Full Report

Building Competence for Sustained Anti-Drug Work: An Integrated Humanistic and Cognitive-Behavioral Training for Practitioners and Students of Social Work and Healthcare Professions
(BDF 120015)

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Introduction

The training project provided structured anti-drug training for social workers and healthcare professionals, guided by an integrated approach of humanistic and cognitive-behavioral therapies. This integrated approach had proven to be effective in working with young drug abusers in the research project, "Effective Ways to Dispel Misunderstandings about Psychotropic Substances in Youth at Risk for Drug Abuse Problems," funded by the Beat Drugs Fund. Essentially, both the stages of the introductory workshop and advanced course cum practicum or case conference sought to enable anti-drug workers to help, facilitate, and treat drug abusers effectively. They met the common and soaring needs of anti-drug workers, including practicing or aspiring social workers, nurses, and others for their learning of concerned knowledge and skills. By receiving the training, these workers became skillful in identifying and assessing the needs of drug abusers, motivating and engaging the abusers in treatment, and sustaining the recovery and development of these abusers throughout their rehabilitation. Introductory workshops fine-tuned for college students studying social work and healthcare professions represented the first stage of training. For the sustainability of the training, research work not only provided an evaluation of the training, but also facilitated the refinement and continuous improvement of the training. The research component of the Project involved a pre-post design to measure trainees' essential skills pertaining to the trained approach, feedback, background characteristics and control factors.

The training and the evaluation of training effectiveness are crucial because of the needs concerned. Such needs arise from existing research findings about difficulty in achieving effectiveness in anti-drug training for cognitive-behavioral, motivational interviewing, and other approaches (Baer et al. 2004; Schoener et al. 2006; Sholomskas et al. 2005). One reason for ineffectiveness is the cultural misfit of imported training to local contexts (Gelkopf et al. 2008). To overcome the misfit, training needs to evolve from the local context, based on local experience and knowledge. This is the case in the present customized training package for local students and practitioners.

Objectives

The training fulfills the following planned objectives.

1. Raising the competence of participants who attend the proposed introductory workshop for understanding the needs of drug abusers, motivating drug abusers to face their problems, and making referrals for appropriate care

2. Raising the competence of participants who attend the proposed advanced course for the treatment of clients with problematic drug abuse in their service settings

Training Outline

Six introductory workshops for 480 trainees
- 3 rounds of 1 whole-day workshop for 80 students/fresh graduates of social work and healthcare professions (240 trainees in total)
- 3 rounds of 1 whole-day workshop for 80 social workers and healthcare professionals (240 trainees in total)

Three advanced courses for 72 trainees in

- 3 rounds of 3 whole-day course cum 4 half-day practicum/case conference for 24 trainees (72 trainees in total) who have attended the introductory workshop or equivalent

Training Framework

The training package, comprising the introductory workshop and advanced course equipped the participants with knowledge and skills of an integrated approach of humanistic and cognitive-behavioral therapy for working with drug abusers effectively.

The training content about the integrated humanistic and cognitive-behavioral approach to drug treatment and rehabilitation had a strong basis on practical experience and research (Boulton et al. 2001; Graham 2004; Rowan 1998; Szeto et al. 2009; Wampold 2007; Wexler 1994). Such an integrated approach would be favorable for enhancing the effectiveness of anti-drug service because of complementary and synergistic effects (Kelly 1997).

The humanistic approach emphasized the development or restoring of the drug abuser's real self, which champions actualization, contribution, and participation in anti-drug activities (Aspy et al. 2000; Rowan 1998). The goals of the approach included raising the drug abuser's awareness of emotional experiencing, exploration, reflection, self-determination, breakthrough, enlightenment, and personal growth (Kelly 1997; Levitt et al. 2005). To achieve these goals, humanistic skills consisted in the practices of empathizing, remoralizing, life guarding, offering choices, clarifying goals, feeding back, adaptive explanation, evocative reflection, alliance building, being warm and genuine, and whole-person development (Aspy et al. 2000; Levitt et al. 2005; Rowan 1998; Wampold 2007).

The cognitive-behavioral approach or more generally the integrated cognitive-behavioral therapy comprised cognitive, behavioral, motivational components (Graham 2004; Jarvis et al. 1995). They aimed at erecting proper thoughts, goals, and behaviors in the drug abuser. The cognitive component emphasizes skills in challenging, positive talk, cognitive modification, problem solving, and role-playing. Specifically, skills in challenging included those in relabeling, encouraging, decatastrophizing, Socratic questioning, advantage-disadvantage analysis, and recalling good things. At the same time, the behavioral-motivational component relied on skills in experimenting, reinforcing, training, distracting, relaxing, stress management, and motivational hooking.

The combined humanistic, cognitive-behavioral approach had proven to be effective in the treatment and rehabilitation of drug abuse (Szeto et al. 2009). This also evolved from ample practical experiences. Essentially, while the humanistic and cognitive-behavioral approaches could each be effective, their integration makes further contributions (Chambless and Ollendick 2001; Okwunnabua and Duryea 1998). Effectiveness was greater when the integrated approach incorporates such components of individualized and networked treatment according to the stage of change (Gold et al. 2004; McKay and Weiss 2001; Tubman et al. 2002).

Importantly, the integration of practice wisdom and research evidence generated the following thorough corpus of syllabuses for the introductory workshop, advanced course, and practicum or case conference of the proposed training. The training was a graduated one appealing to basic and advanced interests successively. On the one hand, the introductory workshop would meet anti-drug workers' general, basic, and prevailing need for the early identification of and assistance for drug abusers, in a generic setting. As such, skills in

assessment, counseling, and early intervention were particularly important, as shown in the introductory workshop. On the other hand, anti-drug workers also needed to master skills in the integrated approach to treating drug abuse. To satisfying the need, the advanced course provided more intensive and demanding training to trainees having completed the introductory workshop or its equivalent.

Training Syllabus

Introductory Workshop: 1 full day (6 rounds, 80 participants per round)

1. Drugs commonly abused in Hong Kong (Ketamine, Heroin, Ice, Cough, Syrup, Cannabis, Sleeping pills and Cocaine)
   - special harm
   - manifestation
   - mode of administration

2. Counseling guidelines
   - View drug use along a continuum
   - Individualized treatment: goals and methods
   - Enhancing self-efficacy
   - Multi-dimensional treatment aimed at long-term recovery
   - Least intrusive treatment
   - Remaining open to new methods and goals
   - Sensitivity to varying needs of diverse client populations, with emphasis on early identification of hidden drug abusers for rendering assistance

3. Initial assessment
   - Acute intoxication and/or withdrawal complications
   - Biomedical conditions and complications
   - Emotional/behavioral conditions and complications
   - Treatment acceptance/resistance (stage of motivation)
   - Relapse / continued use potential
   - Recovery / healthy living environment

4. Level of care needed
   - Early intervention (e.g. outreaching service, school social work, etc.)
   - Outpatient treatment (CCPSA)
   - Intensive outpatient / Short term hospitalization (SAC)
   - Residential services (medical mixed-mode centers, gospel centers)

Advanced Course: A 3 full-day course cum 4 half-day practicum/case conference (3 rounds, 24 participants per round)

1. Overview of an Integrated Humanistic and Cognitive-Behavioral Treatment
   - Objectives
   - Structure
   - Knowledge, Attitude and Skills
   - Treatment Sessions

2. Assessment Phase: Screening and Assessment

- Clinical Assessment of Drug/Alcohol Use
- Assessment and Screening Tools
- Case Formulation
- Treatment Planning

3. Treatment Phase 1: Engagement and Building Motivation to Change
   - Strategies to Increase Engagement
   - How to Put Drug/Alcohol Use on the Agenda
   - Building on Motivation for Change
   - Dealing with Resistance
   - Identifying Social Networks Supportive of Change
   - Finances/Money Management

4. Treatment Phase 2: Negotiating Some Behavior Change
   - Identifying and Setting Achievable Harm-Reduction Goals
   - Working with Resistance to Goal Setting
   - Identifying Activities of Interest
   - Engaging the Client's Interest in the Activity
   - How to Build Social Networks Supportive of Change

5. Treatment Phase 3: Early Relapse Prevention
   - Formulating Problems: Cognitive Model of Substance Use
   - Relapse Prevention: Helping Your Clients Manage Their Substance Use
   - Relapse Prevention: Including Social Network Member(s)
   - Coping with Cravings and the Abstinence-Violation Effect

6. Treatment Phase 4: Relapse Prevention / Relapse Management
   - Including Social Network Member(s) in Relapse Prevention
   - Developing a Comprehensive Relapse-Prevention/ Relapse-Management Plan
   - Using a Comprehensive Relapse-Prevention / Management Plan – Relapse Drill

