

Treatment Model Review

Evaluating Evidence, Fit & Clinical Application

Intensives Library · Clinical Practice & Treatment

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Part 1 · Overview

Treatment Model Review

Rigorous review and critical evaluation of treatment models is essential for evidence-based practice. This intensive develops skills for systematically evaluating the theoretical foundations, empirical support, and clinical fit of different treatment models — enabling clinicians to make informed, patient-centered decisions about intervention selection.

Learning Slides

Treatment model evaluation frameworks, evidence hierarchies, and clinical fit assessment.

Self-Assessment

Evaluate your treatment model knowledge and critical evaluation competencies.

Worksheet

Structured exercises for reviewing and applying treatment model frameworks.

Part 2 · Slides

Treatment Model Review Framework

Comprehensive Guide for SUD Treatment Centers

A systematic approach to reviewing, integrating, and optimizing your treatment models for coherent, effective client care.

Seven-Step Framework

Inventory current models

Review literature & evidence

Survey staff & conduct interviews

Analyze client feedback

Map models to client needs

Analyze consistency

Identify & resolve conflicts

Inventory of Treatment Models

Understanding Your Therapeutic Toolkit

Key Message to Staff

"We're creating a comprehensive map of every therapeutic approach—from major evidence-based models to unique techniques you've developed through experience. This isn't about judgment; it's about understanding our full therapeutic toolkit."

What to Document

- All evidence-based models
- Facility-specific approaches
- Informal techniques that work
- Model variations by program
- Training requirements

Implementation Options

- Department-by-department
- Bottom-up clinician survey
- Observation-based documentation

Literature Review

Evidence-Based Foundation

Stay current with research to support, challenge, or expand your approaches with scientific evidence.

"Evidence-based practice means staying current with research. We're not invalidating your experience—we're understanding how research supports, challenges, or expands our approaches."

Distributed Research Teams

2-3 staff per model

Academic Partnership

University collaboration

Consultant-Led

Expert comprehensive review

Staff Surveys & Interviews

Frontline Expertise Matters

"Your frontline experience provides insights that no research study can capture. This survey helps us understand which approaches work best and where you need support."

Survey Sections

- Model usage frequency
- Competency self-assessment
- Effectiveness perceptions
- Integration insights

Interview Topics

- Model selection processes
- Training adequacy
- Implementation challenges
- Success stories & difficulties

Client Feedback Analysis

The Voice of Experience

"Your recovery journey gives you unique insights. We're asking for honest feedback about different approaches—not to judge staff, but to understand how we can better support people like you."

Surveys

- Post-session ratings
- Weekly effectiveness
- Discharge summaries

- 6-month follow-up

Focus Groups

- Current clients
- Alumni groups
- Family members
- Specific populations

Interviews

- Strategic sampling
- Voluntary participation
- Structured protocol
- Professional analysis

Mapping Models to Needs

Precision Recovery Support

"Not every approach works for every person. We're creating a sophisticated matching system that considers specific needs, preferences, and goals."

Client Factors

- Primary substance • Severity level • Co-occurring conditions • Trauma history • Motivation stage • Learning style • Cultural factors • Social supports

Model Characteristics

- Core competencies • Best fit populations • Contraindications • Typical duration • Intensity level • Staff expertise • Evidence strength • Resources required

Consistency Analysis

Quality Through Coherence

"Consistency doesn't mean rigidity. We're looking for coherent application of core principles while maintaining clinical flexibility. Think of it as jazz—we need to know the melody to improvise effectively."

Benefits

- Predictable quality across providers
- Effective team collaboration
- Efficient training
- Improved outcomes
- Clear documentation

Monitoring Options

- Fidelity monitoring system

- Practice standardization initiative
- Cross-training program

Conflict Identification

Resolving Philosophical Differences

Understanding where treatment philosophies conflict helps present a more coherent approach to clients.

Common Conflicts

- Abstinence vs. harm reduction • Medical vs. psychosocial model • Individual vs. group focus • Structured vs. flexible approach • Professional vs. peer support • Short-term vs. long-term view • Behavioral vs. insight focus • Confrontation vs. support

Resolution Strategy

"Most conflicts can be resolved by finding the higher principle both approaches serve. Client welfare is our north star—apparent contradictions are often complementary in different contexts."

Implementation Success

Making It Work

Key Success Principles

Engage All Stakeholders

Staff, clients, leadership, families

Balance Evidence & Experience

Research + clinical wisdom

Start Small, Scale Smart

Pilot before full rollout

Measure & Adjust

Continuous improvement cycles

"Integration through understanding, not mandate. Coherence without rigidity. Excellence through systematic improvement."

