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# **United States Air Force ADAPT/DDR Program Manager**

## **Subject Matter Expert/Consultation Handbook**



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## **Chapter I: Overview**

### ***Introduction***

The Program Managers for both Alcohol and Drug Abuse Prevention and Treatment (ADAPT) and Drug Demand Reduction (DDR) Programs serve a critical role in developing and implementing substance abuse prevention programs at each base. As the “go to” person for these topics, it is vitally important that the program manager understand the importance of his/her multiple roles, possibly to include clinician, subject matter expert, manager and consultant. Knowledge of how best to engage and interact with the base chain-of-command is crucial—and yet often poorly understood. Being intimately familiar with related helping services available on- and off-base, and knowing how to access and successfully interface with those services is key to the success of the ADAPT/DDR Program Manager

### ***Purpose of this Handbook***

The intent of this handbook is to serve as a guide to new ADAPT/DDR Program Managers and as a reference for experienced program managers. We will discuss how best to serve as an effective subject matter expert able to extend ADAPT/DDR’s influence beyond the boundaries of the Medical Treatment Facility (MTF) in order to better serve the community as a whole. There are core subject concepts that each program manager must master in order to establish credibility and acceptance within the wing/group/squadron leadership sphere of influence. The art of influencing wing-level decision-making and policy creation without being over tasked with responsibility for every suggestion you make requires learning the art of effective consultation. We will attempt to steer you toward a better understanding of each of these core concepts with this handbook.

## **Chapter II: The Role of Subject Matter Expert**

### ***Overview***

Though the role of subject matter expert in substance abuse treatment, prevention and/or drug testing procedures is not specifically defined in Air Force Instruction or other guidance, it’s your function in the wing to serve in the “expert” role for your career field. In order for this to occur, you must be recognized by the wing commander, group commanders, and other base leaders as an expert in the field of alcohol and drug abuse treatment, prevention and deterrence. Below is a list of primary functions you serve and should be prepared to discuss or brief at moment’s notice in any meeting you attend.

## ***ADAPT Program Management***

AF Instruction 44-121 establishes guidance for the identification, treatment and management of personnel with substance abuse problems and describes Air Force policy regarding alcohol and drug abuse.

In addition, the ***ADAPT Guide*** is an excellent complimentary resource. This exhaustive five-volume guide was developed by professionals working in different facets of the ADAPT program and can be found on the Air Force Knowledge Exchange (search: ADAPT Guide). The intent is to provide a comprehensive instruction/training guide for all personnel providing ADAPT services. The following is a brief abstract of the guide.

- **Volume One: Policy, Program Management, and Budget**
  - **Policy:** Contains a Mission/Vision statement which sets the stage for the ADAPT program. A comprehensive listing of various regulations, directives, and instruction is included. Additionally, this section contains several Air Staff policy letters providing guidance on ADAPT requirements.
  - **Program Management:** Defines the roles/responsibilities of key players involved in ADAPT and establishes a quick reference to community programs such as the Integrated Delivery System. Additionally, this section contains a job description template and several sample Operating Instructions. Also included is a self-inspection checklist and an outline of JCAHO requirements.
  - **Budget:** Outlines responsibilities in regards to substance abuse program funding under Program Element Code 88723. Proper execution of the budget is a key component of delivering ADAPT services.
- **Volume Two: Guidelines on Training of ADAPT providers and technicians**
  - **Training Management:** Provides an overview of training guidelines and the philosophy of training. Also included are examples of lesson plan development, training goals, and roles/responsibilities of supervisors and technicians.
  - **CADAC Certification:** Outlines the initial requirements for initial certification through the International Certification Reciprocity Consortium. It includes detailed information on the 12 Core Functions and provides examples for assistance in meeting the certification board.
  - **Annual Recurring Training:** Included here are suggested minimums for recurring training in advanced clinical skills. It covers training for both providers and technicians on such topics as; dual diagnosis, family dynamics, etc..
- **Volume Three: Resources and Referral and Prevention**
  - **Resources/Referral:** Provides a variety of information resources for education, prevention, and treatment materials. It includes numerous internet sites that are dedicated to alcohol and drug abuse prevention, treatment, as well as internet addresses for online support groups. An extensive book and video listing is also included. A listing of all USAF ADAPT programs is also included, providing phone/fax numbers and treatment services available at each AF installation.
  - **Prevention:** Designed to provide ideas for ADAPT prevention efforts. It includes a sample outline for developing a Marketing and Outreach Plan and copies of several briefings that can be used within the USAF community, including sample First Duty Station, Newcomers, Key Personnel, and outreach briefings.
- **Volume Four: Evaluation/Assessment:**