7. Additional Treatment Component – Families and Social Network Members
   - Working with Families and Social Network Members
   - Provision of Psychoeducation
   - Encouraging Involvement
   - Practical Coping Strategies and Skills

8. Application in different settings
   - Outreaching Youth Services
   - Community Intervention and Reintegration Programs
   - Residential Treatment

9. Practicum / Case Conference:
   - Reflective skill and Three-question Technique
   - Motivational Skill
   - Assessment Skill
   - Worksheet of C-BIT
   - Skill in Relapse Prevention
   - Case Discussion

The course had the following features to maximize training effectiveness:
1. Homework assignments for the practice of components of the integrated humanistic and cognitive-behavioral approach (Gonzalez et al. 2006; Sobell et al. 2009; Westeva et al. 2001)
2. Role play and experiential learning (Husband and Platt 1993; Margolis and Zweben 1998)
3. Practicum and case conferencing to consolidate practice experience systematically

For the sustainability of the training, research was necessary not only to provide an evaluation of the training, but also to facilitate refinement and continuous improvement of the training. Specifically, research is to collect data for rigorous analysis to serve the following purposes:
1. Formative evaluation, which reveal strengths and weaknesses early in the course for capitalizing on the strengths and removing the weaknesses in the subsequent implementation of the training
2. Identifying success factors for the benchmarking and sustainable development of the training after the project period
3. Raising the effectiveness of the training by resolving noted issues about uncertain interference with the effectiveness of training as follows:
   ■ Trainee's motivation, expectancy, or demand, known as the Hawthorne effect (Donohue and Patton 1998)
   ■ Trainees' heterogeneity or diversity (Dieckhoff 2007)
   ■ Trainee's capability, trainability, talent, experience, or human capital (Au et al. 2006; Dieckhoff 2007; Gelderblom et al. 2002)
   ■ Pertinence of training to the trainee (Ferguson et al. 2009)
   ■ Trainee's demographic characteristics, such as age and gender (Elman and O'Rand 2002; Gelderblom et al. 2002)

The research work involved a pre-post design to measure trainees' essential competence (knowledge and skills) pertaining to the trained approach, feedback, attendance or attention, background characteristics, and control factors. A backbone to the measures of the competence was adapted from the following to give questionnaires simplified enough for the study:

• Scale for ability to identify drug abusers at an early stage (for the introductory workshop and advanced course; adapted from Beat Drugs Fund Evaluation Question Set No. 19)
• Scale for capacity to support drug abusers (for the introductory workshop and advanced course; adapted from Beat Drugs Fund Evaluation Question Set No. 20)
• Revised Session Reactions Scale (for the advanced course only; adapted from Elliott and Wexler 1994; Levitt et al. 2005)

The resultant questionnaires for the Introductory Workshop (see Table 1) and Advanced Course (see Table 2) used a five-point rating scale to capture responses to generate scores on a 0-100 scale. Accordingly, the first point scored 0, second point 25, third point 50, fourth point 75, and the fifth point 100. When a participant reported a higher score after the training than before the training, the participant showed an improvement. The percentage of participants showing the improvement gave the upward rate. Notably, there were 15 evaluation items covering drug knowledge, counseling ideas, preliminary assessment, and anti-drug service in the questionnaire for the Introductory Workshop. Meanwhile, there were 40 evaluation items covering the screening and assessment, treatment stage, auxiliary service,

anti-drug counseling theory and practice, experience according to the Revised Session Reaction Scales in the questionnaire for the Advanced Course. Among the 40 items, 39 were comparable before and after the training and the remaining item was useful after the training.

Further analysis involved linear regression analysis to estimate the effects of the trainee's age, gender, role, and profession on post-training increases in anti-drug competence. Essentially, the analysis addresses the question about variation in training effectiveness in increasing trainees' competence due to trainees' heterogeneity or diversity, covering their ages, genders, roles, professions, and therefore talents, capability, motivation, and experience (Dieckhoff 2007; Donohue and Patton 1998; Elman and O'Rand 2002; Gelderblom et al. 2002). That is, the trainee's age, gender, role as a practitioners or student, or profession in nursing or social work might make a difference in training effectiveness due to variation in talents, capability, motivation, and experience. This analysis thus employed the trainee's age, gender (female vs. male), role (practitioner vs. student), professional (nursing vs. social work), and all pre-training competence items as predictors to determine post-training competence increases. The general expectation is that training effectiveness in terms of post-training competence increase would not differ substantially according to the trainee's age, gender, role, and profession. This analysis applied to both the Introductory Workshops and Advanced Courses. Notably, as Advanced Courses involved practitioners only, no role difference (between the practitioner and student) was detectable.

Research Results

The project evidently achieves its objective to build competence for sustained anti-drug work through Integrated Humanistic and Cognitive-behavioral Training for the practitioners and students of social work and healthcare professions. Evidence for the achievement most clearly transpired in statistical analysis of survey data provided by participants before and after training. In addition to the evaluation results for each of the Introductory Workshops and Advanced Courses, our overall analysis (i.e., by aggregating data of the first-sixth Introductory Workshops and the first-third Advanced Courses) demonstrated that 92.5% of the participants improved after attending the Introductory Workshops and 98.8% of the participants improved after training by the Advance Courses. Moreover, statistically significant improvements ($p < .001$ by the paired t-test) happened in both the Introductory Workshops and Advance Courses of the training.

Specifically, the Introductory Workshop showed that 76.3% of the 506 trainees who completed the evaluation questionnaires increased their drug knowledge from before the training ($M = 60.1$, on a 0-100 scale) to after the training ($M = 79.6$). Similarly, 72.1% of the trainees increased their counseling ideas from before the training ($M = 59.9$) to after the training ($M = 73.9$). More favorably, 90.1% of the trainees increased their knowledge on preliminary assessment from before the training ($M = 48.8$) to after the training ($M = 72.5$). Likewise, 82.2% of the trainees increased their knowledge on knowledge about anti-drug services from before the training ($M = 47.1$) to after the training ($M = 67.8$). Notably, the relatively fewer (24.7%) trainees increased in Item 4 about understanding the import of the early detection of hidden drug addicts. This was because the pre-training knowledge was already high ($M = 76.7$), probably due to public promotion about the import of early detection.

Table 1: Means from six Introductory Workshops, May 25, 2013 to Jun 28, 2014 ($N = 506$)

Item		Pre-training	Post-training		Upward rate
	Drug knowledge	60.1	79.6	***	76.3
1.	I know about the kinds of commonly used drugs.	60.5	80.3	***	57.5
2.	I possess knowledge about drugs, including symptoms, behavior displayed, and impacts on the body after taking drugs.	59.2	80.1	***	61.1
3.	I know the ways of taking common drugs.	60.7	78.6	***	53.7
	Counseling ideas	59.9	73.9	***	72.1
4.	I understand the import of the early detection of hidden drug addicts.	76.7	79.1	**	24.7
5.	I am sensitive to the different needs of all kinds of service users.	55.3	72.5	***	58.7
6.	I possess knowledge about individualized treatment, including methods and goals.	47.6	70.1	***	67.9
	Preliminary assessment	48.8	72.5	***	90.1
7.	I know about acute toxicology and the symptoms of withdrawal effects.	43.3	67.6	***	69.1
8.	I know using the observation of the manifest behavior of taking drugs and the unusual behavior after taking drugs for detection.	51.0	74.5	***	66.9
9.	I know heeding the emotional responses of the drug addict for preliminary assessment.	47.4	74.6	***	72.1
10.	I know various stages that the drug addict experiences before determining to abstain from drug taking.	45.9	72.1	***	71.3
11.	I know various reasons for relapse and potential risks of the former drug addict.	56.1	73.9	***	56.9
	Anti-drug service	47.1	67.8	***	82.2
12.	I am confident in encouraging the person at risk for drug taking or drug addicts to seek help.	53.5	68.1	***	52.0
13.	I know various community resources and services that assist the drug addict.	49.8	69.1	***	61.2
14.	I know the models of drug addiction treatment of various levels.	42.1	67.9	***	71.3
15.	I can know how to refer the drug addict to participate in the appropriate plan for drug addiction treatment.	42.9	66.3	***	70.0
	Above four sections	54.0	73.5	***	92.5

Remarks: Significance level: *: $p < .05$, **: $p < .01$, ***: $p < .001$;
Total number of respondents = 506 aggregated for the six workshops, during the period from May 25, 2013 to June 28, 2014.
Statistically significant improvement happened in all aspects during the post-training survey, according to paired t-tests. Alternatively, the upward rate of 92.5% of the respondents exhibited improvement in the average of all the 15 items surveyed.

