



## About the Guidelines evidence-to-practice gap surveys and scoring guide

This implementation tool accompanies the *Guidelines on co-occurring conditions implementation toolkit*, which aims to support Australian alcohol and other drug (AOD) organisations translate the *Guidelines on co-occurring conditions (3<sup>rd</sup> edition)* into practice. The tool contains four surveys designed to identify evidence-to-practice gaps from the perspectives of four key stakeholder groups:

1. **AOD organisational leaders:** people working within AOD treatment settings who have the capacity to influence change, such as organisational leaders, service managers, clinic directors, quality assurance and improvement officers.
2. **AOD staff:** people who work in AOD treatment settings in a clinical capacity. This includes, but is not limited to, nurses, medical practitioners, psychiatrists, psychologists, counsellors, social workers, peer workers and other AOD workers.
3. **People with lived experience:** people who are currently receiving services or care for their own AOD use.
4. **Loved ones:** a family member/loved one (or carer) of someone with lived experience.

Accompanying the surveys is a **scoring guide** and **scoring example** that demonstrates how to use the guide in practice.

This tool is one of many methods for identifying evidence-to-practice gaps for Guidelines recommendations. It is at the discretion of each organisation which methods and tools they perceive are most suitable and feasible for their treatment setting. For more guidance and alternatives to using this tool, see [Step 2 of the Toolkit](#).



## AOD organisational leaders' survey

This survey is for people working within AOD treatment settings who have the capacity to influence change, such as organisational leaders, service managers, clinic directors, quality assurance and improvement officers. The survey is designed to explore how often recommendations for evidence-based practice occur across an AOD treatment setting. **On a day-to-day basis, how often would you say staff across your organisation do the following?**

Evidence-based practice recommendation	Not sure or not applicable to my role or service	Never	Occasionally	Sometimes	Often	Almost always
1. Include clients with co-occurring mental health conditions in all aspects of care or services	N/A	1	2	3	4	5
2. Screen and assess for co-occurring mental health conditions	N/A	1	2	3	4	5
3. Screen and assess for risk (e.g., suicide, self-harm, family or domestic and family violence)	N/A	1	2	3	4	5
4. Work collaboratively with clients to plan treatment or service delivery	N/A	1	2	3	4	5
5. Take into account co-occurring mental health conditions when planning clients' AOD treatment approach or services	N/A	1	2	3	4	5
6. Use a holistic health care approach (e.g., incorporating needs outside of AOD such as physical health, housing, financial, legal or family support)	N/A	1	2	3	4	5
7. Tailor approaches to care for specific population groups (e.g., young people, culturally or linguistically diverse clients)	N/A	1	2	3	4	5
8. Use a coordinated care approach (e.g. involve external services or providers in treatment)	N/A	1	2	3	4	5



Evidence-based practice recommendation	Not sure or not applicable to my role or service	Never	Occasionally	Sometimes	Often	Almost always
9. Involve peers in treatment or service delivery	N/A	1	2	3	4	5
10. Involve loved ones or carers in treatment or service delivery	N/A	1	2	3	4	5
11. Use a trauma-informed care approach	N/A	1	2	3	4	5
12. Engage clients in treatment by building a strong therapeutic relationship (e.g., establishing and maintaining trust)	N/A	1	2	3	4	5
13. Take a non-judgemental approach to treatment	N/A	1	2	3	4	5
14. Take a non-confrontational approach to treatment	N/A	1	2	3	4	5
15. Feel confident that treatment will be beneficial for clients	N/A	1	2	3	4	5
16. Have realistic expectations for treatment	N/A	1	2	3	4	5
17. Ensure continuity of care when a client finishes treatment or engaging with the service	N/A	1	2	3	4	5

Are there specific substances, mental disorders or population groups that the practices above happen more or less often with?