Using the 12 Core Function model, this area contains information and overprints that may be utilized in the screening, intake, orientation and assessment process of members identified for substance abuse evaluations.

- **Volume Five: Education and Treatment/Aftercare:**

Comprehensive guidance that may be utilized in providing outpatient treatment and aftercare services. Included are treatment planning aids, outlines, lesson plans, handouts, and other resources to assist counselors in providing treatment and counseling services.

## ***DDR Program Management***

AFI 44-120 and AFI 44-159 provide guidance for the Air Force Demand Reduction Program. The former is a 75 page documents that gets “in the weeds” regarding specific drug testing procedures, while the latter 9-page document provides more general guidelines and goals and assigns responsibilities for implementing the program. AFI 44-159 also outlines requirements for community outreach activities.

## ***Prevention Concepts***

Often times Program Managers find they don’t have the time they would like to invest in an effective prevention strategy. One of the first steps to leverage the most from an overburdened schedule is to become familiar with the more common prevention tools and strategies.

### ***Screening Tools***

AUDIT- Ten item questionnaire designed to assess individual’s risk of alcohol problems  
AUDIT “C”  
CAGE  
MAST

### ***Social Norms:***

Theory: Essentially, the social norms approach uses a variety of methods to correct negative misperceptions (usually overestimations of use), and to identify, model, and promote the healthy, protective behaviors that are the actual norm in a given population. When properly conducted, it is an evidence-based, data-driven process, and a very cost-effective method of achieving large-scale positive results. A good resource for this topic can be found at <http://www.socialnorms.org>

SN Questionnaires (anonymous screening) The idea here is to get an accurate assessment of the actual norms regarding drinking and attitudes toward drinking

Marketing: Once you’ve assessed actual drinking norms, the Social Norms approach dictates that you should now embark on a marketing campaign to get the word out that “Airmen make healthier choices than you think” and advertise the data you’ve collected that shows a lower than expected rate of abusive drinking.

Motivational Interviewing: Motivational interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. An excellent resource (besides the book: Motivational Interviewing, 2<sup>nd</sup> Edition, by William Miller and Stephen Rollnick) can be found at <http://motivationalinterview.org/> . This site also includes some excellent

training opportunities for those interested in becoming more proficient in the style of Motivational Interviewing.

## **Chapter III: The Art of Consultation**

### ***Overview***

Consulting by subject matter experts (in this case by mental health professionals from LSSC, DDR, ADAPT & FAP) in the Air Force is a special leadership role that requires a specific skill set that's quite different from the clinical care of patients and the management of a flight or element. While we bring unique expertise to the table, consultants lead through collaboration rather than by being explicitly in charge. This role requires initial groundwork to set the stage for success, the ability to work in collaborative and team-building ways, and the willingness to subordinate your agenda to the group's agenda, even as you lend the group your professional expertise. Oftentimes, policy automatically grants us a seat at the table (e.g. IDS), but it is up to us to make wise use of that opportunity. Following are some "nuts and bolts" recommendations for program managers seeking to improve their consultation skills so that they can effectively share their expertise and suggestions without fear of becoming the "OPR (Office of Primary Responsibility) of Everything".