Further analysis revealed that post-training increases in anti-drug competence from the Introductory Workshops did not substantially vary according to the trainee's age, gender, role, and profession. Nevertheless, some statistically significant variations in the increases arose due to the trainee's gender, role, and profession. Remarkably, the nursing trainee showed an increase in overall competence that was 4.102 points more than that of the social work trainee. Differences in overall competence increase due to the trainee's age, gender, and role were minimal and not statistically significant.

Table 2: Effects on post-training increases in six Introductory Workshops ($N = 506$)

	Item	Age (every 30 years)	Female vs. male	Practitioner vs. student	Nursing vs. social work
	Drug knowledge	1.124	-1.021	-1.405	3.055
1.	I know about the kinds of commonly used drugs.	0.546	-1.083	-1.004	2.291
2.	I possess knowledge about drugs, including symptoms, behavior displayed, and impacts on the body after taking drugs.	1.898	-1.707	-1.103	2.956*
3.	I know the ways of taking common drugs.	0.933	-0.018	-2.028	4.090*
	Counseling ideas	2.067	0.649	-0.837	4.876**
4.	I understand the import of the early detection of hidden drug addicts.	-1.391	1.868	0.567	4.455*
5.	I am sensitive to the different needs of all kinds of service users.	5.207	0.008	-0.544	5.995**
6.	I possess knowledge about individualized treatment, including methods and goals.	2.119	-0.603	-1.841	4.405*
	Preliminary assessment	1.995	-0.258	-1.768	4.648***
7.	I know about acute toxicology and the symptoms of withdrawal effects.	2.846	1.173	-2.340	5.184*
8.	I know using the observation of the manifest behavior of taking drugs and the unusual behavior after taking drugs for detection.	0.092	-0.444	-2.199	4.401**
9.	I know heeding the emotional responses of the drug addict for preliminary assessment.	2.875	-1.046	0.166	3.584*
10.	I know various stages that the drug addict experiences before determining to abstain from drug taking.	3.593	-0.480	-2.774	5.178**
11.	I know various reasons for relapse and potential risks of the former drug addict.	1.125	-0.340	-1.966	4.050*
	Anti-drug service	0.569	-1.737	-3.872**	4.399**
12.	I am confident in encouraging the person at risk for drug taking or drug addicts to seek help.	-1.068	0.359	-2.263	2.347

Item	Age (every 30 years)	Female vs. male	Practitioner vs. student	Nursing vs. social work
13. I know various community resources and services that assist the drug addict.	3.692	0.557	-3.475*	3.996*
14. I know the models of drug addiction treatment of various levels.	0.312	-4.111*	-4.423*	5.649**
15. I can know how to refer the drug addict to participate in the appropriate plan for drug addiction treatment.	0.541	-3.843*	-3.501	5.521**
Above four sections	1.601	-0.661	-1.859	4.102***

Remarks: Significance level: *: $p < .05$, **: $p < .01$, ***: $p < .001$.

The three Advanced Courses displayed an upward rate of 90.2% in the trainee's knowledge about screening and assessment from pre-training ($M = 44.7$, on a 0-100 scale) to post-training ($M = 74.0$). Similarly, the upward rate was 91.5% in the trainee's knowledge about building the relationship and changing the motivation in the treatment stage from pre-training ($M = 50.1$) to post-training ($M = 74.5$). The upward rate was 85.4% in the trainee's knowledge about changing behavior in the treatment stage from pre-training ($M = 51.6$) to post-training ($M = 74.1$). The upward rate was 90.2% in the trainee's knowledge about preventing early relapse in the treatment stage from pre-training ($M = 46.3$) to post-training ($M = 71.1$). The upward rate was 86.6% in the trainee's knowledge about preventing or handling relapse during the treatment stage from pre-training ($M = 42.2$) to post-training ($M = 71.2$). The upward rate was 73.2% in the trainee's knowledge about auxiliary services from pre-training ($M = 54.2$) to post-training ($M = 71.2$). The upward rate was 92.7% in the trainee's knowledge about anti-drug counseling theory and practice from pre-training ($M = 43.4$) to post-training ($M = 73.4$). The upward rate was 95.1% in the trainee's gain in anti-drug work tapped by the Revised Session Reactions Scale from pre-training ($M = 50.9$) to post-training ($M = 73.2$). Overall, the pertinence of the Advance Course was evident in Item 40, about the helpfulness of the Course ($M = 86.3$).

Table 3: Means from three Advanced Courses, Oct 2013 to Nov 2014 ($N = 85$)

Item	Pre-training	Post-training	Upward rate
Screening and assessment	44.7	74.0 ***	90.2
1. I know how to conduct the clinical assessment for the case of taking drugs.	42.9	73.2 ***	75.6
2. I know how to use screening and assessment tools.	40.0	72.9 ***	79.3
3. I have the ability to analyze case problems for the case of taking drugs.	50.9	76.8 ***	67.1
4. I am confident in formulating treatment plans for the case of taking drugs.	45.0	72.8 ***	72.8
Treatment stage: building the relationship and changing the motivation	50.1	74.5 ***	91.5
5. I know how to encourage the drug addict to accept service approaches.	54.4	77.7 ***	63.4
6. I know how to conduct interventions into the	50.3	75.6 ***	69.5

Item	Pre-training	Post-training		Upward rate
problem of taking drugs.				
7. I am confident in helping the drug addict to raise the motivation to change.	51.8	73.8	***	64.6
8. I can grasp skills for dealing with the resistance of the drug addict.	43.8	70.7	***	73.2
Treatment stage: changing behavior	51.6	74.1	***	85.4
9. I know how to help the drug addict to formulate realizable goals that are oriented toward harm reduction.	50.9	77.7	***	74.4
10. I have the ability to deal with the mentality of the drug addict to resist set goals.	46.2	70.7	***	73.2
11. I know how to change the habit of drug taking with activities interesting to the drug addict.	53.5	75.3	***	64.6
12. I know how to use the strength of social support networks to impel the drug addict to change.	55.9	72.6	***	52.4
Treatment stage: preventing early relapse	46.3	71.1	***	90.2
13. I can grasp how to use cognitive models to analyze the case of taking drugs.	42.7	76.2	***	82.9
14. I have the ability to help the drug addict to control his behavior of taking drugs in order to prevent relapse.	45.0	69.2	***	69.5
15. I know how to link with the social support networks of the drug addict in order to maintain abstinence.	52.4	71.3	***	54.9
16. I am confident in dealing with the drug craving and the relapse effect of the drug addict.	45.0	67.7	***	70.7
Treatment stage: preventing/handling relapse	42.2	71.2	***	86.6
17. I can formulate a thorough plan to prevent/handle relapse.	42.9	71.0	***	76.8
18. I am confident in practicing the plan to prevent/handle relapse, including conducting rehearsals with the former drug addict.	41.5	71.3	***	82.9
Auxiliary service: targeting the family and social network members of drug abusers	54.2	71.2	***	73.2
19. I can grasp ways to strength cooperation and communication with the family and social support networks of the drug addict.	53.5	71.7	***	61.0
20. I have the ability to offer psychoeducational services to the family and social support network members.	53.8	69.5	***	51.2
21. I know how to encourage the family and social support network members to assist and support actively drug addicts around.	58.2	73.8	***	50.0
22. I can offer practical coping strategies and skills for the family and social support network members.	51.2	69.8	***	59.8
Anti-drug counseling theory and practice	43.4	74.4	***	92.7
23. I understand the integrated treatment model that	41.8	77.4	***	80.5

	Item	Pre-training	Post-training		Upward rate
	combines humanistic ideas with cognitive-behavioral therapy.				
24.	I can grasp and apply the integrated treatment approach to anti-drugs services.	40.3	72.3	***	84.1
25.	I can grasp and apply counseling skills to anti-drug work.	48.2	73.5	***	74.4
	Average of Item 1 to Item 25	47.5	72.9	***	98.8
	Experience and gain about anti-drug work (Item 26-39)	50.9	73.2	***	95.1
26.	I have realized what my goals in anti-drug work are.	57.1	79.3	***	63.4
27.	I have come to understand drug abusers better, through seeing reasons or causes for what they have done.	62.9	83.8	***	62.2
29.	I am now more in touch with my feelings or thoughts as an anti-drug worker.	54.4	78.1	***	69.5
30.	I feel invested in what I need to do in anti-drug work.	46.2	72.9	***	79.3
31.	I have acquired skills in helping drug abusers think about their concerns.	43.5	70.4	***	76.5
32.	I have acquired skills in making drug abusers trust me.	50.6	71.3	***	58.5
33.	I have acquired skills in working collaboratively with drug abusers.	48.5	73.8	***	68.3
34.	I have acquired skills in helping drug abusers define problems for me to work on.	45.3	69.2	***	67.1
35.	I have acquired skills to help drug users decide what to do about their problems.	42.7	67.4	***	72.0
36.	I have acquired skills to help drug users see themselves more positively.	47.9	72.3	***	68.3
37.	I have acquired skills to help drug users gain hope about the possibility of their changing in the future.	48.2	72.0	***	70.7
38.	I feel confident about the possibility that my anti-drug work may help drug users deal with their problems.	49.1	72.3	***	69.5
28.	I (do not) feel alone in anti-drug work.)	60.0	72.3	***	47.6
39.	I (do not) feel anxious in my anti-drug work.	55.6	69.5	***	48.8
	Average of all 39 items	47.9	73.0	***	98.8
40.	As a whole, the Advanced Course is helpful to me.		86.3		

Remarks: Significance level: *: $p < .05$, **: $p < .01$, ***: $p < .001$.

