

Barriers to knowledge translation: from controlled scenario to clinical scenario in addictions treatment

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EFFECTIVENESS
OF BRIEF
INTERVENTION
PROGRAMS

The implementation of these strategies in clinical practice highly benefit public health because of the minimal amount of resources required.





Mexico has a strong research record on addiction treatment models which have allowed to adapt, evaluate and disseminate the brief interventions for addictive behaviors model at national level and have generated new interventions proposals for different populations and substances



Brief intervention program for adolescents, Brief treatment for cocaine users, Self-directed change program for smokers, Early brief treatment for industry workers drinkers and their family, etc.

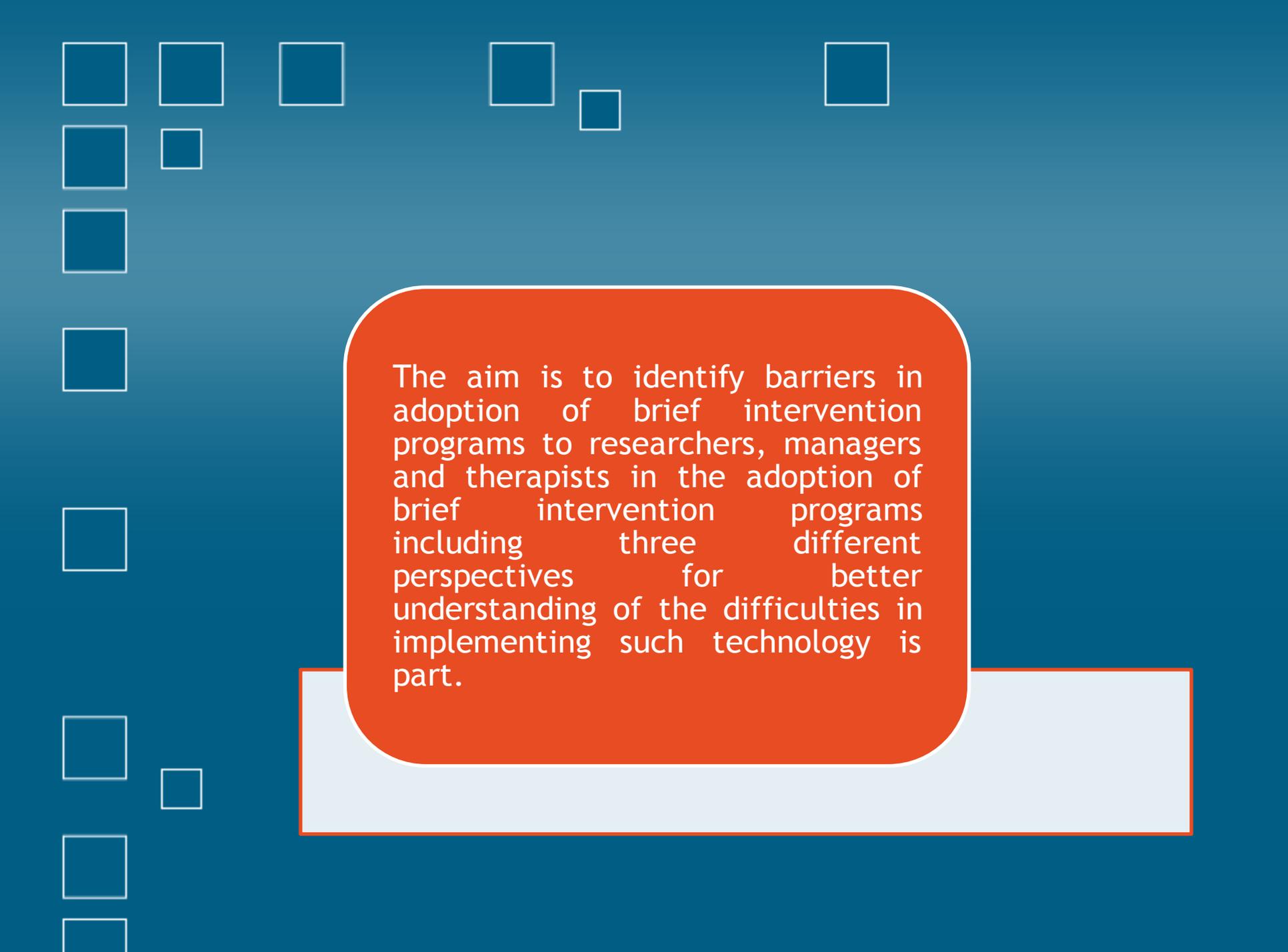
Spreading these brief interventions through identifying the institutions in Mexico that could use this technology