#### ***1. Establish credibility***

- a. Build relationships. Introduce yourself to community leaders and agencies when you arrive on station. Critical community partners to introduce yourself to and develop working relationships with include Wing/CC, squadron and other commanders, first sergeants, MDG/CC, Command CMSgt, OSI, SFS/CC, SVS/CC, SGH, IDS members, CAIB members, MEO officer, EEO, FSC, Health Promotion Manager, Population Health Working Group Chair, Primary Care Flight CC, & fellow MH leaders of FAP, LSSC, ADAPT, & DDRP. Note that this list is not meant to be all inclusive; we may have inadvertently omitted some very important players.
- b. Attend regularly/participate actively in IDS, CAIB, PHWG, CFOC
  - 1). Visible Team Player
    - Come to meetings prepared to set the tone
    - Have a plan for ensuring you maintain the consultant role versus being put "in charge" of a project (occasionally becoming OPR for a project is fine; just avoid making a regular habit of it as you'll be a "burnout" victim before long).
    - Volunteer to brief FTAC, Newcomer's Orientation, Commander's Calls
    - Post information on base marquis (List AFI campaigns i.e. Red Ribbon events, locally created prevention events)
    - Don't just "show up"; look for visibility opportunities
  - 2). For DDR Program Manager: Maximize effectiveness of CFOC
    - Have wing CC chair if at all possible; this automatically establishes credibility and importance of the meeting, and ensures good attendance
    - Use AFI to support your call for participation/attendance/support (AFI 44-120 suggests minimum required membership)
    - Use CFOC as primary decision making /problem solving body; this will Help you avoid the appearance of making arbitrary or unilateral decisions.

- DDRP (a wing function) is historically assigned to or housed in the medical group—be sure your MDG/CC and Wing CC know your role
  - Nurture key relationships: SJA, OSI; you can't establish credibility without them
  - Carefully choose battles; few issues are worth falling on your sword over
  - Don't single out individuals or squadrons—give CCs a heads up on bad news versus embarrassing them or catching them off guard in the meeting
  - Start and end on time; interest and value is often lost in long/drawn-out meetings
  - Triple check your stats before presenting them; it's tough to regain lost credibility
2. **Know and understand your subject matter thoroughly:** Do your homework in advance; read background material)
  3. **Know and understand your "customers"** i.e. IDS, CAIB, base culture & surrounding community, as well as hot issues in the AF and DoD; regularly read CSAF Sight Pictures, AF Times, Commander bios, AF AIM Points, local newspaper, base newspaper, etc. It may be dry reading but it can pay huge dividends (Kissing up is not necessarily a bad thing if your motive is pure!) Get to know the key commanders and what their priorities are.
    - a. Set meeting to tell CC what you can do for him or her and find out how you might be able to help with their top priorities
      - Ask him/her what position they hold on issues related to AOD
      - Bring checklist of suggested (AOD-related) topics for briefings to senior leadership (off-limits establishments, family member drug use, base relationship with local schools, AADD, etc.)
        - Bring new/updated policy letters (on underage drinking, DUI, support of drug testing, weekend/after-hours testing, etc.) with his/her signature block and inform him of previous commander's policy letters
        - Ask him what he wants set as policy and what he wants to deal with on a case-by-case basis (s/he will love you for saving time)
        - Observe how commander's calls are conducted (during/after duty hours? Cash bar set up? What message does s/he impart regarding AOD both overtly and covertly? (subtle agenda)
    - b. Call the ADAPT PM from your commander's previous base for candid "intel" on his/her policies/style/etc.  
Get familiar with military-specific cultural factors (read the CCs bio, know military specific language/acronyms, priorities, etc...) Ask the CC secretary for list of locally used acronyms

#### Consulting Process:

1. **Identify the problem** (often the problem will be identified in advance by leadership). Base challenges, strengthening opportunities, items from 3a. above. Agendas – the commander might identify the team and POC based on your previous meeting.
2. **Identify the team** (and perhaps a central POC for the issue)
  - Communicate to the CC (et al) what your role can be in implementing and sustaining CORC concepts
  - Establish your credibility as a subject matter expert and as a consultant
3. **Understand the expectations** (of key commanders, of team members, etc.)
4. **Identify needs of community** related to problem under discussion (e.g. needs assessment). Provide a needs assessment for your base; risk and protective factors (make use of archival data, local community data, surveys, etc...). In assessing needs consider the agendas of the

direct client (attitudes/beliefs/needs), people who impact their choices (social/work situation) leadership attitudes – supervisors/teachers, and service providers – store operators, vendors, and available recreational services/leisure activities providers.