Further analysis indicated that the trainee's age, gender, and profession did not significantly affect post-training increases in competence from the three Advanced Courses, only except two instances. One exception was that the older trainee had a lesser increase in Item 14 about the ability to help the drug addict to control the behavior of taking drugs in order to prevent

relapse. Another exception was that the female trainee showed a lesser increase in Item 32 about acquiring skills in obtaining trust from drug abusers.

Table 4: Effects on post-training increases in three Advanced Courses ($N = 85$)

	Item	Age (every 30 years)	Female vs. male	Nursing vs. social work
	Screening and assessment	1.490	-2.520	1.253
1.	I know how to conduct the clinical assessment for the case of taking drugs.	-3.286	-3.602	5.560
2.	I know how to use screening and assessment tools.	2.052	-3.347	0.192
3.	I have the ability to analyze case problems for the case of taking drugs.	4.848	1.740	-4.296
4.	I am confident in formulating treatment plans for the case of taking drugs.	2.430	-2.352	3.701
	Treatment stage: building the relationship and changing the motivation	-2.906	-1.582	1.792
5.	I know how to encourage the drug addict to accept service approaches.	-1.192	-2.082	-5.220
6.	I know how to conduct interventions into the problem of taking drugs.	-5.006	0.896	1.559
7.	I am confident in helping the drug addict to raise the motivation to change.	0.888	0.959	1.973
8.	I can grasp skills for dealing with the resistance of the drug addict.	-5.304	-3.942	3.732
	Treatment stage: changing behavior	-1.504	0.433	3.883
9.	I know how to help the drug addict to formulate realizable goals that are oriented toward harm reduction.	-3.346	1.595	0.997
10.	I have the ability to deal with the mentality of the drug addict to resist set goals.	0.129	0.456	0.564
11.	I know how to change the habit of drug taking with activities interesting to the drug addict.	0.253	-3.626	7.399
12.	I know how to use the strength of social support networks to impel the drug addict to change.	-4.611	0.759	6.905
	Treatment stage: preventing early relapse	-5.358	-2.540	2.377
13.	I can grasp how to use cognitive models to analyze the case of taking drugs.	-5.570	-3.238	-2.539
14.	I have the ability to help the drug addict to control his behavior of taking drugs in order to prevent relapse.	-18.003*	0.757	6.210
15.	I know how to link with the social support networks of the drug addict in order to maintain abstinence.	5.776	-1.248	-0.993
16.	I am confident in dealing with the drug craving and the relapse effect of the drug addict.	-2.650	-5.116	3.864
	Treatment stage: preventing/handling relapse	3.739	2.369	-0.012
17.	I can formulate a thorough plan to prevent/handle relapse.	5.222	1.706	-4.201
18.	I am confident in practicing the plan to	1.083	1.297	5.070

Item	Age (every 30 years)	Female vs. male	Nursing vs. social work
prevent/handle relapse, including conducting rehearsals with the former drug addict.			
Auxiliary service: targeting the family and social network members of drug abusers	5.875	-1.097	3.087
19. I can grasp ways to strength cooperation and communication with the family and social support networks of the drug addict.	6.663	-1.151	-0.869
20. I have the ability to offer psychoeducational services to the family and social support network members.	10.002	-0.915	-2.569
21. I know how to encourage the family and social support network members to assist and support actively drug addicts around.	4.286	2.005	1.153
22. I can offer practical coping strategies and skills for the family and social support network members.	-2.934	-5.004	6.362
Anti-drug counseling theory and practice	2.936	-4.025	6.380
23. I understand the integrated treatment model that combines humanistic ideas with cognitive-behavioral therapy.	3.791	-5.425	6.285
24. I can grasp and apply the integrated treatment approach to anti-drugs services.	-2.173	-5.008	4.340
25. I can grasp and apply counseling skills to anti-drug work.	-0.843	-2.394	4.868
Average of Item 1 to Item 25	1.407	-1.219	3.020
Experience and gain about anti-drug work (Item 26-39)	4.329	-3.249	3.032
26. I have realized what my goals in anti-drug work are.	-2.836	-4.161	1.749
27. I have come to understand drug abusers better, through seeing reasons or causes for what they have done.	-1.511	-0.456	1.788
29. I am now more in touch with my feelings or thoughts as an anti-drug worker.	-1.199	-0.662	3.444
30. I feel invested in what I need to do in anti-drug work.	3.189	-3.522	2.548
31. I have acquired skills in helping drug abusers think about their concerns.	8.545	-2.959	-2.044
32. I have acquired skills in making drug abusers trust me.	4.865	-6.038*	2.232
33. I have acquired skills in working collaboratively with drug abusers.	1.942	-1.764	-1.392
34. I have acquired skills in helping drug abusers define problems for me to work on.	8.291	-0.829	9.701
35. I have acquired skills to help drug users decide what to do about their problems.	6.248	-3.570	-0.103
36. I have acquired skills to help drug users see themselves more positively.	4.901	-3.639	7.088

Item	Age (every 30 years)	Female vs. male	Nursing vs. social work
37. I have acquired skills to help drug users gain hope about the possibility of their changing in the future.	5.974	-5.028	3.699
38. I feel confident about the possibility that my anti-drug work may help drug users deal with their problems.	-4.024	-3.176	7.520
28. I (do not) feel alone in anti-drug work.)	-8.279	-8.401	-7.349
39. I (do not) feel anxious in my anti-drug work.	11.454	-2.395	-6.857
Average of all 39 items	1.774	-1.473	3.021

Remarks: Significance level: *: $p < .05$, **: $p < .01$, ***: $p < .001$.

Summary of Key Results: Overall, statistically significant improvement, by on paired *t*-tests, happened in all aspects during the post-training survey of participants in the Advanced Course from October 2013 through November 2014. This Course showed improvement in knowledge, skills and application of the Integrative Humanistic and Cognitive-Behavioral Treatment. Moreover, 98.8% of the participants showed improvement in the mean of the 39 aspects of the survey. Furthermore, 95.1% of them showed improvement in competence in serving as an anti-drug worker, based on the Revised Session Reaction Scale. This improvement was also statistically significant, according to a paired *t*-test ($p < .001$). Moreover, improvement was significant in each of the Introductory Workshop and Advanced Course, among social work students and practitioners and nursing students and practitioners (see Appendices 1 & 2). Further analysis also demonstrates the effectiveness of the Introductory Workshop or Advanced Course generally held for all trainees, regardless of their heterogeneity in age, gender, roles, professions, and related characteristics. That is, variation in the effectiveness due to the trainee's background was minimal and mostly statistically insignificant.

In addition, the project demonstrated its achievement through the three output indicators. First, the project outperformed the goal of first output indicator by providing training to 255 students/fresh graduates and 259 practitioners in Introductory Workshops, more than the 240 students/fresh graduates and 240 practitioners required. Second, the project also outperformed the goal of the second output indicator by providing training to 85 practitioners/students/fresh graduates in the Advanced Courses, more than the requirement of the 72 practitioners/students/fresh graduates. Third, the project has launched the bilingual Website about the training, which registered 745 users as at project completion.