the findings obtained in research are transformed on systematic intervention protocols accessible to all clinicians work in health institutions for people harmful use and substance dependence

In that context a specialty online has been made available, to health professionals, education programs at master degree level and specialty degree in the National Autonomous University of Mexico (UNAM) and the National Institute of Psychiatry Ramon de la Fuente Muñiz (INPRFM) for training on brief intervention programs



Few studies have focused to identify and address the real concerns and limitations of professionals in natural settings and the transfer and use of brief interventions in practice.

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The aim is to identify barriers in adoption of brief intervention programs to researchers, managers and therapists in the adoption of brief intervention programs including three different perspectives for better understanding of the difficulties in implementing such technology is part.

METHOD (DESIGN)

Qualitative
Paradigm

Descriptive,
analytic and
exploratory

Interviews with
researchers,
managers and
therapists who
applied brief
intervention
programs



Participants:

16 Key informants:

Four investigators, eight therapists and four managers

Experience ranging from three to ten years on these programs

They were chosen intentionally by an open invitation to participate in the investigation



Tools and materials: Question guide including:

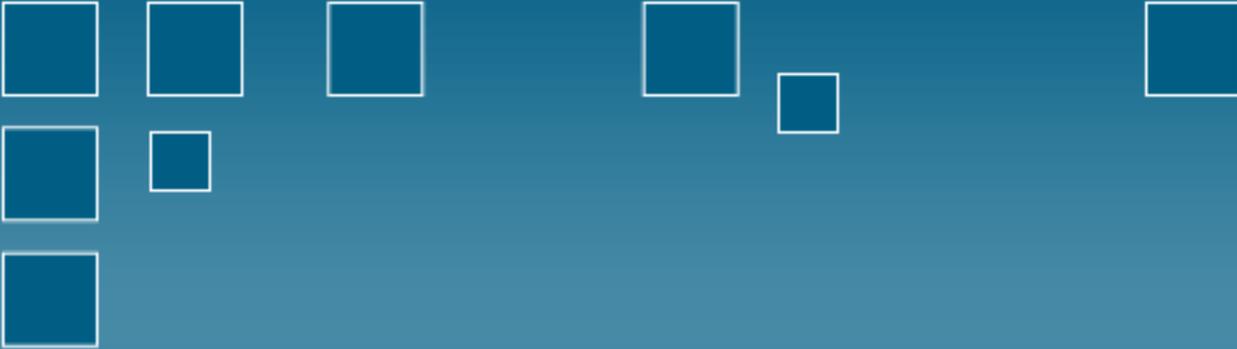
1. Experience in the transfer of brief interventions to health professionals

2. implemented transfer strategies

3. Barriers in the transfer process

4. Monitoring of the transfer and achievement of the process

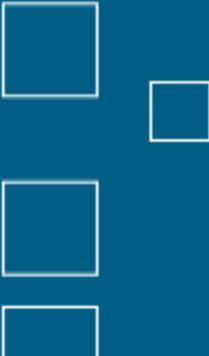
5. Other important information.



• 1.- Make repeated and careful reading of each interview in order to locate and organize text about the issues addressed by the interview guide and corresponding to the research objectives



• 2.- Conduct an exhaustive categorization of the issues to build categories suited to organize the collected information, which in turn facilitated the interpretation and analysis of evidence from the theoretical framework.



• Involved putting into perspective the categories generated in conjunction with the full text content, so that possible global understanding of narratives and generating answers to the research objectives.