5. *Develop specific goals with the team* - Community Change is the only reliable change strategy
6. *Develop plan to reach goal with the team*
7. *Implement the plan*
8. *Periodically assess & reassess progress*

## Chapter IV: Recommended Resources

### *Priority Checklist*

We talked about a checklist that prioritizes activities (e.g. A, B, & C level activities)

### *Recommended Reading*

ADAPT Guide, Volumes I-V

Motivational Interviewing; 2<sup>nd</sup> Edition, William Miller and Stephen Rollnick

Changing for Good; Prochaska, Norcross & DiClemente

AUDIT Guidelines for Use in Primary Care; 2<sup>nd</sup> Edition; World Health Organization

Brief Intervention For Hazardous and Harmful Drinking: World Health Organization

Process Consultation Revisited: Building the Helping Relationship, Edgar Schein, Professor Emeritus of Management, TIT, 1998

### *Training Opportunities*

Navy Prevention Specialist Course (80 Hours), <https://cetarsweb.cnet.navy.mil>

This 10 day training course is open to all military and civilian personnel. There is no cost for this training aside from travel and per diem for those coming outside the San Diego or Norfolk areas. This course emphasizes the science of prevention and teaches participants how to design and implement a highly effective model prevention program. The goal of this course is to provide participants with a comprehensive prevention education and experiential skill development in the domains that research has shown to be necessary in the development, selection, implementation and evaluation of effective substance abuse prevention programs. The five domains used as the basis for all course work are:

Planning and Evaluation

Education and Skill Development

Community Organization

Public and Organizational Policy

Professional Growth and Development

In addition, this 80-hour course provides the formal education component necessary for certification as a Certified Prevention Specialist. For more information contact Mr. Paul Moro at (619) 532-4975 or [paul.moro@navy.mil](mailto:paul.moro@navy.mil)

Course Schedule:

Jan 30 – Feb. 10, 2006 (San Diego)  
May 15 – May 26, 2006 (Norfolk)  
Sept. 18 – 29, 2006 (San Diego)

Center for Substance Abuse Prevention (CSAPs), Centers for the Application of Prevention Technologies, <http://captus.samhsa.gov/national/about/about.cfm>

CSAPs National CAPT system is organized into the following 5 CAPTs:

Northeastern CAPT, <http://captus.samhsa.gov/northeast/northeast.cfm>  
Southeastern CAPT, <http://captus.samhsa.gov/southeast/southeast.cfm>  
Southwestern CAPT, <http://captus.samhsa.gov/southwest/southwest.cfm>  
Central CAPT, <http://captus.samhsa.gov/central/central.cfm>  
Western CAPT, <http://captus.samhsa.gov/western/western.cfm>

Each one of the CAPTs provides regular training and technical assistance in order to expand capacity and increase the effectiveness of substance abuse prevention programs at both the State and community levels. To learn more about each regional CAPT's training opportunities, click on their respective website.

#### Community Anti-Drug Coalitions of America (CADCA)

CADCA's National Leadership Forum, Feb. 14 – 16, 2006, Washington DC Convention Center, <http://cadca.org>

American Society of Addiction Medicine (ASAM), [www.asam.org](http://www.asam.org)

Provides numerous training opportunities for physicians and other medical professionals.

ASAM's next annual conference is listed below. To find out more information or to register, click on their website.

ASAM

37<sup>th</sup> Annual Medical Scientific Conference

May 4-7, 2006, San Diego Sheraton Hotel and Marina

San Diego, CA

#### ***Briefing Templates***

Please refer to ADAPT Guide Volume III for examples of ADAPT/DDR Briefings for Newcomers, FTAC, and other venues.