

Framework Workbook

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WHO
World Health Organization



UNDCP
United Nations International Drug Control Programme



EMCDDA
European Monitoring Center on Drugs and Drug Addiction

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Table of contents

Overview of workbook series	6
How to use the workbooks	7
Introduction: Establishing a healthy culture for evaluation	8
Why is treatment evaluation important?	11
What is treatment?	13
Levels of evaluation	14
The foundation of evaluations	18
Types of evaluation	21
Needs assessment evaluation (workbook 3)	22
Process evaluation (workbook 4)	23
Cost evaluation (workbook 5)	24
Client satisfaction evaluation (workbook 6)	25
Outcome evaluation (workbook 7)	26
Economic evaluation (workbook 8)	27
Summary and conclusion	30

Overview of workbook series

This workbook is part of a series intended to educate programme planners, managers, staff and other decision-makers about the evaluation of services and systems for the treatment of psychoactive substance use disorders. The objective of this series is to enhance their capacity for carrying out evaluation activities. The broader goal of the work-

books is to enhance treatment efficiency and cost-effectiveness using the information that comes from these evaluation activities.

This introductory workbook presents a framework for conducting all types of treatment evaluations. A “how to” foundation of evaluations is presented, and different types of specialised evaluation are described briefly.

Introductory Workbook

Framework Workbook

Foundation Workbooks

Workbook 1: Planning Evaluations

Workbook 2: Implementing Evaluations

Specialised Workbooks

Workbook 3: Needs Assessment Evaluations

Workbook 4: Process Evaluations

Workbook 5: Cost Evaluations

Workbook 6: Client Satisfaction Evaluations

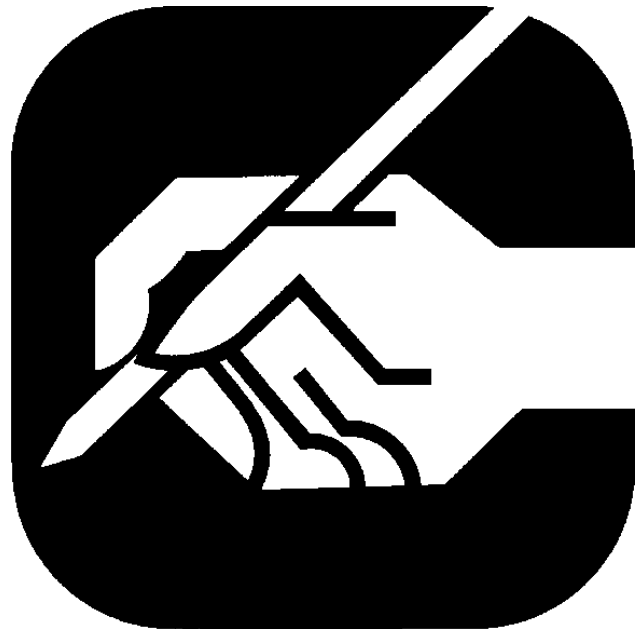
Workbook 7: Outcome Evaluations

Workbook 8: Economic Evaluations

How to use the workbooks

Effective learning happens when you use new information in answering questions and doing activities.