## AOD workers' survey

This survey is for people who work in AOD treatment settings in a clinical capacity. This includes, but is not limited to, nurses, medical practitioners, psychiatrists, psychologists, counsellors, social workers, peer workers and other AOD workers. The survey is designed to explore how often recommendations for evidence-based practice occur as part of an AOD worker's individual practice. **On a day-to-day basis, how often would you say you do the following as part of the services or care you provide?**

Evidence-based practice recommendation	Not sure or not applicable to my role or service	Never	Occasionally	Sometimes	Often	Almost always
1. Include clients with co-occurring mental health conditions in all aspects of care or services	N/A	1	2	3	4	5
2. Screen and assess for co-occurring mental health conditions	N/A	1	2	3	4	5
3. Screen and assess for risk (e.g., suicide, self-harm, family or domestic and family violence)	N/A	1	2	3	4	5
4. Work collaboratively with clients to plan treatment or service delivery	N/A	1	2	3	4	5
5. Take into account co-occurring mental health conditions when planning clients' AOD treatment approach or services	N/A	1	2	3	4	5
6. Use a holistic health care approach (e.g., incorporating needs outside of AOD such as physical health, housing, financial, legal or family support)	N/A	1	2	3	4	5
7. Tailor approaches to care for specific population groups (e.g., young people, culturally or linguistically diverse clients)	N/A	1	2	3	4	5
8. Use a coordinated care approach (e.g. involve external services or providers in treatment)	N/A	1	2	3	4	5



Evidence-based practice recommendation	Not sure or not applicable to my role or service	Never	Occasionally	Sometimes	Often	Almost always
9. Involve peers in treatment or service delivery	N/A	1	2	3	4	5
10. Involve loved ones or carers in treatment or service delivery	N/A	1	2	3	4	5
11. Use a trauma-informed care approach	N/A	1	2	3	4	5
12. Engage clients in treatment by building a strong therapeutic relationship (e.g., establishing and maintaining trust)	N/A	1	2	3	4	5
13. Take a non-judgemental approach to treatment	N/A	1	2	3	4	5
14. Take a non-confrontational approach to treatment	N/A	1	2	3	4	5
15. Feel confident that treatment will be beneficial for clients	N/A	1	2	3	4	5
16. Have realistic expectations for treatment	N/A	1	2	3	4	5
17. Ensure continuity of care when a client finishes treatment or engaging with the service	N/A	1	2	3	4	5

Are there specific substances, mental disorders or population groups that the practices above happen more or less often with?



## People with lived experience survey

This survey is for people who are currently receiving services or care for their own AOD use. Services or care may include but are not limited to: facilities providing inpatient or outpatient detoxification; residential rehabilitation; substitution therapies (e.g., methadone, buprenorphine or buprenorphine/naloxone for opiate dependence), and outpatient counselling services. The survey is designed to explore how often recommendations for evidence-based practice occur from the perspective of someone receiving services or care. **On a day-to-day basis, how often would you say staff do the following as part of care or services you receive for your AOD use?**

Evidence-based practice recommendation	Not sure or not applicable to me	Varies between treatment episodes or programs	Never	Occasionally	Sometimes	Often	Almost always
1. Exclude you from aspects of care or services because of co-occurring mental health conditions	N/A	0	1	2	3	4	5
2. Screen or assess you for mental health conditions (e.g., use a form, interview or other tool)	N/A	0	1	2	3	4	5
3. Screen and assess for risk (e.g., suicide, self-harm, family or domestic and family violence)	N/A	0	1	2	3	4	5
4. Work collaboratively with you to plan treatment or services (e.g., give you different options, or ask you what needs you want to focus on)	N/A	0	1	2	3	4	5
5. Consider mental health conditions when planning treatment approaches or services for you	N/A	0	1	2	3	4	5
6. Incorporate needs outside AOD use or mental health (e.g., physical health, housing, financial, legal or family support)	N/A	0	1	2	3	4	5
7. Consider how other aspects of your life or identity may be impacting you (e.g., being LBGTIQA+, culturally or linguistically diverse)	N/A	0	1	2	3	4	5
8. Involve people or services outside the organisation in your care or services (e.g., GP, psychologist)	N/A	0	1	2	3	4	5



Evidence-based practice recommendation	Not sure or not applicable to me	Varies between treatment episodes or programs	Never	Occasionally	Sometimes	Often	Almost always
9. Involve peer workers in your care or services	N/A	0	1	2	3	4	5
10. Involve your loved ones or carers in your care or services	N/A	0	1	2	3	4	5
11. Make you feel psychologically and physically safe	N/A	0	1	2	3	4	5
12. Try to build a strong therapeutic relationship with you (e.g., establishing and maintaining trust)	N/A	0	1	2	3	4	5
13. Have a non-judgemental approach to treatment	N/A	0	1	2	3	4	5
14. Have a non-confrontational approach to treatment	N/A	0	1	2	3	4	5
15. Express confidence in the effectiveness of the treatment	N/A	0	1	2	3	4	5
16. Have realistic expectations for treatment	N/A	0	1	2	3	4	5
17. Ensure you have organisations or support you can engage with once you leave their care or service	N/A	0	1	2	3	4	5

Is there anything else you'd like to tell us about your experience of seeking care or services for AOD use?



## Loved ones' survey

This survey is for people who are the family member/loved one (or carer) of someone who is currently receiving services or care for AOD use. Services or care may include but are not limited to: facilities providing inpatient or outpatient detoxification; residential rehabilitation; substitution therapies (e.g., methadone, buprenorphine or buprenorphine/naloxone for opiate dependence), and outpatient counselling services. The survey is designed to explore how often recommendations for evidence-based practice occur from the perspective of a loved one of someone who has received services or care for AOD use. **On a day-to-day basis, how often would you say staff do the following as part of care or services your loved one receives for AOD use?**

Evidence-based practice recommendation	Not sure or not applicable to me	Varies between treatment episodes or programs	Never	Occasionally	Sometimes	Often	Almost always
1. Exclude your loved one from aspects of care or services because of their co-occurring mental health conditions	N/A	0	1	2	3	4	5
2. Screen or assess your loved one for mental health conditions (e.g., use a form, interview or other tool)	N/A	0	1	2	3	4	5
3. Screen or assess your loved one for risk (e.g., suicide, self-harm or domestic and family violence)	N/A	0	1	2	3	4	5
4. Work collaboratively with your loved one to plan treatment or services (e.g., give them different options, ask them what needs they want to focus on)	N/A	0	1	2	3	4	5
5. Consider mental health conditions when planning treatment approaches or services for your loved one	N/A	0	1	2	3	4	5
6. Incorporate needs outside AOD use or mental health (e.g., physical health, housing, financial, legal or family support)	N/A	0	1	2	3	4	5
7. Consider how other aspects of your loved one's life or identity may be impacting them (e.g., being LBGTIQA+, culturally or linguistically diverse)	N/A	0	1	2	3	4	5



Evidence-based practice recommendation	Not sure or not applicable to me	Varies between treatment episodes or programs	Never	Occasionally	Sometimes	Often	Almost always
8. Involve people or services outside the organisation in care or services (e.g., GP, psychologist)	N/A	0	1	2	3	4	5
9. Involve peer workers in your loved one’s care or services	N/A	0	1	2	3	4	5
10. Involve you in your loved one’s care or services	N/A	0	1	2	3	4	5
11. Make you and your loved one feel psychologically and physically safe	N/A	0	1	2	3	4	5
12. Try to build a strong therapeutic relationship with your loved one (e.g., establishing and maintaining trust)	N/A	0	1	2	3	4	5
13. Have a non-judgemental approach to treatment	N/A	0	1	2	3	4	5
14. Have a non-confrontational approach to treatment	N/A	0	1	2	3	4	5
15. Express confidence in the effectiveness of the treatment	N/A	0	1	2	3	4	5
16. Have realistic expectations for treatment	N/A	0	1	2	3	4	5
17. Ensure your loved one has organisations or support they can engage with once they leave care or the service	N/A	0	1	2	3	4	5

Is there anything else you’d like to tell us about your experience as a loved one of someone seeking care or services for AOD use?



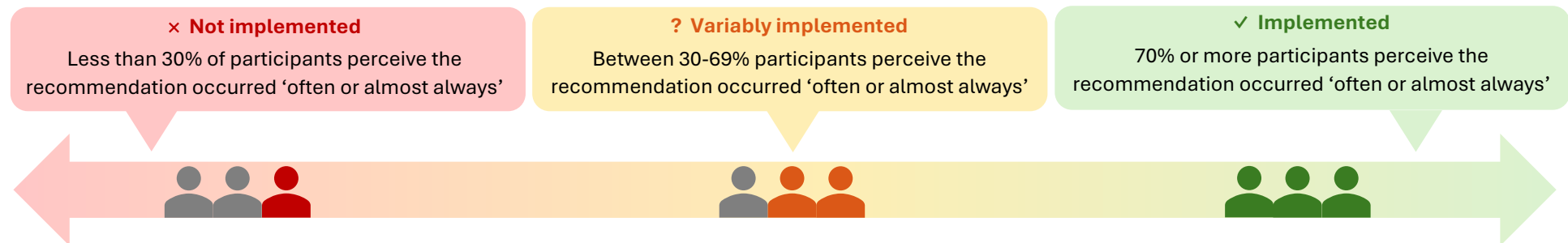
## Scoring guide

Once all surveys have been completed, responses can be scored to provide organisations with an **implementation status** for:

- i) each of the four stakeholder groups; and
- ii) each Guidelines recommendation.

As described in **Figure 1**, implementation status can be categorised as i) not implemented; ii) variably implemented; or iii) implemented. When recommendations are not implemented or variably implemented, there is an evidence-to-practice gap.

**Figure 1. Implementation status of Guidelines recommendations**



**Instructions:** Organisations may choose to compare perceived implementation status between groups and/or score implementation status across all groups collectively (bearing in mind that the results for all groups combined may be skewed if all groups are not represented evenly) . For each group surveyed, and for all groups combined, complete **Table 1** using the instructions below.

1. Enter the total number of participants who completed the survey in **column A** – this should be the same for all questions.
2. Enter the number of participants who answered each question in **column B** (i.e., exclude all N/A or '0' responses).
3. Count the number of participants who scored 4 or 5 for each question and enter that number into **column C**.
4. Calculate the percentage of participants who answered 4 or 5 for each question (i.e., divide the number in column C by the number in column B and multiply by 100) and enter the result into **column D**.
5. Enter the implementation status that corresponds with the percentage calculated in column D in **column E**.
6. Enter the implementation from column E to **Table 2** to compare implementation perspectives across stakeholder groups.



**Table 1. Guidelines evidence-to-practice gap surveys scoring guide**

STAKEHOLDER GROUP:	<input type="checkbox"/> AOD organisational leaders	<input type="checkbox"/> AOD staff	<input type="checkbox"/> People with lived experience	<input type="checkbox"/> Loved ones	<input type="checkbox"/> All groups surveyed
Guidelines recommendation	A. Number of participants who completed the survey	B. Number of participants who answered this question <i>(Exclude all N/A or 0 responses)</i>	C. Number of participants who scored 4 or 5 for this question	D. % of participants who answered 4 or 5 for this question $(C \div B \times 100)$	E. Implementation status of recommendation based on % reported in column D <b>x Not implemented: &lt;30%</b> <b>? Variably implemented: 30-69%</b> <b>✓ Implemented: &gt;70%</b>
1. Include clients with co-occurring mental health conditions					
2. Screen and assess for co-occurring mental health conditions					
3. Screen and assess for risk (suicide, self-harm, domestic and family violence)					
4. Work collaboratively with clients to plan treatment					
5. Take co-occurring mental health conditions into account when planning treatment					
6. Use a holistic health care approach					
7. Tailor approaches to care for specific population groups					
8. Use a coordinated care approach					



**Table 1. Guidelines evidence-to-practice gap surveys scoring guide (continued)**

STAKEHOLDER GROUP:	<input type="checkbox"/> AOD organisational leaders	<input type="checkbox"/> AOD staff	<input type="checkbox"/> People with lived experience	<input type="checkbox"/> Loved ones	<input type="checkbox"/> All groups surveyed
Guidelines recommendation	A. Number of participants who completed the survey	B. Number of participants who answered this question <i>(Exclude all N/A or 0 responses)</i>	C. Number of participants who scored 4 or 5 for this question	D. % of participants who answered 4 or 5 for this question $(C \div B \times 100)$	E. Implementation status of recommendation based on % reported in column D <b>x Not implemented: &lt;30%</b> <b>? Variably implemented: 30-69%</b> <b>✓ Implemented: &gt;70%</b>
9. Involve peers in treatment or service delivery					
10. Involve loved ones or carers in treatment or service delivery					
11. Use a trauma-informed care approach					
12. Engage clients in treatment by building a strong therapeutic relationship					
13. Take a non-judgemental approach to treatment					
14. Take a non-confrontational approach to treatment					
15. Feel confident that treatment will be beneficial for clients					
16. Have realistic expectations for treatment					
17. Ensure continuity of care					



**Table 2. Summary of implementation status across groups surveyed**

Guidelines recommendation	AOD organisational leaders	AOD workers	People with lived experience	Loved ones	All groups
1. Include clients with co-occurring mental health conditions					
2. Screen and assess for co-occurring mental health conditions					
3. Screen and assess for risk (suicide, self-harm, domestic and family violence)					
4. Work collaboratively with clients to plan treatment					
5. Take co-occurring mental health conditions into account when planning treatment					
6. Use a holistic health care approach					
7. Tailor approaches to care for specific population groups					
8. Use a coordinated care approach					
9. Involve peers in treatment or service delivery					
10. Involve loved ones or carers in treatment or service delivery					
11. Use a trauma-informed care approach					
12. Engage clients in treatment by building a strong therapeutic relationship					
13. Take a non-judgemental approach to treatment					
14. Take a non-confrontational approach to treatment					
15. Feel confident that treatment will be beneficial for clients					
16. Have realistic expectations for treatment					
17. Ensure continuity of care					



## Scoring example

Stelios is the service manager of a large residential rehabilitation centre. He is leading an implementation project that focuses on Guidelines recommendations #2 and #3 (*Screen and assess for co-occurring mental health conditions; Screen and assess for risk*). Stelios wants to explore how often these recommendations are occurring in practice and decides to use the surveys to obtain perspectives from multiple stakeholder groups. Stelios only uses survey questions relevant to his implementation project (i.e., only uses questions 2-3 for each survey). Surveys were completed by 7 organisational leaders; 20 AOD staff; 15 people with lived experience of receiving care at the service, and 5 loved ones (47 participants total). The scores from Stelios' surveys are outlined in **Table 3**, and a summary of perceived implementation status across all groups is outlined in **Table 4**. Stelios' results indicate that:

- Screening and assessing for risk may be more routinely implemented than for screening and assessing for co-occurring mental health conditions.
- There are differences in perceived implementation status for both recommendations between stakeholder groups. These differences might be worth exploring further through talk-based methods that enable different groups to elaborate on their perspective (e.g., interviews or roundtable discussions)

**Table 3. Scores from Stelios' surveys**

KEY STAKEHOLDER GROUP:	<input checked="" type="checkbox"/> AOD organisational leaders	<input type="checkbox"/> AOD staff	<input type="checkbox"/> People with lived experience	<input type="checkbox"/> Loved ones	<input type="checkbox"/> All groups surveyed
Guidelines recommendation	A. Number of participants who completed the survey	B. Number of participants who answered this question (Exclude all N/A or 0 responses)	C. Number of participants who scored 4 or 5 for this question	D. % of participants who answered 4 or 5 for this question (C ÷ B x 100)	E. Implementation status of recommendation based on % reported in column D x Not implemented: <30% ? Variably implemented: 30-69% ✓ Implemented: >70%
2. Screen and assess for co-occurring mental health conditions	7	6	5	83%	✓ Implemented
3. Screen and assess for risk (suicide, self-harm, domestic and family violence)	7	5	5	100%	✓ Implemented



**Table 3. Scores from Stelios' surveys (continued)**

KEY STAKEHOLDER GROUP:	<input type="checkbox"/> AOD organisational leaders	<input checked="" type="checkbox"/> AOD staff	<input type="checkbox"/> People with lived experience	<input type="checkbox"/> Loved ones	<input type="checkbox"/> All groups surveyed
Guidelines recommendation	A. Number of participants who completed the survey	B. Number of participants who answered this question (Exclude all N/A or 0 responses)	C. Number of participants who scored 4 or 5 for this question	D. % of participants who answered 4 or 5 for this question (C ÷ B x 100)	E. Implementation status of recommendation based on % reported in column D x Not implemented: <30% ? Variably implemented: 30-69% ✓ Implemented: >70%
2. Screen and assess for co-occurring mental health conditions	20	17	13	76%	✓ Implemented
3. Screen and assess for risk (suicide, self-harm, domestic and family violence)	20	19	16	84%	✓ Implemented

KEY STAKEHOLDER GROUP:	<input type="checkbox"/> AOD organisational leaders	<input type="checkbox"/> AOD staff	<input checked="" type="checkbox"/> People with lived experience	<input type="checkbox"/> Loved ones	<input type="checkbox"/> All groups surveyed
Guidelines recommendation	A. Number of participants who completed the survey	B. Number of participants who answered this question (Exclude all N/A or 0 responses)	C. Number of participants who scored 4 or 5 for this question	D. % of participants who answered 4 or 5 for this question (C ÷ B x 100)	E. Implementation status of recommendation based on % reported in column D* x Not implemented: <30% ? Variably implemented: 30-69% ✓ Implemented: >70%
2. Screen and assess for co-occurring mental health conditions	15	15	8	53%	? Variably implemented
3. Screen and assess for risk (suicide, self-harm, domestic and family violence)	15	15	11	73%	✓ Implemented



**Table 3. Scores from Stelios' surveys (continued)**

KEY STAKEHOLDER GROUP:	<input type="checkbox"/> AOD organisational leaders	<input type="checkbox"/> AOD staff	<input type="checkbox"/> People with lived experience	<input checked="" type="checkbox"/> Loved ones	<input type="checkbox"/> All groups surveyed
Guidelines recommendation	A. Number of participants who completed the survey	B. Number of participants who answered this question <i>(Exclude all N/A or 0 responses)</i>	C. Number of participants who scored 4 or 5 for this question	D. % of participants who answered 4 or 5 for this question $(C \div B \times 100)$	E. Implementation status of recommendation based on % reported in column D x Not implemented: <30% ? Variably implemented: 30-69% ✓ Implemented: >70%
2. Screen and assess for co-occurring mental health conditions	5	5	1	20%	x Not implemented
3. Screen and assess for risk (suicide, self-harm, domestic and family violence)	5	4	2	50%	? Variably implemented

KEY STAKEHOLDER GROUP:	<input type="checkbox"/> AOD organisational leaders	<input type="checkbox"/> AOD staff	<input type="checkbox"/> People with lived experience	<input type="checkbox"/> Loved ones	<input checked="" type="checkbox"/> All groups surveyed
Guidelines recommendation	A. Number of participants who completed the survey	B. Number of participants who answered this question <i>(Exclude all N/A or 0 responses)</i>	C. Number of participants who scored 4 or 5 for this question	D. % of participants who answered 4 or 5 for this question $(C \div B \times 100)$	E. Implementation status of recommendation based on % reported in column D* x Not implemented: <30% ? Variably implemented: 30-69% ✓ Implemented: >70%
2. Screen and assess for co-occurring mental health conditions	47	43	27	62%	? Variably implemented
3. Screen and assess for risk (suicide, self-harm, domestic and family violence)	47	43	34	79%	✓ Implemented



**Table 4. Summary of implementation status across groups Stelios surveyed**

Guidelines recommendation	AOD organisational leaders	AOD workers	People with lived experience	Loved ones	All groups
1. Include clients with co-occurring mental health conditions	✓ Implemented	✓ Implemented	? Variably implemented	x Not implemented	? Variably implemented
2. Screen and assess for co-occurring mental health conditions	✓ Implemented	✓ Implemented	✓ Implemented	? Variably implemented	✓ Implemented