Furthermore, the overall evaluation (based on the project team's review meetings and the participants' feedback during training sessions) revealed the following success or contributing factors for the successful implementation of our training program:

Huge Training Need for Anti-drug Work	The active responses from practitioners and students/fresh graduates of the social work and healthcare professions indicate that the need for training on effective anti-drug work is huge in Hong Kong. This explains why the project was able to fulfill the output indicators without any difficulties and project slippage. Indeed, even after the completion of the

	project, there were many enquiries from these professional fields about the possibility of offering the Introductory Workshops and Advanced Courses in the near future.
Support from CUHK Nethersole School of Nursing and Department of Social Work	As indicated above, the training program received the recognition and support of CUHK Nethersole School of Nursing and Department of Social Work. Essentially, these training institutions are accredited providers of continuing professional education activities for the nursing or social work professions in Hong Kong. Eventually, the Nursing Council (NC) or Social Workers Registration Board (SWRB) accredited the Introductory Workshops and Advanced Courses with CNE or CPD points respectively. Moreover, as the NC and SWRB have requirements for continuing education activities for professional registration, the accreditation of the training program with CNE or CPD points by the NC or SWRB served as an important incentive to attract social work and healthcare practitioners and students/fresh graduates to participate in the program.
An Experienced Project Team with Inputs from Different Academic/Professional Disciplines	The project team is composed of active workers from multiple academic/professional disciplines including medicine, social work, sociology, clinical psychology and nursing with expertise in dealing with drug treatment and research. Its concrete and ample anti-drug work experiences have enabled the program to address the multifarious training needs of participants from different social work and healthcare settings and assure the effective planning and implementation of the Introductory Workshops and Advanced Courses.
Substantive and Relevant Content, Guided by an Integrated Humanistic and Cognitive-behavioral Treatment Approach	The training program, comprising 6 rounds of Introductory Workshops and 3 rounds of Advanced Courses, equipped the participants with knowledge and skills of an Integrated Humanistic and Cognitive-behavioral Treatment Approach that has a strong basis on practical experience and research locally and internationally. Essentially, the Introductory Workshops sought to meet anti-drug workers' prevailing need for the assistance for drug abusers, including skills in assessment, counseling, and early intervention of hidden drug abusers. Furthermore, the Advanced Courses sought to provide more intensive and demanding training to trainees having completed the introductory workshop or its equivalent, with a strong emphasis on minimizing relapse, working with families and social network members, and facilitating reintegration into society.
Diversified Training Methods	Apart from mini-lectures, the training program leveraged (a) homework assignments for the practice of components of the Integrated Humanistic and Cognitive-behavioral Treatment Approach; (b) role plays; and (c) practicum and case conferencing to consolidate practice experience systematically. The participants enjoyed these real-life, experiential, and contextualized training methods and found them especially useful for their learning.

Taken together, the above data and findings suggest the usefulness of the training and the value of extending it to the students and practitioners of social work and healthcare professions who have not yet participated in our Introductory Workshops and Advanced Courses. Moreover, as suggested by the participants in our Introductory Workshops and Advanced Courses, there is a pressing need for even more rigorous training for the integrated humanistic and cognitive-behavioral treatment approach, such as an advanced clinical supervision course, for them to strengthen their competence and skills in anti-drug work.

Appendix 1: Results of each of the six one-day Introductory Workshops

Table 5: Means from the first Introductory Workshops for students, May 25, 2013

Item	Pre-training	Post-training	Upward rate
Drug knowledge	58.0	80.5***	84.8
1. I know about the kinds of commonly used drugs.	57.3	79.8***	64.6
2. I possess knowledge about drugs, including symptoms, behavior displayed, and impacts on the body after taking drugs.	58.6	81.1***	63.6
3. I know the ways of taking common drugs.	58.1	80.6***	64.6
Counseling ideas	55.4	73.0***	78.8
4. I understand the import of the early detection of hidden drug addicts.	73.7	77.3	26.3
5. I am sensitive to the different needs of all kinds of service users.	50.8	70.2***	62.6
6. I possess knowledge about individualized treatment, including methods and goals.	41.7	71.5***	78.8
Preliminary assessment	44.3	72.5***	97.0
7. I know about acute toxicology and the symptoms of withdrawal effects.	41.2	64.1***	67.7
8. I know using the observation of the manifest behavior of taking drugs and the unusual behavior after taking drugs for detection.	48.5	76.3***	75.8
9. I know heeding the emotional responses of the drug addict for preliminary assessment.	41.2	74.8***	83.8
10. I know various stages that the drug addict experiences before determining to abstain from drug taking.	40.7	72.5***	77.8
11. I know various reasons for relapse and potential risks of the former drug addict.	50.3	75.0***	70.7
Anti-drug service	41.0	68.9***	89.9
12. I am confident in encouraging the person at risk for drug taking or drug addicts to seek help.	49.0	67.9***	60.6
13. I know various community resources and services that assist the drug addict.	42.1	70.2***	76.5
14. I know the models of drug addiction treatment of various levels.	36.4	69.2***	80.8
15. I can know how to refer the drug addict to participate in the appropriate plan for drug addiction treatment.	36.4	68.4***	83.8
Above four sections	49.7	73.7***	97.0

Remarks: Significance level: *: $p < .05$, **: $p < .01$, ***: $p < .001$; Total number of participants = 99; Total number of respondents = 99; Overall, 97.0% of participants who attended the Introductory Workshop and answered our evaluation questionnaires on May 25, 2013 showed improvement in knowledge about drugs and drug services, counselling skills and assessment skills, and the improvement is statistically very significant ($p < .001$) as found by paired t-test.

Table 6: Means from the second Introductory Workshops for students, Jul 13, 2013

Item	Pre-training	Post-training	Upward rate
Drug knowledge	57.9	78.4***	84.9
1. I know about the kinds of commonly used drugs.	58.9	80.1***	63.0
2. I possess knowledge about drugs, including symptoms, behavior displayed, and impacts on the body after taking drugs.	57.5	78.4***	63.0
3. I know the ways of taking common drugs.	57.2	76.7***	53.4
Counseling ideas	56.7	75.8***	86.3
4. I understand the import of the early detection of hidden drug addicts.	75.3	81.2***	26.0
5. I am sensitive to the different needs of all kinds of service users.	52.4	74.3***	63.0
6. I possess knowledge about individualized treatment, including methods and goals.	42.5	71.9***	80.8
Preliminary assessment	43.4	72.1***	97.3
7. I know about acute toxicology and the symptoms of withdrawal effects.	34.3	69.5***	86.3
8. I know using the observation of the manifest behavior of taking drugs and the unusual behavior after taking drugs for detection.	47.6	73.6***	72.6
9. I know heeding the emotional responses of the drug addict for preliminary assessment.	42.5	73.3***	75.3
10. I know various stages that the drug addict experiences before determining to abstain from drug taking.	35.3	70.9***	87.7
11. I know various reasons for relapse and potential risks of the former drug addict.	57.5	73.3***	52.1
Anti-drug service	42.8	69.0***	90.4
12. I am confident in encouraging the person at risk for drug taking or drug addicts to seek help.	55.5	69.2***	46.6
13. I know various community resources and services that assist the drug addict.	43.2	70.6***	79.5
14. I know the models of drug addiction treatment of various levels.	35.6	70.9***	80.8
15. I can know how to refer the drug addict to participate in the appropriate plan for drug addiction treatment.	37.0	65.4***	75.3
Above four sections	50.2	73.8***	100.0

Remarks: Significance level: *: $p < .05$, **: $p < .01$, ***: $p < .001$; Total number of participants = 73; Total number of respondents = 73; Overall, 100.0% of respondents who attended the Introductory Workshop and answered our evaluation questionnaires on July 13, 2013 showed improvement in knowledge about drugs and drug services, counselling skills and assessment skills, and the improvement is statistically very significant ($p < .001$) as found by paired t-test.

Table 7: Means from the third Introductory Workshops for students, Jul 20, 2013

Item	Pre-training	Post-training	Upward rate
Drug knowledge	55.3	79.4***	83.8
1. I know about the kinds of commonly used drugs.	54.7	80.3***	67.5
2. I possess knowledge about drugs, including symptoms, behavior displayed, and impacts on the body after taking drugs.	55.0	79.1***	70.0
3. I know the ways of taking common drugs.	56.2	78.8***	59.7
Counseling ideas	57.0	70.3***	76.3
4. I understand the import of the early detection of hidden drug addicts.	77.2	77.2	21.3
5. I am sensitive to the different needs of all kinds of service users.	52.5	69.4***	61.3
6. I possess knowledge about individualized treatment, including methods and goals.	40.8	64.4***	75.9
Preliminary assessment	45.8	72.1***	92.5
7. I know about acute toxicology and the symptoms of withdrawal effects.	40.0	69.1***	77.5
8. I know using the observation of the manifest behavior of taking drugs and the unusual behavior after taking drugs for detection.	48.1	74.4***	75.0
9. I know heeding the emotional responses of the drug addict for preliminary assessment.	42.5	71.9***	77.5
10. I know various stages that the drug addict experiences before determining to abstain from drug taking.	43.4	71.8***	79.7
11. I know various reasons for relapse and potential risks of the former drug addict.	55.0	73.1***	56.3
Anti-drug service	41.9	65.3***	88.8
12. I am confident in encouraging the person at risk for drug taking or drug addicts to seek help.	51.6	67.2***	55.0
13. I know various community resources and services that assist the drug addict.	42.5	65.3***	70.0
14. I know the models of drug addiction treatment of various levels.	37.5	65.3***	76.3
15. I can know how to refer the drug addict to participate in the appropriate plan for drug addiction treatment.	35.9	63.4***	80.0
Above four sections	50.0	71.8***	96.3

Remarks: Significance level: *: $p < .05$, **: $p < .01$, ***: $p < .001$; Total number of participants = 83; Total number of respondents = 80; Overall, 96.3% of respondents who attended the Introductory Workshop and answered our evaluation questionnaires on July 20, 2013 showed improvement in knowledge about drugs and drug services, counselling skills and assessment skills, and the improvement is statistically very significant ($p < .001$) as found by paired t-test.

