

BACKGROUND.

Less than 10% of the organizations treating addiction include parenthood support in their treatment plan. Even less include program based on probative data even if these programs have been proven effective in improving parenting skills (Marcynyszyn et al. , 2011; Steen and coll., 2012). This lack of services can be explained by the fact that these evidence-based programs are, however, not easy to implement as is in some practice environments.

Indeed, how can we maintain the equilibrium between the « ingredients » associated to a program's efficiency and the implementation in the different practice environments?

Failure to implement the evidence-based **program** as recommended, is it better to do nothing or propose evidence-based **practices** ?

WHAT MEAN EVIDENCE-BASED PROGRAM AND EVIDENCE-BASED PRACTICES ?

Evidence: Refers to data resulting from scientific controlled trials and research, expert or user consensus, evaluation, or anecdotal information.

Evidence-based program: Programs that have been rigorously tested in controlled settings, proven effective, and translated into practical models.

Evidence-based practices : Is the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide intervention decisions.

Developed in order to meet the specific needs of the families in which parents are alcohol or drugs addictive, the parent management training (PMT) *Cap sur la famille*, an evidence-based program, is implemented in addiction treatment centers in Quebec. However, in consideration with regional particularities, the program could not be implemented in its entirety uniformly. With the support of 17 addiction centers an adaptation process was carried out.

Implementing and sustaining an evidence-based practice in addiction treatment centers involves complex interrelationships among an evidence-based program, the organizational social system characteristics, and the individual clinicians values.



PMT *Cap sur la famille*.

The *Cap sur la famille* program (adapted by Laventure, Letarte et Beauregard, 2018) has two goals, namely : 1) reduce the impact of parental dependence on family life and 2) improve communication within the family. This psycho-educational, turnkey program includes a welcome meeting and 11 weekly workshops. The *Cap sur la famille* program was developed for families and groups. The program focuses on learning new skills by a dynamic pedagogical methods.

TABLE 1. Evidence-based for PMT

1. Intervene with parents AND children.
2. Begin early : the best results are observed in children aged between 3 and 10.
3. Be accessible : offered in proximity to the clientele and at the right moment during their readaptation process.
4. Do an initial rigorous evaluation : identify specific needs of families to set mutually satisfactory goals.
5. Include themes to improve family functioning : familial relationship, communication, parental control.
6. Promote cognitive, affective and behavioral changes that are generalizable to the family's different environments.
7. Offer an intensity dosage : from 25 to 50 hours (ideally 45 hours program) – weekly sessions are also recommended.
8. Adapt the content to the target population.
9. Provide incentive strategies (food, transportation, neutral environment, rewards) to promote recruitment and retention of families in the program.
10. Include interactive educational methods (role playing, active modeling, videos demonstrating appropriate practices) rather than educational methods.
Spending time to practice skills.
11. Offer the program by counsellors who know the program well, who are warm, sensitive, empathetic, firm, credible and have experience with families.
14. Provide follow-up services for families in the form of extra sessions or references in the community.

FROM AN EVIDENCE-BASED PROGRAMS TO AN EVIDENCE-BASED PRACTICES.

Animation modalities: Offer the program in a family / individual component rather than a multifamily group or offer only the parent component excluding the children.

Duration : Offer a short version of the program : 11 workshops vs 7 workshops – prioritize the workshops.

Intensity : Offer an intensive version (weekend) rather than a weekly one.

Content : Propose different activities to achieve the same goal and leave the choice of activity to the facilitators according to the needs of the group.

Physical Place: Create a partnership with an organization in the region to obtain premises that are sufficiently adapted to accommodate groups of families.

Incentives for families: Develop agreements with local businesses to offer incentives to families participating in the program (meals, travel, daycare, rewards) to help with financial issues.

Staff turnover in organizations: Provide an ongoing training of facilitators and clinical support for the implementation of a new practice, a different approach.

CONCLUSION.

Changing practice takes considerable effort for everyone (researchers, clinicians and organization) to develop, apply and evaluate evidence-based program in a particular context. A successful evidence-based programs AND practices is the one incorporated into the structure of the organization.

REFERENCES.

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