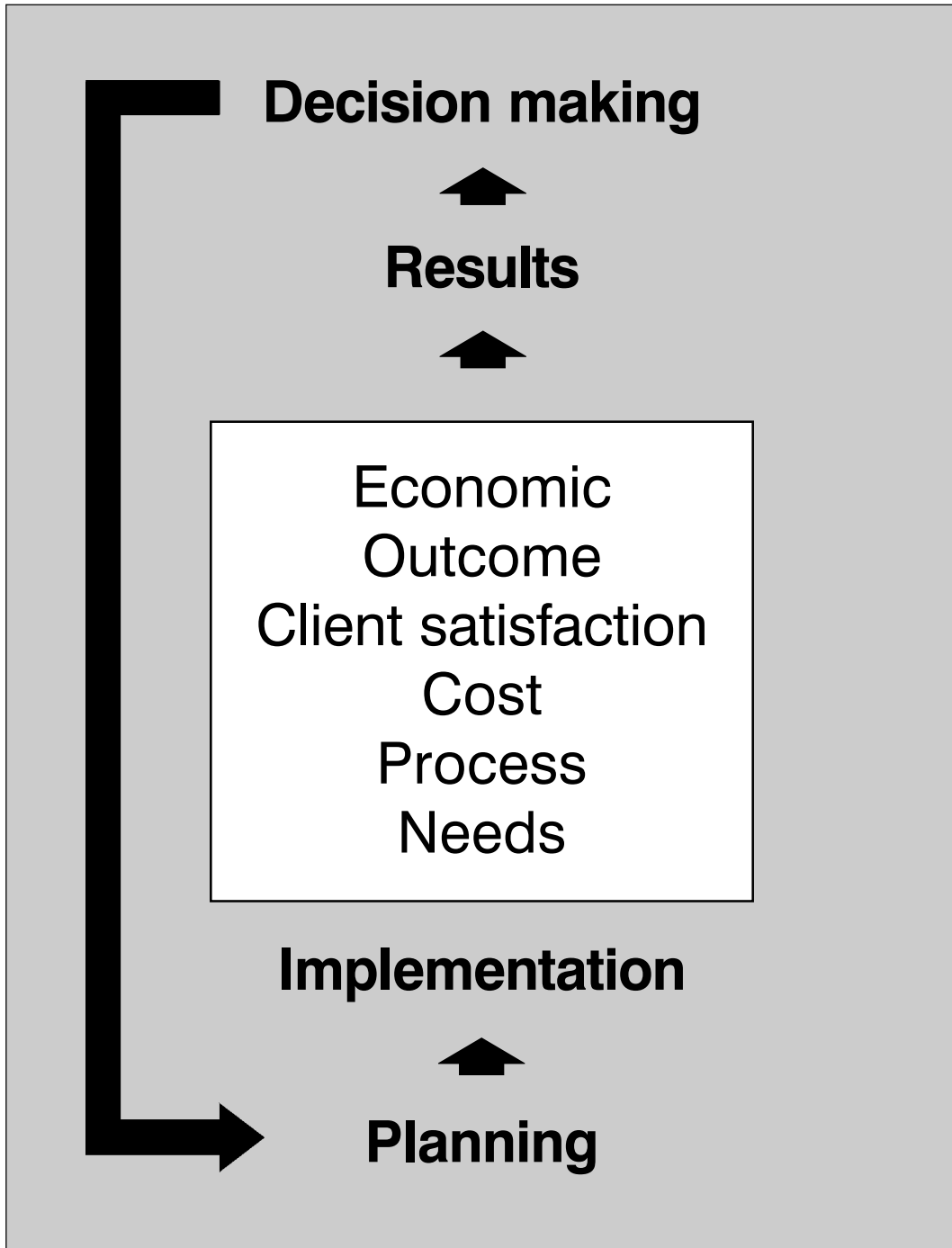
Throughout the workbooks, you will find this symbol:



and the phrase **It's your turn.**

When you see this symbol and phrase, it means that there are questions for you to answer, or an activity for you to do. These exercises will help you to learn the material better, so be sure to complete them with your evaluation-planning group as you read the workbooks.

Establishing a healthy culture for evaluation



Introduction

Establishing a healthy culture for evaluation

In this workbook series, you will learn many important steps (or procedures) for doing evaluations in your community. It is important to learn these procedures because they will help you conduct better evaluations.

It is important to realise, however, that treatment evaluation is more than a set of procedures. Evaluation is an **attitude** of continually questioning and gaining information. Feedback on all aspects of a programme is obtained and put to use, even if it is less positive than anticipated.

A healthy **culture for evaluation** (see figure) is

one in which feedback loops are woven into the fabric of the treatment service or system. Some feedback loops serve the purpose of providing basic accountability data to programme or system funders, clients, and the general public. Other feedback loops are better viewed as the means by which a programme or treatment system seeks to continuously improve its services and outcomes. One of the goals of this workbook series is to enable you to establish a healthy culture for evaluation within your own setting.

Initially, not everyone may want to engage in evaluation. Indeed, many people involved with treatment

services and systems have an inherent fear of evaluation. Managers and staff, for example, may be afraid of evaluation because they feel it is they who may be evaluated; they may be afraid for their jobs, their reputations and their clients; or they may be afraid that their programme or community network of programmes will be reduced, abandoned, or modified in a way that is unacceptable to them. They also may fear that they will have no control over the evaluation process, the data

being collected and how it will be used.

These fears are natural and understandable, but based frequently on misinformation and/or a desire to maintain the status

quo at all costs. In reality, treatment programmes are rarely closed because of a single evaluation. More frequently, some modifications to the existing structure may occur. However, it is still important to understand these fears, because people with these fears can create significant impediments for conducting evaluations. In these cases, full collaboration during evaluation planning and implementation may be a useful strategy. Over time, people usually see the benefits of evaluation in terms of improved patient care and cost savings. Fears are reduced, and opportunity arises for a healthy culture for evaluation to be firmly established.

Evaluation is an attitude of continually questioning and gaining information.



It's your turn

Who might support you in establishing a healthy culture for evaluation?

Who might **not** support you in establishing a healthy culture for evaluation?

WHY

is treatment evaluation important?

- Treatment services are growing
- Despite scarcity, resources are given to ineffective treatments
- Treatment evaluation improves quality of care and saves money for services that are effective

Large numbers of people suffer from psychoactive substance use disorders¹ and require treatment. Despite primary prevention and efforts to control the supply of alcohol and other PS in the communities around the world, the number of people entering treatment continues to grow.

Historically, scientific research and programme evaluation have played a minor role in determining what treatments will be funded or developed further. Programme planners and decision-makers traditionally have relied more on personal experience and opinions than on evaluation data that is systematically gathered and analysed. This has led to disparities in the development, and management of national and international treatment services. Consequently, the needs of the overall population are often not met as a result of inefficient use of scarce resources.

Most existing treatment approaches have not been evaluated. Cost-effectiveness analyses are uncom-

mon. Reforms in the structure of health and social care systems are underway in many nations, and scarcity of resources available for treatment of PSU disorders demands that the role of research and programme evaluation become more prominent than in the past.

Quality treatment should be made available, accessible and affordable to those in need. The development of rational policies related to service provision is best achieved by conducting evaluations. This generates information about the most efficient ways to allocate available resources. Although

there are many challenges to conducting field research and programme evaluation in this area, questions related to cost and effectiveness can be investigated.

There is an urgent need to provide a practical framework for evaluation that can be adapted to various countries and

cultural settings. This workbook series aims to educate programme planners, managers and key decision makers about the importance of programme evaluation and its role in planning and delivering treatment services and systems. In fulfilling this objective, we hope to reduce barriers in conducting programme evaluations and using the results in the decision-making process.

The needs of the overall population are often not met as a result of inefficient use of scarce resources.

¹ There are many terms used internationally for “problems” related to substance use (e.g., drug addiction, alcoholism, dependence, abuse, misuse). We will use the abbreviation **PS** to refer generally to **psychoactive substances** (including alcohol, nicotine/tobacco, cannabis, cocaine, opioids, etc), and the term **PSU** to refer generally to **psychoactive substance use**. We will use the more general term **psychoactive substance use disorders** (or **PSU disorders** for short) to reflect the international standard of ICD 10, thus encompassing substance use dependence, harmful use, and other conditions.

WHAT is treatment?

The term treatment is used to define the process that begins when psychoactive PS users come into contact with a health provider or other community service, and may continue through a succession of specific interventions until the highest attainable level of health and well-being is reached.

Because the intent of this series is to promote quality evaluation practices within alcohol and other PSU treatment programmes, it is helpful to define a common view of what comprises “treatment.” The term treatment is used to define the process that begins when PS users come into contact with a health provider or other community service, and may continue through a succession of specific interventions until the highest attainable level of health and well-being is reached. Treatment and rehabilitation are defined as

a comprehensive approach to detection, assistance, health care, and social integration of persons presenting problems caused by any PSU. “Treatment” also can be defined in relation to the term “prevention,” with the former aimed at reducing or eliminating problems related to PSU, and the latter intended to prevent their occurrence in the first place. For the purpose of this workbook series, brief interventions are included within the definition of treatment.

Treatment evaluation as feedback

Evaluation is essentially a means of getting feedback about a programme, or a network of programmes.

Whether you view evaluation as a scientific, **research-oriented** undertaking, or as a management **action-oriented** activity, it is essentially a means of getting *feedback* about a programme, or a network of programmes. Feedback may include information on operations, outcomes and/or cost-efficiency. There are times when complicated strategies are required and traditional rules of scientific methods may be

needed. This is especially true in outcome evaluation where it is important to attribute the changes you have measured to the programme that has been delivered. There are other times, however, when feedback is uncomplicated, for example, in developing a system of documentation to record whether the people using your programme match those you intended to serve.

Levels of

In the evaluation of treatment for PSU will be working at one of the following activity, treatment service, treatment

Single case

Single case evaluation is consistent with clinical practice in that it promotes a problem-solving approach to planning, implementing and evaluating interventions tailored specifically for each client. Responsibility for getting feedback on the progress of each client rests with the clinician or therapist.

Treatment activity

The evaluation of a treatment activity involves summarising the involvement of a group of clients with a particular treatment modality (e.g., cognitive-behavioural therapy), and the progress they have made collectively toward reaching their objectives.

A common approach is to identify objectives that all clients participating in the treatment activity share, and to use these shared objectives to assess the progress of the overall group.

Treatment service

The evaluation of a treatment service also involves summarising information about a group of clients. One treatment service (e.g., outpatient) can include more than one treatment activity or modality (e.g., cognitive-behavioural therapy, relapse prevention, social skills training). Because each client may be involved with many services, the ability to isolate the main factors contributing to changes in the individual and the group as a whole becomes difficult.

evaluation

**disorders, the evaluation practitioner
five levels: single case, treatment
agency, treatment system.**

Treatment agency

A treatment agency may offer more than one type of treatment service (e.g., detoxification, inpatient, outpatient and continuing care). An evaluation at the agency level will summarise information about the involvement of a group of clients with the entire agency and their progress towards treatment objectives. Conclusions about the main factors contributing to positive change across the group become difficult to make at the agency level.

Treatment system

A community treatment system is comprised of many different services, agencies and treatment settings. It involves people

with PSU disorders and includes both specialised and generalist services and agencies. An evaluation at the treatment system level examines the involvement of clients with various agencies and services and monitors their progress toward a number of objectives. At the system level, it is extremely difficult to attribute changes in client functioning to their involvement with any one element of the treatment network. Evaluation at this level, however, is helpful for examining changes in system functioning (e.g., decreased waiting periods, decreased dropout rates after referral, improved coordination and sharing of resources). Assumptions are then made that the improvements to system functioning will translate into improved (or equivalent) client outcomes, but with more efficient use of system-wide resources.



It's your turn

Think about treatment services in your community. Write down different examples of treatment levels.

Treatment activity:

Treatment service:

Treatment agency:

Treatment system:

The foundation

Regardless of the type of evaluation you decide to do, implement your project. These steps are listed below,

PLANNING (Workbook 1)

1. Decide who will be involved in the evaluation.
2. Assess your evaluation resources.
3. Describe your programme for evaluation.
4. Identify and prioritise evaluation needs
5. Define your evaluation questions.
6. Determine your evaluation measures.
7. Determine your evaluation design.
8. Ensure that your research resources are sufficient. If not, return to Step 3.

of evaluations

you will need to go through several steps to plan and and described in detail in Workbooks 1 and 2.

IMPLEMENTATION (Workbook 2)

1. Prepare for data collection.
2. Collect data.
3. Analyse data.
4. Report results.
5. Make use of what was learned.
6. Start again.

As indicated in the previous pages, an important first step is to identify and meet your partners for evaluation planning, if you have not already done so. Depending on your situation, your partners may include:

- Therapists or clinicians
- Programme administrators or managers
- Researchers
- Government representatives
- Patients interested in participating

All partners should be closely involved in the evaluation planning. Each participant has unique experiences and perspectives that can contribute to the group's knowledge base and strengthen the overall evaluation. Other benefits include:

- Bringing multiple perspectives to the planning
- Strengthening everyone's commitment to use the findings
- Adding credibility to the process

TYPES of evaluation

There are six main types of evaluation that can be planned and implemented within a treatment service, agency or system:

- Needs assessment evaluation
- Process evaluation
- Cost evaluation
- Client satisfaction evaluation
- Outcome evaluation
- Economic evaluation

Each of these types of evaluation is described in detail in a specialised workbook later in the series (Workbooks 3 - 8). A brief description of each evaluation type is provided below.

Evaluation types may have a **sequential** relationship with one another. Needs assessment evaluations typically happen first and are often followed by process and/or cost evaluations. Outcome and

economic evaluations often occur later, after process and cost issues have been evaluated. There are no hard and fast rules, however, and you will need to consider the special circumstances of your setting when choosing an evaluation type. Regardless of the type of evaluation you choose, it is important to stay within the limits of your resources and level of expertise (explained further in Workbook 1: Evaluation Planning).

NEEDS assessment evaluation (Workbook 3)

Needs assessment evaluation is a formal and systematic attempt to determine, and then close, gaps between “what is” and “what should be”.

Needs assessment is the first type of programme evaluation. Ideally, it takes place **before** the programme, or the network of programmes, is planned and implemented. A needs assessment addresses questions about how an existing programme or community network of programmes should be re-designed to address needs that are not being met. The following are examples of needs assessment questions:

- What type of treatment interventions should a programme provide?
- How many people should be anticipated each year in our services?
- What is the prevalence and incidence of PSU disorders in the community?
- What are the main gaps in the community treatment system?
- What is the projected demand for treatment in the community or the region as a whole?

Needs assessment is a formal and systematic attempt to determine, and then close, gaps between “what is” and “what should be.” It involves documenting important discrepancies between current outcomes and desired outcomes and prioritising these discrepancies for programme planning and intervention. In this way, needs assessment involves both need **identification** and need **prioritisation**.

PROCESS

evaluation

(Workbook 4)

Process evaluation seeks to determine the extent to which the programme is operating as planned.

The second type of evaluation is process evaluation. The basic purpose of process evaluation is to describe what is happening in the programme, and the context in which it is operating. These are the types of questions that are addressed in process evaluation:

- How many clients are treated each year?
- Is the type of client(s) being seen for whom the programme or treatment system has been designed?
- Are people having trouble accessing the programme? How long is the waiting list and how are people being managed while they wait?
- Are the staff conducting client assessments appropriately trained and using “state-of-the-art” methods?

At this stage, the evaluation questions do not ask about changes in clients that result from services being provided. Rather the questions concern **coverage** (i.e., is the programme or system reaching all those for whom it was intended?) and **process** (i.e., has the programme or system been implemented as intended and in an integrated manner?). Process evaluation seeks to determine the extent to which the programme is operating as planned.

COST

evaluation

(Workbook 5)

What is the cost of treating PSU disorders?

The third type of evaluation is cost evaluation. The general aim of these studies is to trace the resources used under different circumstances. There are three broad questions that could be addressed. These are:

- What is the cost of treating PSU disorders?
- If alternative treatment approaches are producing equivalent outcomes, how do these approaches compare in cost?
- What are the different costs involved in the delivery of a service or service system? How do changes in costs relate to activity levels?

Answering these types of questions involves different approaches to cost analysis, which are explained in the workbook.

CLIENT

satisfaction evaluation

(Workbook 6)

Measuring client satisfaction with treatment provides valuable feedback about the extent to which service activities have met client expectations.

The fourth type of evaluation is client satisfaction evaluation. Measuring client satisfaction with treatment provides valuable feedback about the extent to which service activities have met client expectations. The following are some of the questions that might be asked through a client satisfaction evaluation:

- Have the services received met the client's expressed needs?
- Are there aspects of the services that clients think could be improved?
- What is the perceived quality of care from the client's perspective?

Client satisfaction questionnaires are available for general use and are appropriate for PSU treatment programs. Although some are brief and user-friendly and have demonstrated reliability and validity, the cross-cultural applicability is unknown in some instances. Other client satisfaction questionnaires can be developed to meet specific evaluation needs.

While client satisfaction evaluation is an important part of an agency or system-level continuous quality improvement process, it is important to be cautious in interpreting the results. Client satisfaction is not a substitute for measuring other, more objective outcomes.

OUTCOME evaluation (Workbook 7)

Randomised controlled trials are considered the “gold standard” in the evaluation of treatment effectiveness.

Outcome evaluation is the fifth type of evaluation. An evaluation of treatment outcomes should accomplish two things: first, measure how clients and their circumstances have changed and second, show that the treatment experience has been a factor in causing this change. The following are some questions that might be asked in an outcome evaluation:

- Have improvements been made in the aspects of the person's life that were affected by PSU?
- Has there been a reduction in the frequency and/or quantity of PSU?
- Are improvements related to particular characteristics of the client and their social circumstances?
- What is the relationship between programme or system participation and client improvement?

There are a number of ways to design outcome evaluation to measure change and show that change is attributable to participation in the program. The most widely praised strategy to measure change and infer causality, is the randomised-controlled trial. With this approach, patients are randomly assigned to receive one or more

treatment options (e.g., inpatient detoxification versus ambulatory detoxification; drug therapy or psychological therapy). Randomised controlled trials are considered the gold standard in the evaluation of treatment effectiveness. This is because the design allows for inference of causality.

Another strategy that is relatively strong in its ability to allow causal inference is the quasi-experimental approach. Rather than randomly assigning clients to different alternatives, the individuals are selected in a systematic way.

Other outcome studies examine changes for one group of clients over time. Clients are monitored in terms of changes before and after treatment and one can speculate about the role of treatment in producing these changes.

A number of domains may be included when examining outcome. They are, among others: PSU frequency and pattern; consequences of PSU, including dependence; psychological functioning; physical health (including HIV); social adjustment; family functioning; crime and health care utilisation. While it is not necessary to measure all domains when evaluating a treatment approach, one should examine more than one domain given the broad scope of treatment objectives.

ECONOMIC evaluation (Workbook 8)

Economic evaluations indicate the options that give the best value for the resources expended.

The final type of evaluation is economic evaluation. Limits to resources exist in any community or region, and choices must be made about resource use. Devoting resources to one activity may deprive another of the same. Economic evaluations assist policy makers in making these types of decisions. This type of evaluation involves identifying, measuring, valuing, and comparing costs and outcomes of alternative interventions. Economic evaluations indicate the options that give the best value for the resources expended.

There are three broad questions addressed in economic evaluation:

- Is treatment worthwhile?
- Should investment (or further investment) be made in treatment A or treatment B?
- Should PSU interventions be chosen over other health or welfare interventions?

Is treatment worthwhile?

The question is treatment worthwhile compares the costs and consequences of a particular treatment or system of treatment against the do-nothing alternative.

If the net benefits are greater than the costs, the policy maker would determine that the programme is 'worthwhile' from this monetary perspective.

Should investment (or further investment) be made in treatment A or treatment B?

For simplicity sake, this question is expressed as a choice between two options, but more complex choices of different patterns of service provision also can be addressed. Answers to these types of questions involve comparisons across services

with similar outcomes, for example, observed change in the frequency and/or quantity of use of a PS. This would result in a comparison of the costs across two programme alternatives for achieving a given level of outcome.

Should PSU interventions be chosen over other health or welfare interventions?

Answering this type of question generally involves comparing programmes that have different outcomes and different population groups. This situation makes evaluation of alternatives difficult since there is unlikely to be any common unit of outcome to be compared. Economists,

therefore, suggest the use of an outcome measure that reflects human well-being. These are sometimes referred to as measures of utility? Most existing measures have been based on changes in health and quality of life, across different types of health care interventions.



It's your turn

Test your knowledge. Match each evaluation description with the appropriate letter.

- a. needs evaluation
- b. process evaluation
- c. cost evaluation
- d. client satisfaction evaluation
- e. outcome evaluation
- f. economic evaluation

A treatment agency surveys patients about their attitudes and feelings regarding a new evening treatment programme.

A group of researchers compare a group of patients who receive a new kind of treatment to another group who receive standard treatment as usual.

A hospital evaluates five-year medical costs of a group of patients enrolled in a smoking cessation programme (including the cost of participating in the programme), compared to another group of smokers that was not offered the programme.

A treatment agency reviews its schedule books to determine, on average, how long patients have to wait before getting an assessment appointment.

Community leaders survey outreach workers about the kinds of PSU-related problems that they are seeing in the community.

A hospital assesses the average yearly costs of patients enrolled in PSU treatment.

Answers: d, f, a, e, b, c

Summary and

With only scarce resources for of treatment, duplication and

All communities are faced with decisions regarding an appropriate treatment response for people with PSU disorders. In the past, funding decisions were made largely on the basis of personal experience and opinion rather than using information from systematic research and evaluation. With only scarce resources for treatment, duplication and inefficiency in the delivery of services cannot be tolerated.

This workbook series is intended to educate programme planners, managers, staff, and other key decision-makers

about the evaluation of PSU services and systems. The objective of the series is to enhance their capacity for carrying out evaluation activities. The broader goal of the workbooks is to enhance treatment efficiency and cost-effectiveness using the information that comes from these evaluation activities.

The workbook series follows the framework presented in this introductory workbook. The first two workbooks focus on the foundation of evaluation: planning and implementation. The remaining work-

conclusion

inefficiency in the delivery services cannot be tolerated.

books (Workbooks 3 - 8) present the basic principles and practices of six specialised types of evaluation.

It is important that the process of planning for programme evaluation and the implementation of various evaluation strategies be viewed as a learning process for programme funders, managers, staff and other important stakeholders. Not everyone has the same enthusiasm for evaluation, especially when trade-offs must be made between resources for

programme evaluation and resources for direct service delivery. This introductory report, and accompanying workbooks, are grounded in the belief that the delivery of quality treatment services depends critically on feedback about emerging community needs as well as programme operations, outcomes and costs. The material presented in this report and the workbooks will help meet the challenges in collecting this feedback and using it in the decision-making process.