Table 8: Means from the fourth Introductory Workshops for practitioners, Aug 9, 2013

Item		Pre-training	Post-training	Upward rate
	Drug knowledge	62.2	79.5***	73.9
1.	I know about the kinds of commonly used drugs.	63.0	79.6***	50.0
2.	I possess knowledge about drugs, including symptoms, behavior displayed, and impacts on the body after taking drugs.	60.3	81.5***	60.9
3.	I know the ways of taking common drugs.	63.3	77.5***	47.8
	Counseling ideas	63.2	75.2***	66.3
4.	I understand the import of the early detection of hidden drug addicts.	77.2	79.1	19.6
5.	I am sensitive to the different needs of all kinds of service users.	59.2	74.7***	59.8
6.	I possess knowledge about individualized treatment, including methods and goals.	53.3	71.7***	60.9
	Preliminary assessment	52.1	72.7***	91.3
7.	I know about acute toxicology and the symptoms of withdrawal effects.	47.6	68.2***	63.0
8.	I know using the observation of the manifest behavior of taking drugs and the unusual behavior after taking drugs for detection.	52.8	75.3***	62.6
9.	I know heeding the emotional responses of the drug addict for preliminary assessment.	53.5	75.5***	60.9
10.	I know various stages that the drug addict experiences before determining to abstain from drug taking.	50.8	72.3***	62.0
11.	I know various reasons for relapse and potential risks of the former drug addict.	55.7	72.3***	51.1
	Anti-drug service	50.5	66.3***	78.3
12.	I am confident in encouraging the person at risk for drug taking or drug addicts to seek help.	54.6	66.0***	44.6
13.	I know various community resources and services that assist the drug addict.	56.0	67.4***	42.4
14.	I know the models of drug addiction treatment of various levels.	44.8	66.6***	66.3
15.	I can know how to refer the drug addict to participate in the appropriate plan for drug addiction treatment.	46.7	65.2***	63.0
	Above four sections	57.0	73.4***	95.7

Remarks: Significance level: *: $p < .05$, **: $p < .01$, ***: $p < .001$; Total number of participants = 92; Total number of respondents = 92; Overall, 95.7% of respondents who attended the Introductory Workshop and answered our evaluation questionnaires on August 9, 2013 showed improvement in knowledge about drugs and drug services, counselling skills and assessment skills, and the improvement is statistically very significant ($p < .001$) as found by paired t-test.

Table 9: Means from the fifth Introductory Workshops for practitioners, Aug 16, 2013

	Item	Pre-training	Post-training	Upward rate
	Drug knowledge	68.5	81.5***	58.3
1.	I know about the kinds of commonly used drugs.	70.3	82.4***	42.7
2.	I possess knowledge about drugs, including symptoms, behavior displayed, and impacts on the body after taking drugs.	66.8	81.7***	47.9
3.	I know the ways of taking common drugs.	68.3	80.5***	44.8
	Counseling ideas	67.0	76.1***	60.4
4.	I understand the import of the early detection of hidden drug addicts.	81.4	81.7	21.9
5.	I am sensitive to the different needs of all kinds of service users.	62.1	75.0***	52.1
6.	I possess knowledge about individualized treatment, including methods and goals.	57.4	71.5***	54.2
	Preliminary assessment	58.7	74.9***	77.1
7.	I know about acute toxicology and the symptoms of withdrawal effects.	53.5	71.8***	57.9
8.	I know using the observation of the manifest behavior of taking drugs and the unusual behavior after taking drugs for detection.	59.7	75.0***	54.2
9.	I know heeding the emotional responses of the drug addict for preliminary assessment.	58.2	77.2***	61.5
10.	I know various stages that the drug addict experiences before determining to abstain from drug taking.	58.4	74.5***	57.3
11.	I know various reasons for relapse and potential risks of the former drug addict.	63.6	76.0***	50.0
	Anti-drug service	58.2	71.4***	71.9
12.	I am confident in encouraging the person at risk for drug taking or drug addicts to seek help.	57.9	72.3***	50.0
13.	I know various community resources and services that assist the drug addict.	62.4	74.0***	42.7
14.	I know the models of drug addiction treatment of various levels.	55.2	69.1***	47.9
15.	I can know how to refer the drug addict to participate in the appropriate plan for drug addiction treatment.	57.4	70.3***	44.8
	Above four sections	63.1	76.0***	91.7

Remarks: Significance level: *: $p < .05$, **: $p < .01$, ***: $p < .001$; Total number of participants = 106; Total number of respondents = 101; Overall, 91.7% of respondents who attended the Introductory Workshop and answered our evaluation questionnaires on August 16, 2013 showed improvement in knowledge about drugs and drug services, counselling skills and assessment skills, and the improvement is statistically very significant ($p < .001$) as found by paired t-test.

Table 10: Means from the sixth Introductory Workshops for practitioners, Jun 28, 2014

Item		Pre-training	Post-training		Upward rate
	Drug knowledge	55.6	77.2	***	80.3
1.	I know about the kinds of commonly used drugs.	55.3	78.7	***	62.3
2.	I possess knowledge about drugs, including symptoms, behavior displayed, and impacts on the body after taking drugs.	53.3	77.1	***	65.6
3.	I know the ways of taking common drugs.	58.2	75.8	***	50.8
	Counseling ideas	58.1	72.1	***	68.9
4.	I understand the import of the early detection of hidden drug addicts.	73.8	77.5		26.2
5.	I am sensitive to the different needs of all kinds of service users.	52.9	70.5	***	57.4
6.	I possess knowledge about individualized treatment, including methods and goals.	47.5	68.4	***	63.9
	Preliminary assessment	44.8	69.3	***	91.8
7.	I know about acute toxicology and the symptoms of withdrawal effects.	38.9	61.5	***	60.7
8.	I know using the observation of the manifest behavior of taking drugs and the unusual behavior after taking drugs for detection.	46.3	70.5	***	63.9
9.	I know heeding the emotional responses of the drug addict for preliminary assessment.	42.6	73.4	***	82.0
10.	I know various stages that the drug addict experiences before determining to abstain from drug taking.	42.6	68.9	***	75.4
11.	I know various reasons for relapse and potential risks of the former drug addict.	53.3	72.5	***	63.9
	Anti-drug service	45.2	64.3	***	85.2
12.	I am confident in encouraging the person at risk for drug taking or drug addicts to seek help.	52.5	64.3	***	43.3
13.	I know various community resources and services that assist the drug addict.	49.6	64.8	***	57.4
14.	I know the models of drug addiction treatment of various levels.	39.3	65.6	***	80.3
15.	I can know how to refer the drug addict to participate in the appropriate plan for drug addiction treatment.	39.8	62.7	***	70.5
	Above four sections	50.9	70.8	***	96.7

Remarks: Significance level: *: $p < .05$, **: $p < .01$, ***: $p < .001$; Total number of participants = 61; Total number of respondents = 61; Overall, 96.7% of respondents who attended the Introductory Workshop and answered our evaluation questionnaires on June 28, 2014 showed improvement in knowledge about drugs and drug services, counselling skills and assessment skills, and the improvement is statistically very significant ($p < .001$) as found by paired t-test.

Appendix 2: Results of each of the three five-day Advanced Courses
Table 11: Means from the first Advanced Course, Oct 2013 to Nov 2013

Item		Pre-training	Post-training		Upward rate
	Screening and assessment	42.8	75.2	***	92.6
1.	I know how to conduct the clinical assessment for the case of taking drugs.	40.7	74.1	***	81.5
2.	I know how to use screening and assessment tools.	38.0	75.9	***	88.9
3.	I have the ability to analyze case problems for the case of taking drugs.	49.1	76.9	***	74.1
4.	I am confident in formulating treatment plans for the case of taking drugs.	43.5	74.1	***	81.5
	Treatment stage: building the relationship and changing the motivation	47.2	74.5	***	92.6
5.	I know how to encourage the drug addict to accept service approaches.	52.8	79.6	***	74.1
6.	I know how to conduct interventions into the problem of taking drugs.	46.3	76.9	***	77.8
7.	I am confident in helping the drug addict to raise the motivation to change.	50.0	72.2	***	66.7
8.	I can grasp skills for dealing with the resistance of the drug addict.	39.8	69.4	***	74.1
	Treatment stage: changing behavior	50.7	72.7	***	88.9
9.	I know how to help the drug addict to formulate realizable goals that are oriented toward harm reduction.	48.2	77.8	***	85.2
10.	I have the ability to deal with the mentality of the drug addict to resist set goals.	45.4	67.6	***	66.7
11.	I know how to change the habit of drug taking with activities interesting to the drug addict.	51.9	74.1	***	63.0
12.	I know how to use the strength of social support networks to impel the drug addict to change.	57.4	71.3	**	51.9
	Treatment stage: preventing early relapse	46.3	69.9	***	92.6
13.	I can grasp how to use cognitive models to analyze the case of taking drugs.	42.6	76.9	***	88.9
14.	I have the ability to help the drug addict to control his behavior of taking drugs in order to prevent relapse.	42.6	66.7	***	70.4
15.	I know how to link with the social support networks of the drug addict in order to maintain abstinence.	54.6	70.4	***	51.9
16.	I am confident in dealing with the drug craving and the relapse effect of the drug addict.	45.4	65.7	***	70.4
	Treatment stage: preventing/handling relapse	42.6	72.2	***	96.3
17.	I can formulate a thorough plan to prevent/handle relapse.	42.6	71.3	***	74.1
18.	I am confident in practicing the plan to prevent/handle relapse, including conducting rehearsals with the former drug addict.	42.6	73.2	***	88.9

	Item	Pre-training	Post-training		Upward rate
	Auxiliary service: targeting the family and social network members of drug abusers	52.8	71.1	***	81.5
19.	I can grasp ways to strength cooperation and communication with the family and social support networks of the drug addict.	55.6	73.2	***	63.0
20.	I have the ability to offer psychoeducational services to the family and social support network members.	48.2	68.5	***	59.3
21.	I know how to encourage the family and social support network members to assist and support actively drug addicts around.	55.6	73.2	***	59.3
22.	I can offer practical coping strategies and skills for the family and social support network members.	51.9	69.4	***	55.6
	Anti-drug counseling theory and practice	41.7	74.7	***	96.3
23.	I understand the integrated treatment model that combines humanistic ideas with cognitive-behavioral therapy.	40.7	77.8	***	81.5
24.	I can grasp and apply the integrated treatment approach to anti-drugs services.	39.8	73.2	***	92.6
25.	I can grasp and apply counseling skills to anti-drug work.	44.4	73.2	***	88.9
	Average of Item 1 to Item 25	**46.3**	**72.9**	***	**100.0**
	Experience and gain about Anti-drug work (Item 26-39)	**51.5**	**66.1**	***	**88.9**
26.	I have realized what my goals in anti-drug work are.	57.4	79.6	***	63.0
27.	I have come to understand drug abusers better, through seeing reasons or causes for what they have done.	61.1	80.6	***	59.3
28.	I am now more in touch with my feelings or thoughts as an anti-drug worker.	59.3	73.1	*	44.4
29.	I feel invested in what I need to do in anti-drug work.	53.7	76.9	***	74.1
30.	I have acquired skills in helping drug abusers think about their concerns.	45.4	71.3	***	81.5
31.	I have acquired skills in making drug abusers trust me.	44.4	69.4	***	74.1
32.	I have acquired skills in working collaboratively with drug abusers.	51.9	70.4	***	55.6
33.	I have acquired skills in helping drug abusers define problems for me to work on.	49.1	71.3	***	74.1
34.	I have acquired skills to help drug users decide what to do about their problems.	46.3	67.6	***	66.7
35.	I have acquired skills to help drug users see themselves more positively.	45.4	68.5	***	66.7
36.	I have acquired skills to help drug users gain	50.9	73.2	***	70.4

Item	Pre-training	Post-training	Upward rate
hope about the possibility of their changing in the future.			
37. I feel confident about the possibility that my anti-drug work may help drug users deal with their problems.	49.1	70.4 ***	74.1
38. I (do not) feel alone in anti-drug work.)	50.0	70.4 ***	74.1
39. I (do not) feel anxious in my anti-drug work.	56.5	70.4 **	37.0
Average of all 39 items	**46.9**	**72.1 *****	**100.0**
40. As a whole, the Advanced Course is helpful to me.		87.0	

Remarks: Significance level: *: $p < .05$, **: $p < .01$, ***: $p < .001$; Total number of participants = 28; Total number of respondents = 27.

Summary of Key Results: Overall, 100% of the participants who attended the first Advanced Course on 25/10/2013-22/11/2013 and answered our evaluation questionnaires showed improvement in knowledge, skills and application of the Integrative Humanistic and Cognitive-Behavioral Treatment, and the improvement is statistically very significant ($p < .001$) as found by paired t-test. Moreover, 88.9% of them showed improvement in competence in serving as an anti-drug worker (as indicated in their pre-test and post-test scores on the Revised Session Reaction Scale), and the improvement is statistically very significant ($p < .001$) as found by paired t-test.

Table 12: Means from the second Advanced Course, Dec 2013 to Jan 2014

	Item	Pre-training	Post-training		Upward rate
	Screening and assessment	43.1	70.8	***	83.3
1.	I know how to conduct the clinical assessment for the case of taking drugs.	42.5	70.0	***	70.0
2.	I know how to use screening and assessment tools.	40.0	69.2	***	73.3
3.	I have the ability to analyze case problems for the case of taking drugs.	46.7	75.0	***	66.7
4.	I am confident in formulating treatment plans for the case of taking drugs.	43.3	69.2	***	66.7
	Treatment stage: building the relationship and changing the motivation	50.2	74.0	***	96.7
5.	I know how to encourage the drug addict to accept service approaches.	51.7	77.5	***	66.7
6.	I know how to conduct interventions into the problem of taking drugs.	50.0	73.3	***	66.7
7.	I am confident in helping the drug addict to raise the motivation to change.	52.5	74.2	***	63.3
8.	I can grasp skills for dealing with the resistance of the drug addict.	46.7	70.8	***	76.7
	Treatment stage: changing behavior	49.4	74.6	***	90.0
9.	I know how to help the drug addict to formulate realizable goals that are oriented toward harm reduction.	49.2	75.0	***	70.0
10.	I have the ability to deal with the mentality of the drug addict to resist set goals.	44.2	72.5	***	83.3
11.	I know how to change the habit of drug taking with activities interesting to the drug addict.	52.5	78.3	***	73.3
12.	I know how to use the strength of social support networks to impel the drug addict to change.	51.7	72.5	***	60.0
	Treatment stage: preventing early relapse	46.0	70.0	***	86.7
13.	I can grasp how to use cognitive models to analyze the case of taking drugs.	41.7	74.2	***	76.7
14.	I have the ability to help the drug addict to control his behavior of taking drugs in order to prevent relapse.	45.0	68.3	***	70.0
15.	I know how to link with the social support networks of the drug addict in order to maintain abstinence.	51.7	71.7	***	56.7
16.	I am confident in dealing with the drug craving and the relapse effect of the drug addict.	45.8	65.8	***	63.3
	Treatment stage: preventing/handling relapse	39.2	69.2	***	83.3
17.	I can formulate a thorough plan to prevent/handle relapse.	39.2	68.3	***	83.3
18.	I am confident in practicing the plan to prevent/handle relapse, including conducting rehearsals with the former drug addict.	39.2	70.0	***	83.3
	Auxiliary service: targeting the family and	54.6	69.8	***	70.0

Item	Pre-training	Post-training		Upward rate
social network members of drug abusers				
19. I can grasp ways to strength cooperation and communication with the family and social support networks of the drug addict.	55.8	70.8	***	53.3
20. I have the ability to offer psychoeducational services to the family and social support network members.	53.3	66.7	***	46.7
21. I know how to encourage the family and social support network members to assist and support actively drug addicts around.	61.7	74.2	***	43.3
22. I can offer practical coping strategies and skills for the family and social support network members.	47.5	67.5	***	63.3
Anti-drug counseling theory and practice	44.7	73.9	***	90.0
23. I understand the integrated treatment model that combines humanistic ideas with cognitive-behavioral therapy.	40.8	75.0	***	80.0
24. I can grasp and apply the integrated treatment approach to anti-drugs services.	41.7	72.5	***	76.7
25. I can grasp and apply counseling skills to anti-drug work.	51.7	74.2	***	63.3
Average of Item 1 to Item 25	**46.7**	**71.7**	***	**96.7**
Experience and gain about Anti-drug work (Item 26-39)	**51.0**	**73.5**	***	**93.3**
26. I have realized what my goals in anti-drug work are.	55.0	77.5	***	63.3
27. I have come to understand drug abusers better, through seeing reasons or causes for what they have done.	63.3	85.0	***	63.3
28. I am now more in touch with my feelings or thoughts as an anti-drug worker.	62.5	75.0	***	50.0
29. I feel invested in what I need to do in anti-drug work.	56.7	79.2	***	70.0
30. I have acquired skills in helping drug abusers think about their concerns.	41.7	72.5	***	86.7
31. I have acquired skills in making drug abusers trust me.	42.5	70.8	***	76.7
32. I have acquired skills in working collaboratively with drug abusers.	50.0	70.8	***	60.0
33. I have acquired skills in helping drug abusers define problems for me to work on.	49.2	74.2	***	56.7
34. I have acquired skills to help drug users decide what to do about their problems.	46.7	68.3	***	63.3
35. I have acquired skills to help drug users see themselves more positively.	43.3	66.7	***	73.3
36. I have acquired skills to help drug users gain hope about the possibility of their changing in	47.5	73.3	***	70.0

Item	Pre-training	Post-training	Upward rate
the future.			
37. I feel confident about the possibility that my anti-drug work may help drug users deal with their problems.	50.0	73.3 ***	70.0
38. I (do not) feel alone in anti-drug work.)	50.8	71.7 ***	60.0
39. I (do not) feel anxious in my anti-drug work.	54.2	70.0 ***	56.7
Average of all 39 items	**47.3**	**72.0** ***	**96.7**
40. As a whole, the Advanced Course is helpful to me.		82.5	

Remarks: Significance level: *: $p < .05$, **: $p < .01$, ***: $p < .001$; Total number of participants = 30; Total number of respondents = 30.

Summary of Key Results: Overall, 96.7% of the participants who attended the second Advanced Course on 6/12/2013-3/1/2014 and answered our evaluation questionnaires showed improvement in knowledge, skills and application of the Integrative Humanistic and Cognitive-Behavioral Treatment, and the improvement is statistically very significant ($p < .001$) as found by paired t-test. Moreover, 93.3% of them showed improvement in competence in serving as an anti-drug worker (as indicated in their pre-test and post-test scores on the Revised Session Reaction Scale), and the improvement is statistically very significant ($p < .001$) as found by paired t-test.

Table 13: Means from the third Advanced Course, Oct 2014 to Nov 2014

	Item	Pre-training	Post-training		Upward rate
	Screening and assessment	48.2	76.5	***	96.0
1.	I know how to conduct the clinical assessment for the case of taking drugs.	45.5	76.0	***	76.0
2.	I know how to use screening and assessment tools.	42.0	74.0	***	76.0
3.	I have the ability to analyze case problems for the case of taking drugs.	57.1	79.0	***	60.0
4.	I am confident in formulating treatment plans for the case of taking drugs.	48.2	76.0	***	70.8
	Treatment stage: building the relationship and changing the motivation	52.7	75.0	***	84.0
5.	I know how to encourage the drug addict to accept service approaches.	58.9	76.0	**	48.0
6.	I know how to conduct interventions into the problem of taking drugs.	54.5	77.0	***	64.0
7.	I am confident in helping the drug addict to raise the motivation to change.	52.7	75.0	***	64.0
8.	I can grasp skills for dealing with the resistance of the drug addict.	44.6	72.0	***	68.0
	Treatment stage: changing behavior	54.9	75.0	***	76.0
9.	I know how to help the drug addict to formulate realizable goals that are oriented toward harm reduction.	55.4	81.0	***	68.0
10.	I have the ability to deal with the mentality of the drug addict to resist set goals.	49.1	72.0	***	68.0
11.	I know how to change the habit of drug taking with activities interesting to the drug addict.	56.3	73.0	**	56.0
12.	I know how to use the strength of social support networks to impel the drug addict to change.	58.9	74.0	**	44.0
	Treatment stage: preventing early relapse	46.4	73.8	***	92.0
13.	I can grasp how to use cognitive models to analyze the case of taking drugs.	43.8	78.0	***	84.0
14.	I have the ability to help the drug addict to control his behavior of taking drugs in order to prevent relapse.	47.3	73.0	***	68.0
15.	I know how to link with the social support networks of the drug addict in order to maintain abstinence.	50.9	72.0	***	56.0
16.	I am confident in dealing with the drug craving and the relapse effect of the drug addict.	43.8	72.0	***	80.0
	Treatment stage: preventing/handling relapse	45.1	72.5	***	80.0
17.	I can formulate a thorough plan to prevent/handle relapse.	47.3	74.0	***	72.0
18.	I am confident in practicing the plan to prevent/handle relapse, including conducting rehearsals with the former drug addict.	42.9	71.0	***	76.0
	Auxiliary service: targeting the family and	55.1	73.0	***	68.0

Item	Pre-training	Post-training		Upward rate
social network members of drug abusers				
19. I can grasp ways to strength cooperation and communication with the family and social support networks of the drug addict.	49.1	71.0	***	68.0
20. I have the ability to offer psychoeducational services to the family and social support network members.	59.8	74.0	**	48.0
21. I know how to encourage the family and social support network members to assist and support actively drug addicts around.	57.1	74.0	**	48.0
22. I can offer practical coping strategies and skills for the family and social support network members.	54.5	73.0	**	60.0
Anti-drug counseling theory and practice	43.8	74.7	***	92.0
23. I understand the integrated treatment model that combines humanistic ideas with cognitive-behavioral therapy.	43.8	80.0	***	80.0
24. I can grasp and apply the integrated treatment approach to anti-drugs services.	39.3	71.0	***	84.0
25. I can grasp and apply counseling skills to anti-drug work.	48.2	73.0	***	72.0
Average of Item 1 to Item 25	**49.5**	**74.3**	***	**100.0**
Experience and gain about Anti-drug work (Item 26-39)	**50.2**	**73.7**	***	**100.0**
26. I have realized what my goals in anti-drug work are.	58.9	81.0	***	64.0
27. I have come to understand drug abusers better, through seeing reasons or causes for what they have done.	64.3	86.0	***	64.0
28. I am now more in touch with my feelings or thoughts as an anti-drug worker.	58.0	68.0		48.0
29. I feel invested in what I need to do in anti-drug work.	52.7	78.0	***	64.0
30. I have acquired skills in helping drug abusers think about their concerns.	51.8	75.0	***	68.0
31. I have acquired skills in making drug abusers trust me.	43.8	70.8	***	79.2
32. I have acquired skills in working collaboratively with drug abusers.	50.0	73.0	***	60.0
33. I have acquired skills in helping drug abusers define problems for me to work on.	47.3	76.0	***	76.0
34. I have acquired skills to help drug users decide what to do about their problems.	42.9	72.0	***	72.0
35. I have acquired skills to help drug users see themselves more positively.	39.3	67.0	***	76.0
36. I have acquired skills to help drug users gain hope about the possibility of their changing in	45.5	70.0	***	64.0

Item	Pre-training	Post-training		Upward rate
the future.				
37. I feel confident about the possibility that my anti-drug work may help drug users deal with their problems.	45.5	72.0	***	68.0
38. I (do not) feel alone in anti-drug work.)	46.4	75.0	***	76.0
39. I (do not) feel anxious in my anti-drug work.	56.3	68.0		52.0
Average of all 39 items	**49.5**	**74.3**	***	**100.0**
40. As a whole, the Advanced Course is helpful to me.		90.2		

Remarks: Significance level: *: $p < .05$, **: $p < .01$, ***: $p < .001$; Total number of participants = 27; Total number of respondents = 25.

Summary of Key Results: Overall, 100% of the participants who attended the third Advanced Course on 25/10/2014-22/11/2014 and answered our evaluation questionnaires showed improvement in knowledge, skills and application of the Integrative Humanistic and Cognitive-Behavioral Treatment, and the improvement is statistically very significant ($p < .001$) as found by paired t-test. Moreover, 100% of them showed improvement in competence in serving as an anti-drug worker (as indicated in their pre-test and post-test scores on the Revised Session Reaction Scale), and the improvement is statistically very significant ($p < .001$) as found by paired t-test.

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