patient needs. It would also be useful in future research to provide a more comprehensive list of manuals, and/or to allow clinicians to list those that they use.

The majority of research and community respondents (72% and 77%, respectively) expressed interest in learning more about SUD treatment manuals. Thus, we found that research and community clinicians, in general, not only reported reading, using, and finding SUD treatment manuals to be useful, they also expressed interest in learning more about them.

### Limitations and Conclusions

The present study recruited a relatively small sample of research and community clinicians who specialize in SUD treatment in New Haven, Connecticut. Information concerning

counselors' ethnic/racial background was not collected. We did not address clinicians' theoretical orientation or many other professional characteristics (except for age, educational background, and years of clinical experience). We also limited our list of manuals to 12, creating a forced-choice endorsement rather than identifying other manuals that clinicians might be using. We also cannot verify or quantify clinicians' actual use of the manuals in their work nor its relation to performance, so it is unclear whether their use of manuals has any relation to improving treatment outcomes.

In conclusion, we extended previous findings regarding favorable attitudes toward treatment manuals among specially trained therapists to community-based substance abuse clinicians and highlighted the potential importance of duration of clinical experience in community clinicians' attitudes toward treatment manuals.

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