Results





Barriers reported by researchers



Low budget and poor supporting infrastructure



Filling, because institutional policies, multiple formularies that slow the process of intervention.



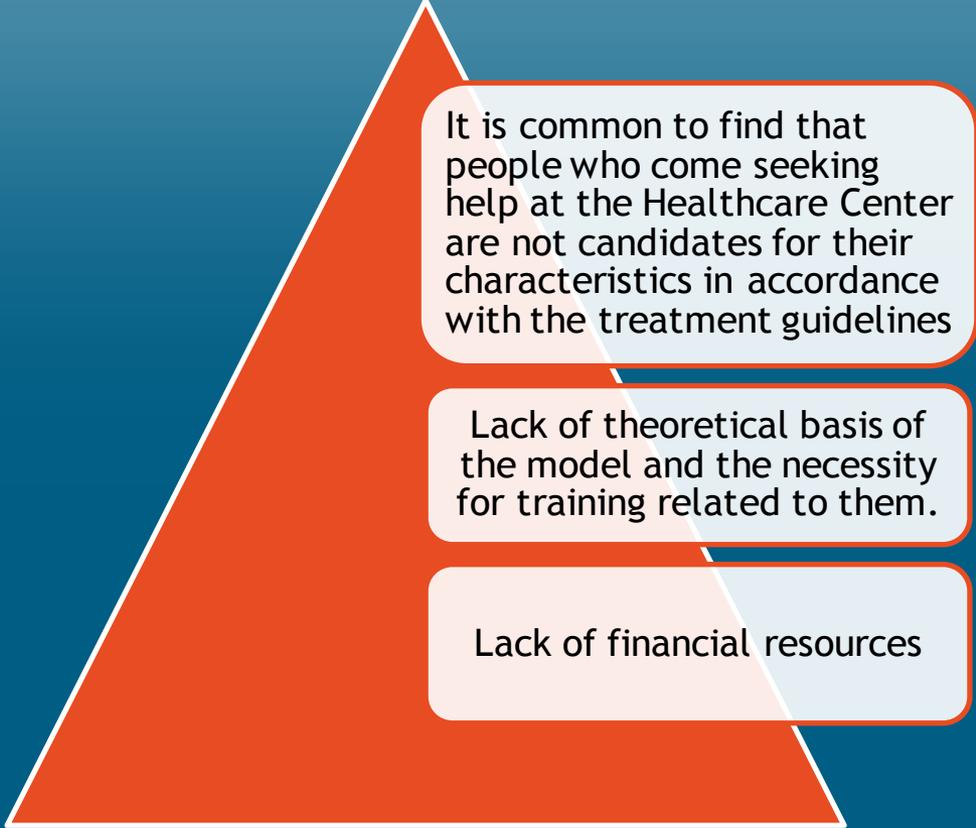
Difficulty of transfer intervention model to professionals who didn't know the theoretical basis of the model



Differences could arise between the goals of the investigator and the real goals of the population.



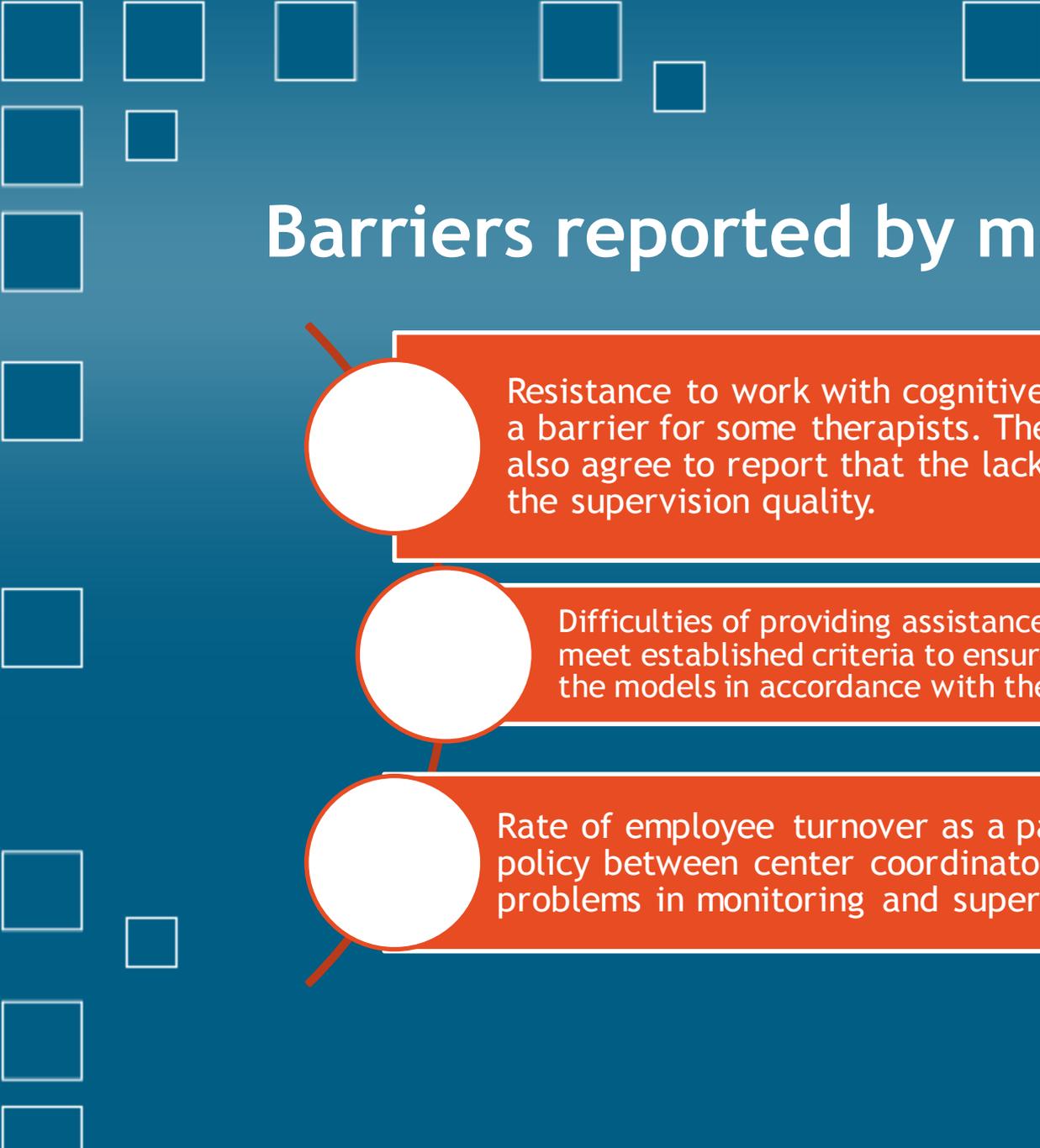
Barriers reported by therapists



It is common to find that people who come seeking help at the Healthcare Center are not candidates for their characteristics in accordance with the treatment guidelines

Lack of theoretical basis of the model and the necessity for training related to them.

Lack of financial resources



Barriers reported by managers

Resistance to work with cognitive behavioral models is a barrier for some therapists. The four participants also agree to report that the lack of training affects the supervision quality.

Difficulties of providing assistance to people who do not meet established criteria to ensure the effectiveness of the models in accordance with the treatment guidelines.

Rate of employee turnover as a part of the institutional policy between center coordinators which causes problems in monitoring and supervision of therapists.



Discussion

- These findings can be discussed in the light of the fundamental conditions set by the National Institute of Drug US (2014) to realize the technology transfer properly.



- The first condition suggests that individuals and organizations should be aware that a new knowledge exists, and that is important to have access to it. Likewise there must be credible evidence that behavior change (e.g., the adoption of a new prevention program) lead to better practice without overspending the limited resources or without undesirable side effects.



- It is also important to have the resources: financial, material and personnel for the technology transfer process. Finally the use of effective and continuous communication helps to identify and resolve potential barriers within an organization like the healthcare centers.