Part 3 · Assessment

Documentation Completeness

Rate each statement (1-5: 1=Poor, 5=Excellent)

All major evidence-based models are listed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Facility-specific approaches are documented

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Theoretical foundations are recorded

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Model variations by program are noted

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Informal techniques are captured

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Historical context is preserved

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Training requirements are specified

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Resource needs are identified ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

Outcome associations are tracked

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Updates occur regularly ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

Research Engagement

I regularly read relevant journals

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I attend conferences/webinars ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

I discuss research with colleagues

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I apply research findings clinically

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I question research applicability

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I contribute to research discussions

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I seek evidence for new approaches

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I evaluate research quality ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

I share relevant findings ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

I document research applications

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Survey Readiness

I can accurately assess my model usage

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I recognize my competency levels

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I'm aware of my preferences and biases

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I can articulate effectiveness perceptions

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I understand my training needs ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

I can identify implementation barriers

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I'm willing to share challenges

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I can suggest improvements ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

I value this feedback opportunity

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I trust the process ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Client Voice Integration

I regularly seek client feedback

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I adjust approaches based on feedback

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I explain treatment rationales clearly

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I involve clients in approach selection

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I track client preferences ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

I share feedback with teams ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

I advocate for client-informed changes

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I measure satisfaction systematically

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I close feedback loops ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

I celebrate client input ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Needs Mapping Capability

I assess client needs comprehensively

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I consider multiple factors in model selection

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I explain rationales clearly ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

I offer choices when appropriate

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I monitor fit continuously ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

I adjust approaches based on response

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

I document matching decisions ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

I consult when uncertain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

I respect client preferences ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

I evaluate matching success ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Consistency Evaluation

Model definitions are shared across programs

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Core techniques are standardized

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Documentation is uniform ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

Training is equivalent ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

Supervision addresses fidelity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

Quality measures are consistent

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Adaptations are documented ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

Communication is clear ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

Transitions are smooth ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Poor (1)Excellent (5)

Outcomes are comparable ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Conflict Awareness

Abstinence vs. harm reduction creates tension

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Medical vs. psychosocial models compete

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Individual vs. group focus conflicts

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Structured vs. flexible approaches clash

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Professional vs. peer support tensions exist

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Short-term vs. long-term views differ

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Symptom vs. underlying cause debates occur

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Behavioral vs. insight focus conflicts

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Confrontation vs. support styles vary

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Evidence-based vs. innovative approaches conflict

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor (1)Excellent (5)

Scoring guide

Treatment Model Review Assessment

Strong foundation for treatment model review. Your systems are well-prepared for comprehensive analysis.

Moderate readiness. Focus on strengthening documentation and stakeholder engagement before full review.

Foundational work needed. Begin with basic inventory and staff engagement before comprehensive review.

Part 4 · Worksheet

Treatment Model Review Implementation Plan

Comprehensive Framework for SUD Treatment Centers

Step 1: Inventory of Current Models

Individual Clinician Model Inventory

Model/Approach

Frequency

Training Level

Confidence (1-5)

e.g., CBT, MI

Daily/Weekly

Basic/Advanced

e.g., CBT, MI

Daily/Weekly

Basic/Advanced

Implementation Approach Selection

☐

Department-by-Department

Systematic 4-week process

☐

Bottom-Up Clinician Survey

Individual to team to organization

☐

Observation-Based

Shadowing and documentation

Step 2: Literature Review Strategy

Research Approach

☐

Distributed Research Teams

2-3 staff per major model

☐

Academic Partnership

University collaboration

☐

Consultant-Led Review

Expert comprehensive analysis

Research team members or partners:

Step 3: Staff Surveys & Interviews

Data Collection Strategy

Survey introduction message to staff:

Your frontline experience provides insights that no research can capture...

Survey Topics:

- ☐ Model usage
- ☐ Competency levels
- ☐ Effectiveness
- ☐ Integration

Interview Focus:

- ☐ Model selection
- ☐ Challenges
- ☐ Success stories
- ☐ Recommendations

Timeline:

Step 4: Client Feedback Analysis

Client Engagement Plan

Introduction message to clients:

Your recovery journey gives you unique insights...

Feedback methods to use:

- ☐ Anonymous surveys
- ☐ Focus groups
- ☐ Individual interviews
- ☐ Real-time ratings

Protection measures:

How will you ensure confidentiality and safety?

Step 5: Mapping Models to Client Needs

Matching System Development

Client factors to consider in model selection:

e.g., Primary substance, severity, trauma history, motivation...

How will you communicate model recommendations to clients?

Step 6: Consistency Analysis

Standardization Targets

Core components requiring standardization:

- ☐ Core technique protocols
- ☐ Assessment procedures
- ☐ Treatment planning formats
- ☐ Progress monitoring tools
- ☐ Transition protocols
- ☐ Documentation templates

How will you balance standardization with clinical flexibility?

Step 7: Conflict Identification & Resolution

Philosophical Conflicts

Primary philosophical conflicts in your program:

e.g., Abstinence vs. harm reduction, medical vs. psychosocial...

Resolution strategies:

How will you find common ground?

Communication plan to staff about philosophical integration:

Implementation Timeline

Review Start Date:

Expected Completion:

Key Milestones:

Step 1 complete - [date], Staff surveys - [date], etc.

Stakeholder Engagement

Review Team Lead:

Team Members & Their Roles:

Staff communication strategy:

How will you introduce this review process?

Success Metrics

Short-Term Indicators (3-6 months):

e.g., Increased staff confidence, reduced model conflicts...

Medium-Term Outcomes (6-12 months):

e.g., Integrated treatment plans, improved retention...

Long-Term Impact (12+ months):

e.g., Improved recovery rates, enhanced reputation...

Implementation Commitment

"Integration through understanding, not mandate. Coherence without rigidity. Excellence through systematic improvement."

Review Lead Signature:

Clinical Director:

Date:

Review Date:
