method case studies

Delphi Technique

SWOT Analysis

Future Workshop

OPERA Method

Focus Group Method

Nominal Group Technique

Semi-Structured Interview

Benchmarking

Bono’s Hats
METHOD CASE STUDIES

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A-Clinic Foundation, Helsinki & Institute on Drug Dependencies at the Centre for Treatment of Drug Dependencies, Bratislava

The selection of methods used was predominantly based on a combination of previous experiences utilising a particular method — what works — and literature search concerning current practices in the training field. What you will find within the various case studies, however, is a much greater learning process, confirming the notion that flexibility and creative facilitation play an active role in enhancing training tools. Many of the methods utilised here strayed from their typical use. These non-conformist processes not only added beneficially to the acquired content, but in many cases lowered the user’s threshold, making the methods all the more accessible and easier to incorporate into everyday work environments.

What we’ve put together is our experiences with a variety of methods, told from a variety of settings within the addiction field. The case studies are structured accordingly so the reader can have a synoptic overview of all the tested methods and easily pinpoint one’s needs in conjunction with circumstantial similarities, training goals and projected outcome results. Our presentations not only describe the method in its basic format but also add personal experiences of its use.

Such topics covered in the articles are: background of the method, description of the method in a nutshell, actual test experience, positive and negative aspects of the method, recommendations for usage as well as personal experience as the facilitator/researcher. Titles and links of interest for further reading are given with each method section and at the end of some of the case studies.

On the next page is a quick overview of the key ideas that stemmed from use of the methods in terms of positive and negative aspects encountered during implementation. It is important to note that this table comes from our experience, and different employment of these methods in different settings will probably result in some kind of differences.

Literature and Links

Swist J. Conducting a training needs assessment
http://www.amxi.com/amx_mi30.htm

Research Methods
Resources on the WWW
http://www.slais.ubc.ca/resources/research_methods/index.htm

Online learning about research methods — English and Finnish
http://www.metodix.com

The Qualitative Report - an online journal
http://www.nova.edu/ssss/QR/
## Benefits of the methods

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<tr>
<th>Method</th>
<th>Facilitates discussion</th>
<th>High participation</th>
<th>Generates new ideas</th>
<th>Flexible work structure</th>
<th>Time efficient</th>
<th>Holistic approach</th>
<th>Visual &amp; auditory</th>
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## Drawbacks of the methods

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<th>Method</th>
<th>Difficult to organise</th>
<th>Contrasting ideas not used</th>
<th>Communication skills needed</th>
<th>Time requirements</th>
<th>Needs price knowledge of process</th>
<th>Needs professional facilitator</th>
<th>Influenced by group dynamics</th>
<th>Requires specific targets</th>
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The Delphi technique is rooted in efforts to forecast the future. As a research method, the Delphi technique was known as early as in the 1920s, but its current origin dates back to 1953, when it was used in a survey made by the RAND Corporation for the U.S. Defence Department. The technique was soon adopted in future-oriented economic and technological studies. In health science, the Delphi technique has been used since the early 1970s, for sorting out priorities in health care research and developing education, qualifications and the work of health care staff. The technique is considered to yield accurate forecasts of future trends.

Description in a nutshell

The Delphi technique involves gathering information about experts’ views of the future. This is based on the assumption that an expert is better able to forecast the future than a person who does not possess the same amount of knowledge. When the expert views have been gathered, they are sent back to the same experts for re-evaluation. The procedure is repeated until the experts have agreed on one common view. The technique is based on anonymity and consensus. Anonymity means that opinions of the panel are not identifiable by their owner. Consensus is achieved, as the number of opinion-asking rounds increases. Earlier Delphi studies required unanimity, though this has now more or less changed.

Process

1st Delphi round: Collecting the primary data from expert-participants

Formulating the problem is a fundamental stage in carrying out a Delphi study. There is an importance of accurately defining the field of investigation, as well as recruitment of experts who share the same understanding or have a common ground about the area under study. One way of starting the Delphi method is putting together a document by the researcher to reflect the specific issues that are of interest, or creating a questionnaire drawn up according to certain rules. The questions must be precise, quantifiable, or open-ended providing more opportunities for finding alternative original suggestions. Experts should be chosen not so much in terms of their title, function or position, but due to their capacity, familiarity with the field and capability to envisage future perspectives.

2nd Delphi round: Clarifying the opinions, seeking consensus

During the second round experts give their statements or express opinions on the provided new document. Experts’ lack of anonymity in a public forum may be seen as a drawback. For this reason expert-participants are separated from one to another, with their opinions...
collected through an anonymous method such as mail. In this way, one obtains the real opinion of each expert and not an opinion that has been falsified to a greater or lesser extent by peer pressure. In the Delphi method, there is no leader.

3rd Delphi round:
Defines more specific opinions, consensus

The objective of the used questionnaires or other forms of summarised knowledge is to identify a mean consensus opinion or determine the most important topics or issues. In the second round, the experts, having been informed of the results of the first round, are invited to provide new answers and justify them if they feel there is a serious degree of divergence with respect to the group consensus. In the third round, each expert can be asked to comment again on the arguments of the counterproposal or proposals differentiated from the group consensus.

Literature online

http://www.is.njit.edu/pubs/delphibook/

http://eies.njit.edu/~turoff/Papers/delphi3.html#Introduction

Qualitative Group Methods: Delphi Technique
http://www.slais.ubc.ca/resources/research_methods/group.htm
Pirkanmaa Polytechnic launched a new specialisation programme in substance abuse work, beginning in September 2001. The programme is equivalent to 30 ECTS credits and extends over 1½ years, combining with the student’s own work. The target group is professionals in health care or social services who already have previous qualifications from a polytechnic or equivalent institution. The purpose of a long study period is to foster learning in which the student has the time for reflection, resulting in a combination of new knowledge with personal modes of action.

In the spring of 2001, information about the new programme and about the application procedure was disseminated through newspaper announcements and through the polytechnic’s web site. Printed material was distributed to health care and social service units. 29 health care and social work professionals sent in applications. All those who met the requirement concerning pre-existing qualification were granted an interview. The interviews were conducted in groups of 3-5 persons, by the teachers in charge of the specialisation programme. Of the 25 applicants who participated in the interviews, 18 were admitted in the programme.

*Why the Delphi technique?*

When we set out to develop the new study programme, we wanted to take into account students’ needs as well as their views and opinions of substance abuse work today and in the near future. The Delphi technique was well suited for this purpose. The students, as qualified professionals employed in the field with some experience working with substance abuse, were chosen to act as the panel experts.

It should be stressed that our application of the Delphi technique is unorthodox and our approach to its methodology pragmatic versus academic. We wanted to build the study programme based on the students’ needs. Our goal was to use the Delphi approach to create an outline of the contents. The Delphi technique has been used in curriculum development in health care and social work training, both in Finland (Kolkka 1997) and elsewhere (French 1997).

Our student-centred approach to training programme development stems from the fact that the students are professionals, most with solid work experience in health care and social services. We felt that their views on the skills and competencies needed in substance abuse work should be reflected in the contents of the programme. We also anticipated involvement in the development of their own training programme to foster work commitment among the students.
Our Delphi process

Three Delphi rounds were conducted to outline the contents for the specialisation programme.

For the first round, a questionnaire was designed in which the applicants were asked to describe in short essays their views of the basic qualifications required in substance abuse work and their beliefs about the qualifications required in the future. Basic qualifications refer to skills and competencies that are needed now as well as in the future. Future qualifications are techniques that are to be needed more in the future versus today (Metsämuuronen 2000). The questionnaire was sent to the applicants along with the application form, to be returned together. Essays were written by 16 applicants. The essays were analysed and the qualifications mentioned were grouped according to similarity.

When the applicants were sent a letter inviting them to the group interview session, they were also sent a questionnaire, based on the results of the qualitative analysis of the initial answers. They were asked to then prioritise their training needs and interests.

For the second round, a Likert-style questionnaire was designed listing the qualification categories identified in the first round. Respondents were asked to indicate on a five-point scale the importance of each of the categories (1 or 5, respectively, placing the qualification among the least or most important). The questionnaire was returned when the applicants came to the school for the interview. Questionnaires were returned by all interviewed applicants (n=25), although some of them did not participate in the first round. The Likert-style questionnaire used in the second round resulted in a quantitative weighing of the qualifications.

The third round was conducted in the form of group interviews with the applicants. The applicants were instructed to reach agreement about the three most important qualifications in substance abuse work. The second-round questionnaire was used as a checklist.

Analysis of the responses given in the second round was postponed until after the third round was completed since the questionnaires were returned when the applicants came in for their interview. The teachers in charge of the specialisation programme did these analyses. The most important qualifications in substance abuse work determined by the students were thereby identified, and subsequently used as central themes in the programme (see p. 154).

At the end of their studies, the students were asked to write new essays about basic and future qualifications in substance abuse work. Generally speaking, the views presented at the end of the studies were less abstract than those presented at the start. The essays showed that
students’ expertise in substance abuse work had increased in depth. Information gathered with the Delphi technique and with other methods of course evaluation will be crucial for further development of the contents and working methods of the training programme. The second specialisation programme in substance abuse work will start in 2004.

Assessment of the Delphi technique in the context of training programme development

The analysis of the essays written in the first round, as well as the questionnaire results, depict the applicants’ expert view of the qualifications required in substance abuse work but is also influenced by the researchers’ thinking and perspectives. This kind of subjectivity is, however, inevitable in qualitative research, especially when the aim is to develop working practices.

The second round questionnaire was also a bit unorthodox in terms of the Delphi approach, since it allowed respondents to add qualifications to an already established list. The idea was to encourage respondents to express any other views they might have regarding the training programme. Answers, however, were few and far between and did not add to the categorisation of qualifications, so they were bracketed out of the final analysis.

The third round was conducted as part of the admission interview that is far from a neutral situation. The applicants were observed, evaluated, and had to reach agreement on the three top qualifications within a limited time frame. There is no way to tell whether the choices made were unconstrained and based on personal interests. At this stage, the participants were also not anonymous and the choices made by the groups were amalgamated.

The first critical point in the Delphi technique is the selection of the experts: how many experts are needed and who counts as an expert? In our Delphi study, the professionals were seeking admission to further training. Their professional backgrounds varied. Some had plenty of experience in substance abuse work; others did not but had nevertheless encountered clients with substance abuse problems. Some were employed in general health services, others in specialised services, while some worked in child protection or occupational therapy. Their pre-existing qualifications also varied: some had completed a qualification in health care, others in social work, either recently or several years ago. In our view, this group possessed wide-ranging, even representative, expertise in substance abuse work in practice and the role it plays in different lines of work and in the society at large.
Questions about the reliability or generalisability of the Delphi approach remain unanswered in our study. We cannot tell whether the results would have been different if the basis of expertise had been wider, including for instance teachers and administrators.

The second critical point is the first Delphi round. Presenting the right questions is essential. Our questions were modelled on those used by Jari Metsämuuronen (2000). The questions worked well: they yielded valuable information about qualifications required in substance abuse work today and in the future. Some of the applicants failed to return the questionnaire but non-response was not fatal for the study.

**Pros & Cons of the method**

**Strengths:**

- Can bring to light and evaluate the weak signals detected by single members of the panel which is in itself forecasting.
- Anonymity prevents conflicts of prestige and interest from influencing the outcome of the process.
- All opinions — even those that differ — are equally valuable and under review.
- Permits an easy coupling of quantitative and qualitative research methods.
- When combined with more than one method (triangulation) the reliability of the information obtained increases.
- By emphasising anonymity and consensus, the Delphi technique encourages panel members to seek a common view.

**Weaknesses:**

- The selection of the experts and how many will be needed is perhaps too vague. The number usually varies between 30 and 100 persons.
- Determining who is sufficiently expert to be on the panel can be problematic. An expert may be someone in upper management, a person working in the field, or even a layperson.
- Since formulation of the questions in the first round is essential, it is recommended that help from an expert be used at this stage.
- Distribution of the surveys, such as postal surveys, can be problematic and often result in low response rates. The extent to which non-response rates affect the results needs to be assessed by the researcher. If the survey is done by interview, the percentage of response will be higher.
- There is no uniform method of analysis for dealing with the material from the first round.
- Critical choices have to be made in the selection of the number of iterations. After the third round there is usually little variation in the opinions expressed.
- Absolute unanimity is no longer considered desirable, since it may lead to loss of important information.
Replicating the study and the interpretation of the results can prove problematic. Reliability in Delphi research is indefinite at best. Since there is no uniform method of analysis, different researchers might well arrive at different conclusions about the same material.

Experts may bring their own opinions to the foreground or avoid disclosing their views.

Opinions tend to change with time.

Recommendations

The Delphi approach is well suited to finding and dating such turning points that are difficult to determine by analytical means of research. At its best, the Delphi technique can unravel human actors’ creative and target-oriented solutions. Conducting the third round as part of the admission interview had a powerful motivating effect on the participants. From the selector’s point of view, the discussion worked well as an admission test since it focussed on the most essential topics and was participatory in nature.

Personal experience

The Delphi technique suited well to be used in conjunction with the selection of applicants. The approach resulted in a dialogic relationship between the applicants and the teachers, and provided the applicants with an opportunity to exchange ideas about the qualifications required in substance abuse work. From the facilitator’s perspective it proved to be a valuable tool in the work and a source of motivation for both the teachers and students.

Literature


USING THE DELPHI TECHNIQUE FOR TRAINING NEEDS ASSESSMENT AMONG ADDICTION NURSES

Milada Gúthová
The Centre for Treatment of Drug Dependencies, Bratislava

We used the Delphi technique to assess the training needs of addiction nurses (N=20) working at Centres for Treatment of Drug Dependencies (CTDD) and psychiatric departments of hospitals with clinics. Participants came from CTDD in Bratislava (N=6), the psychiatric department of the Ruzinov clinic in Bratislava (N=5) and from the CTDD in Humenné (N=9). The age range was between 20 to 50 years.

1st round

In the first round of the Delphi study, we used two open-ended topics that were answered by the nurses in an essay format. The purpose was to ascertain the type of information (knowledge, skills, experience) necessary in the health care and social care field for working with addicted persons, both now and in the future. We identified 62 thematic fields necessary for one’s current education and 21 fields of projected training needs.

2nd round

The nurses were then asked to evaluate the importance of specified training needs in relation to nurse’s day-to-day work using a set scale 1-6 (1=absolutely unimportant, 6=very important). They also had a possibility, at this stage to complete, object, or correct the prepared summarised set of topics that was gathered from the 1st Round. The average values of importance of particular thematic fields are shown in the table below.

Present training needs:

- practical experience — especially in accordance to one’s own work experience 5.80
- communication skills — especially communication with patients and approach to patients 5.71
- lectures, training, specialised studies and courses focusing on drug addictions 5.68
- psychotherapeutic training — especially concerning long-term psychotherapeutic training 5.16
- study visits to similar working places 5.07

The importance of specified training needs in relation to nurse’s day-to-day work using a set scale 1-6
1=absolutely unimportant
6=very important
### Future Education and Training Needs:

- availability of professional literature 5.50
- lectures, courses, workshops focused on addictions — especially covering new trends 5.47
- specialised continuing studies focused on drug addictions for those with a high school diploma 5.42
- study trips, expert consultations and sharing practical experience/information from other work places 5.32
- knowledge of supporting techniques for treatment — self training, relaxation, yoga, etc. 5.20

### 3rd round

In terms or organisation, the 3rd round was similarly carried out. This time the nurses were given the task to evaluate themselves on the same scale in respect to their current capabilities with given topics. A difference between the mastering of a given topic and its importance may then be regarded as an indication of training need. Two types of information were derived from the 3rd round. The first cluster of information focussed on the situation in training of nurses in a more general way as well as to the technical and logistic conditions of existing training.

**The most important aspects in terms of organisation, logistic and technical support of existing training:**

- need for affordable, available literature related to financial issues, availability of new professional literature in the libraries etc. 3.06
- lectures, courses, and seminars in various regions these activities are more likely organised in bigger towns and thus less reachable for nurses from more distant, rural regions not only due to financial restraints but also from the point of view of time spent out of work 3.00
- schooling, training and specialised studies on drug addiction 2.63
- information on laws and policy, plus networking skills with those active in this aspect of the field 2.55
- need for practical experience and training 2.53
The second cluster of information clarified more specifically the topics and one’s ability to master them in conjunction with their importance to the field. Informational content regarded as particularly needed and helpful in one’s daily practice included Hepatitis type B and C, skills in communicating with patients, managing intoxicated patients and information about legal aspects of care.

**Pros & Cons of the method**

We considered the method to be beneficial working with participants from various locations without disturbing participant’s daily work schedule, as we could facilitate the study quite easily through the post. Another advantage was through the process of obtaining consensus on a topic. One also receives a wealth of high quality information about current events, trends and significant discontinuities impacting the future developments of the question under study. The method can assist avoiding strong personal characteristics that can be disruptive to group discourse or conflicts between different interests and authorities since each individual has a platform with which to voice opinions. The method can be used equally well in business management, economics, technology and social sciences.

Constraints that can limit the scope of the method are its length of time to facilitate, cost concerns regarding staff and dissemination of information. The method can be considered a fastidious and intuitive approach rather than rational. This last point can however have its benefits, considering that the opinions of those with non-standard viewpoints can be oftentimes more interesting and insightful. The method promotes thinking out of the black box.

**Recommendations**

The Delphi method provided us with a wide spectrum of topics and thematic clusters, which nurses consider currently important for training programs. Participation was high in the survey with virtually insignificant drop out rates suggesting strong commitment from the group and an interest in the overall method. With the use of the Delphi method, training needs have been detected reflecting present needs as well as possibilities for future development in training for nurses working in addiction field. Next phase of our plan is to organise a seminar, workshop or training event focused on the particular topics or problems evolved from this analysis. (See p. 152)
Using the Delphi technique for training needs assessment among addiction nurses

**Personal experience**

To direct a Delphi process, communication and motivation skills are of the greatest essence. The facilitator has to be able to ensure group organisation. Ongoing contact with each participant is also a necessity for success, not only because it provides appropriate understanding of the questions, but also because it keeps to the schedule for submission of questionnaires while motivating co-operation.

**Using the Delphi technique for training needs assessment among addiction nurses**

Please circle the extent of importance of particular topics:

1 = absolutely unimportant
2 = unimportant
3 = rather unimportant
4 = rather important
5 = important
6 = very important

**Example**

Need for psychotherapeutic training 1 2 3 4 5 6
Need for long-term psychotherapeutic training 1 2 3 4 5 6
Need for training focussed on rational psychotherapy 1 2 3 4 5 6
Need for training focussed on work therapy 1 2 3 4 5 6
Need for training focussed on art therapy 1 2 3 4 5 6
Need for training focussed on music therapy 1 2 3 4 5 6
Need for training focussed on social skills 1 2 3 4 5 6

Comments: ______________________________________________________

**Current Needs for Education**

1. Need of training, practice, specialised study, courses on various topics in the area of addiction
2. Psychotherapeutic training
3. Practical experience
4. Internship at other places of work
5. Communication skills
6. Theoretical knowledge
7. Knowledge on the treatment of addiction
8. Knowledge concerning the organisation of work, co-operation and communication in a team
9. Psychotherapeutic skills
10. Co-operation with a family

**Future Needs for Education**

1. Further education (formal) specialised training focussed on addiction
2. Lectures, courses, seminars on addictions in general / new trends / poly drug addiction
3. Internships, excursions, consultations, obtaining practical experience from other places of work, exchange of experience between places of work
4. Need of professional literature
5. Knowledge about supporting methods in the treatment of addictions — relaxation, yoga etc.
6. Work on oneself — relaxation, assertiveness, empathy
7. Information about low-threshold activities / re-socialisation
APPLICATION OF THE DELPHI METHOD IN TRAINING NEEDS ANALYSIS AMONG THERAPEUTIC PEDAGOGISTS

Jana Horňáková
The Slovak Chamber of Graduate Medical Professionals,
Section of Therapeutic Pedagogists

We chose the Delphi method due to its capacity for providing a broad spectrum of ideas and for pinpointing more deeply rooted problems related to training needs.

Our goal was to assess the current training situation as well as needs for further training of therapeutic pedagogists working in the drug addiction field. Our study focused on members of the therapeutic pedagogist community, all of which have university degrees at the Bachelor or Master’s level. The researched sample consisted of those working in addiction treatment, primary prevention and supplementary treatment nation wide. Of the 33 addressed respondents, 11 participated in our research (women N=7, men N=4).

1st round

We selected a group of professionals and contacted them by mail with a letter explaining the purpose of the study: gathering information concerning the training needs among the therapeutic pedagogist community. They were provided with the first questionnaire consisting of three open ended questions. The 1st round yielded a wide range of statements: the respondents gave some 300 suggestions or ideas.

2nd round

Respondents answered spontaneously and openly on the three initial questions so we easily gained enough material to create the second, more defined questionnaire. Supplementary items were added to the three initial questions. The second questionnaire was sent to respondents again by mail. An essay question was also added.

During the 2nd round we were able then to see a consensus of opinions, as well as pinpoint some specific issues.

The most frequent topics viewed as a priority in the education of therapeutic pedagogists in the 2nd round were:

- need for internships 81.8%
- specialised, post-gradual education 72.7%
- need for creation of a database of information, e.g. literature 90.9%
- co-operation with experts, supervision 72.7%
- practical education in training 72.7%
Application of the Delphi method in training needs analysis among therapeutic pedagogists

The second questionnaire was sent to respondents again by mail. An essay question was also added.

Questionnaire

1 Describe the current state of drug abuse/addiction education in regard to your profession.
   - educational system of universities
   - post-graduate studies
   - self-study
   - internship and education abroad
   - existing events offering information in drug area

2 Write to your best knowledge the kind of theoretical knowledge, skills and/or experience that are needed to work with drug addicts, especially in view of an increasing trend in poly-drug use.
   - use of therapeutic pedagogists
   - internships with professional supervision
   - professional networking
   - training sessions or courses focused on substance abuse problems and drug issues from the therapeutic pedagogists perspective.

3 How do you feel future drug education should be developed in your profession?
   - deepening of theoretical and practical education of addiction treatment at the university level
   - supplementing further accredited post-graduate programs with courses that focus on psychoactive substance use and methods of work with this client group
   - enhancing networking capabilities, such as collective meetings of treatment professionals to promote sharing of experiences, stressing the need for different forms of supervision

Pros & Cons of the method

Advantages

It was possible to:
   - identify and schedule important changes – turning points – in the field which would have been impossible to assess by standard quantitative methods (For example, it signalled a need to be more oriented in providing services towards new trends and patterns of drug use such as poly-drug use and stimulant use among users seeking interventions.)
   - identify signals of possible change, which were then further analysed by other respondents
   - prevent influence of strong personalities or conflicts of interest within the group
   - confront personal opinions and ideas without leading to negative feelings, adding to the overall positive tone of the group
   - bring up extreme opinions for discussion, possibly leading to new ideas and thought processes trailing from the norm
   - effectively combine qualitative and quantitative methods.
Disadvantages:

- An important aspect of the research was to appropriately form questions around the goal of the process to hinder divergence from the main topic. A well thought out plan, along with questioning, needs to be constructed prior to execution.
- It is not clear what can be distinctly considered as consensus and what cannot.

Personal experience

The Delphi method was chosen because it provided a platform for unrestricted opinion. It respected variety, while ensuring anonymity. Respondents had an opportunity to get familiar in a non-forcible manner with the opinions of other specialists working towards the completion of a nominal statement. All voices were accounted for. The method proved capable to transform verbal and very often emotionally expressed answers into quantifiable figures. Due to the status of therapeutic pedagogists within the health care system this was very beneficial.

The Delphi method was convenient and appropriate for the training needs analysis among a specialised group of professionals. It highlighted not only preferred topics of training, but also pointed out problems that could possibly influence the way training needs are addressed within the training systems. Participants also expressed their opinions on the status and integration of their profession within the system of services for substance abusers. According to our information some discontent and disappointment with their status was manifested through low response rates. Another reason for low participant response rates might also have been due to the lack of personal contact during the process, but this was unavoidable due to the various locations of all participants. On the other hand, one positive effect was that the study as such demonstrated an interest targeted to this group of professionals and their needs. This was recognised positively as a first step towards change by participants.

Recommendations

Working with a concrete action plan, backed by the ability to act on found information, would greatly enhance this process and also help persuade participants about the importance of the topic. We could not promise any direct or concrete responses to our analysis in terms of further training which ended the process on a bit of a low note.

It did however spark interest in our participants. One positive indirect or side effect resulting from contacting the respondents was that the professionals were put in contact with each other and have begun to mobilise in an effort to achieve changes in accreditation of the discipline within the existing institutional framework of postgraduate education in Slovakia.
**SWOT analysis**

**STRENGTHS**

**WEAKNESSES**

**OPPORTUNITIES**

**THREATS**

SWOT analysis — **Strengths Weaknesses Opportunities Threats** — is a method that can be used to identify strong and weak aspects while exploring opportunities and challenges relevant to future development of an idea or proposal. The method provides a complex perspective on a specific situation in a limited time period. It is commonly used at the beginning of planning and development projects to gather, analyse and evaluate information and to identify strategic choices or alternative courses of action. When resources are limited, choices have to be made as to what will be done, when and how. The SWOT approach helps to analyse the current situation and to choose courses of action that build upon existing strengths. Periodically repeated SWOT analyses can be used to monitor changes in the phenomenon or in the environment.

SWOT analysis can be done individually or by a group. Although commonly used at organisational level, SWOT analysis also lends itself to individual level analysis or to national level analysis.

**Description of the method in a nutshell**

When we want to carry out SWOT analysis we should obtain answers to the following:

**Strong points / positive internal effects**
- Which are positive facts and advantages of researched problems or situation?
- What has been successful?
- Try to look at it from one’s own perspective
- Don’t be too “polite”, but realistic.

**Weak points / negative internal effects**
- What can be improved?
- What has been done wrong?
- What should we avoid in the future?

**Opportunities / positive external effects**
- What can be enhanced?
- Which new trends could be interesting? Such areas to think about: technology, politics, social field, population, life style, local changes

**Concerns / negative external effects**
- What kind of problems exists, or can occur in the future?
- What should we be aware of?

The analysis aims at identifying changes that need to be made, i.e. at setting targets for the development project. A drawback of SWOT analysis is that the results often summarise strengths, weaknesses, opportunities and threats, without showing explicit links to possible courses of action.

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1 http://scholar.lib.vt.edu/ejournals/JVTE/v12n1/Balamuralikrishna.html

2 http://www.demon.co.uk/mindtool/swot.html


**Examples:**
http://erc.msh.org/quality/itools/itswot.cfm

**In Finnish:**
http://www.hut.fi/Yksikot/YTK/koulutus/metodikortti/Swot.html
Respondents were members of the Association for Drug Addiction Prevention that has been organising various seminars since 1996. Most of the respondents are employed as specialists in the Centres for Children with Behaviour Problems, or as social workers in the field. All of them have a university degree in Psychology or Education, though primary prevention is not their professional activity. Our main goal was to find out the needs of people working in the field.

First contact with the respondents was made during a primary prevention training course. The respondents had been involved in prior research studies and were familiar with the process. Of 21 respondents, two were removed from the study due to work conflicts. Of the 19 remaining respondents, 15 were women (79%), with the average age at 38.8 years.

Each person involved in the research was informed by written text about the method, its purpose and the time constraints returning evaluated materials. All contact with respondents was carried out through e-mail, though direct contact information was provided if needed.

**Summary of results**

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Educational attributes — content, organisation, attitude, volunteerism 63%</td>
<td>• Educational attributes — continuation with practice, professional guarantee 79%</td>
</tr>
<tr>
<td>• Experts, co-operation with specialists 58%</td>
<td>• Motivation, finance, status 58%</td>
</tr>
<tr>
<td>• Motivation interest 42%</td>
<td>• Co-operation within field or outside field 42%</td>
</tr>
<tr>
<td>• Information availability — literature 42%</td>
<td>• Information about educational opportunities 37%</td>
</tr>
<tr>
<td>• Don’t know/no answer 21%</td>
<td>• Legislation 26%</td>
</tr>
<tr>
<td>• Regional prevention projects 11%</td>
<td></td>
</tr>
<tr>
<td>• Legislation 5%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Educational attributes 74%</td>
<td>• Low motivation 84%</td>
</tr>
<tr>
<td>• Progress in work quality, co-operation with specialists 58%</td>
<td>• Poor, insufficient organisation 58%</td>
</tr>
<tr>
<td>• Motivation 37%</td>
<td>• Insufficient guarantee of professionalism 32%</td>
</tr>
<tr>
<td>• Legislation 37%</td>
<td>• Lack of information and/or information provided inappropriately 32%</td>
</tr>
<tr>
<td>• Information availability 26%</td>
<td>• Lack of co-operation, even rivalry 26%</td>
</tr>
</tbody>
</table>
**Pros & Cons of the method**

**Advantages:**
- modesty in terms of cost
- simplicity
- availability of respondents from different regions of the country
- breadth of thematic scope

**Disadvantages:**
- subjectivity in data processing and interpretation

**Recommendations**

The SWOT analysis surfaced as a suitable method in terms of reaching a scattered group. The method can easily be facilitated through e-mail so we were able to incorporate professionals from various locations throughout Slovakia, which added to the overall content.

I have noted that a majority of respondents answered the questions too broadly. They emphasised positive and negative aspects of the educational system rather than training needs as such. Supplying more detailed instructions — defining strong and weak aspects of the training of professionals in primary prevention, along with opportunities and risks — would possibly have eliminated this modest deficiency.

Information gathered from the analysis pointed out a lack of systematic and continuous training activities for professionals working in substance abuse prevention, a lack of up to date relevant information about substance abuse prevention and difficult access to information pertaining to training and/or educational opportunities in the addiction field. Those who participated in our research could provide broad, yet rather sketchy descriptions of the existing training system. There were not specific suggestions related to changing patterns of substance use or any other new phenomenon in the drug scene, although a conclusion can be made that unsatisfactory co-ordination and inconsistency of training activities cause major problems in various aspects of current prevention work.

**Personal experience**

This method requires organisational capabilities, ability to address and select suitable samples, as well as sufficient time to process data. As mentioned above, instructions that accompany the test, together with regular checks on respondents’ understanding, are vital for success of the method’s use.
We chose this method because of its wider regional reach and modest cost. The representative sample for the analysis consisted of professionals from three therapeutic communities (TC) from various regions in Slovakia: Bratislava, the Trnava region and the Nitra region. Seventeen out of nineteen respondents whom were contacted agreed to participate. The average age of the group was 34.5 years. Eight of the respondents were university graduates from various academic backgrounds. The remaining nine respondents were high-school graduates, including three abstaining alcoholics and three ex-users of hard drugs. These nine respondents had attended supplementary courses in treatment, counselling and drug prevention.

We began the groundwork for this method process in July 2001. In two cases we visited the TC facilities and explained the method, its importance and the time factor with which participants had to complete the given task. We also utilised phone contact to provide instructional material concerning the method. In all direct contact cases we continued to inform the TCs on progress of the given assignment throughout the study, monitoring problems as needed.

The responses were processed using a method of thematic content qualitative analysis.

The resulting issues, including their percentage share — percentage of respondents mentioning the respective issue — were arranged into a SWOT analysis table.

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• new contacts, sharing knowledge 60%</td>
<td>• lack of finance 53%</td>
</tr>
<tr>
<td>• getting new information, improving 47%</td>
<td>• insufficient training, follow-up &amp; communication between schools, courses and training events 33%</td>
</tr>
<tr>
<td>• motivation of trainees 27%</td>
<td>• lack of professional literature and access to information 33%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• financing 47%</td>
<td>• lack of finance &amp; its impact including staffing problems 80%</td>
</tr>
<tr>
<td>• changes in governmental policy, better co-operation between governmental and non-governmental ones 47%</td>
<td>• political issues 33%</td>
</tr>
<tr>
<td>• general requirements for organisation of training 33%</td>
<td>• in general, professionals are not sufficiently aware of the necessity 13%</td>
</tr>
</tbody>
</table>
**Opportunity and Threat analysis (O/T)**

For our purposes the topic concentrated on identifying dissatisfied opinions of the current addiction education platform, looking for opportunities to create new educational programs and ideas to diminish barriers for cross-border activities and internships for students. Our potential risks focused on the creation of cheaper but uncertified programs, entry of new competitors with smaller operation costs, new state regulations etc. By combining the key opportunities and threats influencing the addiction education system, we tried to estimate the degree of attractiveness towards today’s current addiction education programming.

**Strength and Weaknesses analysis (S/W)**

An evaluation of the influence of internal factors was conducted simultaneously to assist identifying educational goals in relation to determined factors from the O/T portion of the analysis. Position of market leader, wide base of clients interested in addiction education, and strong preferential content of education were considered to be important signs of competitive strengths. Lack of funds, diminishing reputation of current training efforts, small overall market share, low quality educational programs and so forth are considered to be important signs of competitive weakness.

**Pros & Cons of the method**

An indisputable advantage of the method is its easy administration and modesty in terms of costs. In regards to our pursued goal, we discovered that the SWOT method provided a rather general picture of the needs for change within the addiction educational system. It clearly pointed out the strengths and weaknesses of the training system for these specific professional groups, but due to the nature of the interpretations, needed to be regarded only on a subjective level.

Using the SWOT analysis did not provide us with specific information regarding the content (curricula) for possible future training sessions, but it emphasised the need for a more conceptual and co-ordinated system of training for professionals working in the therapeutic communities. During the implementation process and its analysis we obtained information about the organisation and administration of current training efforts rather than their content.

**Recommendations**

A further assessment concerning particular thematic fields in which TC workers feel more training is necessary would require more specificity of questioning. A future utilisation of the method with redesigned, more activity-based questions would be useful in order
to get a clearer picture of the specific training needs necessary in today’s workplace. Questions on strengths can be changed to present contributing activities. Instead of weaknesses, educational activities you have had a negative experience with would provide better results. Opportunities are better viewed as educational activities you would appreciate in the near or distant future. Risks could possibly include general events that might lead to low participation rates and/or lack of interest for a given training.

**Personal experience**

To direct the SWOT analysis process, communication and motivation skills are of the greatest essence. Good co-operation from the respondents was due to personal contact before the launch of the research as well thorough explanation of the method, and its goal and should be something to implement in one’s planning.
SWOT analysis to map out training needs among students preparing for the competence-based qualification in substance abuse work

Tiina Kauma & Vesa Joutsen
Institute of Social Work, Tampere

Tampere Institute of Social Work and Tampere Institute of Nursing and Health Care carry out jointly an educational programme that leads to a competence-based qualification for substance abuse welfare work. By deepening the vocational preparedness of professionals who work with substance abusers especially in community care, the programme aims to respond to the changing needs of substance abuse welfare services. The programme covers substance abuse-related problems, recognition of such problems, treatment and rehabilitation as well as planning, implementation and evaluation of care. An individual with a competence-based qualification for substance abuse work is an expert who as a representative of his or her own field, collaborates with several other partners in a multi-professional work environment. The specialisation is a 1.5 year-long programme, ending with evaluations from professionals currently active in the substance abuse field.

We used the SWOT analysis to explore how students perceive substance abuse welfare at the start of their studies, and how they view the field’s challenges and developmental needs. Members of Study Group 3, whose education lasted from September, 2001 to October, 2002 (40 credits), were given at the start of their training a learning assignment on the development of substance abuse specialisation and professional growth, along with a SWOT analysis chart. The students had one month to complete the assignment.

Analysing the essays written by the students, we examined how they clarified their conceptions of substance abuse work and regarded the trends and challenges arising from their societal context, in relation to their life history, cultural background and possibly changing social situations.

At the end of their studies, students did a similar assignment in which they, in addition to the aspects mentioned above, evaluated their own learning process and professional growth, identified their strengths and designed a plan for their own professional development after the preparatory training.

Summary of results — 1st assignment

Perceptions of substance abuse work

The students regarded substance abuse work as something strongly based on specific laws such as the law on the status and rights of patients and the law on the status and rights of social welfare clients. The students felt that in general people’s attitudes towards alcohol were positive and accepting but the use of drugs caused a lot of anxiety and fear among...
citizens. At the individual level however, they felt attitudes were beginning to change, with drugs becoming a part of everyday life.

According to the students’ descriptions, substance use was no longer what it used to be, traditionally controlled by strict norms. In fact, patterns of behaviour are today quite mixed and simultaneous use of alcohol and drugs, for example, has increased. The students thought that a person’s own physiology sets limits to one’s substance abuse. Psychiatric problems related to abuse appeared to be more and more common, and the students pondered the connection between depression and substance abuse. It seemed that problems related to substance abuse were not generally understood in society, even though drugs were now a part of everyday life. Decision-makers faired poorly, regarded by the students as people who live happily in ignorance, failing to see the real concerns of the overall population.

The students saw voluntary workers and professionals in this field as a major community resource that was more in need of support on various levels. They believed that contacts can best be made in places that are easily accessible to substance abusers. As to the various models and theories explaining the problems caused by substance abuse, the students focused on aspects related to dependency problems, pointing out that experiences of anger, bitterness and frustration, shame and rejection have an impact on the emergence of substance-related issues. The students described the recovery process only to a limited degree, some saying that the significance of daily routines and chores in the recovery should not be underestimated. Alternative methods, such as interaction with pets, trips, group excursions, games and camp environments were viewed to be also very therapeutic to one’s recovery process.

*Perceptions of challenges and developmental needs*

The biggest challenge of substance abuse work the students noted was the multiple problems caused by changes in today’s society. The students mentioned mental health problems, marginalisation, as well as a person’s disadvantaged social and/or economical status to be main causes. The fragmented system of substance abuse work should endeavour to develop its services into a seamless care system to better tackle these multiple problems that are being more mainstream.

According to the students, increasing poly-drug use presents a challenge and calls for further development and adoption of assisting strategies such as low-threshold services, substitution treatment and outreach work. Developing current helping strategies utilised in Finland requires more training opportunities in the field, both locally and abroad. Enhanced research into the effectiveness of the different forms of care was also thought to be necessary to ensure an optimal and effective allocation of resources.

Although substance abuse work is by law a shared responsibility of the social and health care sectors, co-operation in this field was seen...
to still be in its infancy. The students blamed organisations that, despite the requirements of the new legislation, are only slowly changing from bureaucracy-orientation to client-focus. According to the students, developing preventive work and a system of community care is an important task for the future.

**Summary of results (2nd assignment)**

**Perceptions of substance abuse work**

In the second essay written at the end of the studies, nearly all students started by noting that: *compared to last fall, my view about substance abuse work has changed*. Most mention internships, places of internship and fellow students as factors contributing to the change.

The students no longer see substance abuse work simply as treatment of problems: they stress that the work should be directed to intervening in the client’s life as a whole. Changed views of substance use by the young are a case in point: at the start of the studies, students expressed concern about the phenomenon; at the end, they saw illbeing of children and the young as something that should be taken into account in work with substance-abusing families.

**Perceptions of challenges and developmental needs**

All students mention a worrying increase in the use of all sorts of substances and stress the need for early intervention. While trying to pinpoint effective methods for early intervention, they stress that the greatest challenge is how to reach in time the people who would benefit the most.

The students think that the demand for addiction services within the general health services will increase, because they find it unlikely that specialist addiction services could be expanded. In addition, general health services should prepare for an increase in substance use-related somatic diseases.

Important aspects of substance abuse work in the future include the development of new methods of work, such as outreach work and approaches based on peer support. Observance of the newly-established recommendations for quality in addiction services is also seen as a challenge in the future.

Specific challenges mentioned by the students also include the organisation of substitution treatment for opiate addicts in health centres: the centres may be eager to dispense the substitute drug but may not pay enough attention to planning psycho-social rehabilitation. They also note that the media tend to give a one-sided picture of the issue - as if all addicts were addicted to opiates and as medically assisted treatment was the only option. Another great challenge is presented by the increase in mental health problems among the clients coming to addiction services. Especially dual diagnosis clients fall in a gap between the services and are left without proper treatment.
Pros & Cons of the method

SWOT analysis works well as a research method and also as a learning assignment, helping both the student and the teacher evaluate current knowledge and skills while identifying training needs. Presenting the SWOT analysis to the students as a learning task at the start of the studies ensured a 100% response rate. The analysis could easily be repeated with new student groups to chart training needs over a longer period of time. SWOT analysis has high validity when used with a target group that has a genuine interest in developing their own professionals skills. Nevertheless, self-evaluation may be quite demanding for students. Interest in one’s own professional development may not be evenly distributed among the targeted group.

Recommendations

SWOT analysis is a useful method for vocational training offered to adults in the health and social service sector. Life and field experiences provide a fruitful basis for reflection and self-evaluation.

Personal experience

The analysis of extensive text material requires a considerable amount of work and specific analytical skills. Use of the material for further development of training requires familiarity with the national core curriculum and the requirements for the competence-based qualification, as well as an understanding of societal context, change processes and future prospects for development.

Vocational Education in Finland

In Finland, the Government decides on the general objectives of vocational education and training, the general structure of the study programmes and on the common studies. The Ministry of Education decides on the details and scope of the study programmes. The National Board of Education issues the national core curricula determining the objectives and core curricula. Based on these, each provider of education prepares its curriculum.

Initial vocational education is provided in vocational institutions and in the form of apprenticeship training. A three-year vocational qualification yields eligibility for all forms of higher education. In additional vocational training, it is possible to take further and specialist vocational qualifications. Intended for adults, these qualifications can only be taken in competence-based examinations. The candidate demonstrates his or her professional skills in an authentic setting, while the evaluation is made jointly by an expert coming from working life, a teacher, and the candidate. To be able to participate in the examination, students need not fulfil any formal preconditions as to their earlier education. In practice, however, competence-based qualifications are mainly awarded in connection with preparatory training.
German futurologists Robert Jungk and Norbert Müller developed the future workshop at the end of the 1950s, in order to activate people to participate in decision-making regarding the planning of their own future. By means of the method, they wanted to create civil activity and develop democracy, incorporating people into the process. Future Workshop is defined as a method by which people can create for themselves possible and desirable futures.

The Future Workshop in a nutshell:

In the **Preparatory phase** a topic is established and presented to all interested parties or the general public, depending on one’s targeted intention — specific group or more general outreach. Facilitators for the workshop are arranged, along with knowledgeable speakers to present the topic. The meeting opens with a lecture about the subject, description of the working method and a timetable for the day.

During the **Critique phase** all participants speak freely about the subject. It is important that all the critiques, problems and negative experiences related to the chosen topic are brought freely out into the open. The task of the facilitator is to help people express their opinions, eliciting people to open up about potentially difficult topics.

The **Fantasy phase** begins with brainstorming to gather various ideas of possible desired outcomes stemming from the topic. It is important to produce as many ideas as possible without any criticism from the group. All ideas are posted on the wall for others to see. It is also important for the facilitator to encourage participants to use their imagination. All things are possible.

During the **Implementation phase** the possibility to put into practice the various plans and proposals are carefully evaluated. From this evaluation comes a clear plan for what to do next which occurs during the **Continuation steps** of the process. The first and last phase take place outside of the workshop environment.

**Links**

Robert-Jungk-Bibliothek für Zukunftsfragen — in German
http://www.jungk-bibliothek.at

Example of Jungk’s Future Workshop
http://www.globalideasbank.org/BOV/BV-608.HTML

Tulevaisuusverstas — in Finnish
http://www.hut.fi/Yksikot/YTK/koulutus/metodikortti/Tulevaisuus.html
MAPPING OUT NEEDS FOR PROFESSIONAL TRAINING BY FUTURE WORKSHOP IN AFTERNOON SEMINARS

Marja Niskasaari & Arja Tikka
A-Clinic, Turku

Future Workshop method in use

Drug abuse, especially the use of heroin, increased in the end of 90’s in the Turku region of Finland. Many of the professionals in social and health care as well as school authorities felt lost working with drug addicts. In order to help focus on the needs within the professional community, the Turku A-Clinic training unit organised two afternoon seminars in the autumn of 2001. Feedback from previous seminars disclosed that the typical two-day training sessions were too long and difficult to fit into normal workday schedules, limiting participation possibilities. Previous training sessions were also viewed to focus on one specific professional group at a time, which often times led to limit discussions. The idea to increase accessibility, making seminars more user friendly, while at the same time opening them up to various fields seemed the best approach to achieve maximum benefits. The seminar’s goal was to combine networking, training, while at the same time complete a needs assessment for future training efforts. It was agreed that 4 hours, starting at noon, would be both long and short enough to achieve the targeted goals, so to adapt with the shortened time period the structure of the seminars was designed to be more flexible.

Preparatory phase

The afternoon seminars were advertised as discussion meetings between colleagues from different social, health and school sectors.

Two topics, chosen in connection with current events in local media, were presented:

1 The medical treatment of addicts versus treating addicts without medication in October 2001

2 Drug testing: To do it or not? in November 2001.

70 invitation letters were sent along with brochures about the afternoon seminars to social workers, nurses at local health care centres and school counsels in the Turku area. 20 participants registered for topic number one, 50 for the second.

Two opening speakers were arranged per seminar to introduce the topics. These were local professionals active in the drug field.
Mapping out needs for professional training by Future Workshop in afternoon seminars

**Critique, Fantasy and Implementation phases of the Future Workshop**

The seminar began with an introduction to its structure and the Transdrug Project. Both opening speakers had a half an hour to introduce their subject. There was then a break for coffee and the audience was divided into groups of 5-8 persons.

Each group received three questions to discuss.

1. What kinds of questions have you found at your own place of work concerning the topic?
2. What are the challenges to your work in the future in relation to the topic?
3. What kind of knowledge or training shall be needed to face these challenges?

Groups worked with the questions for 1,5 hours. First they started introducing themselves and telling about their work. Then they started to work out the questions. Groups answered the questions number 1 and 2 from the perspective of their own work. For question number 3 they generated 1-5 training ideas. During the last hour we discussed together the work of the group, their results and what it was like to do group work and answer the questions. Participants liked to work in groups. They said it was interesting to get to know each other and each others’ work. Started at noon, the session was over at 16:00.

**Further action: The Continuation steps**

1. Ideas to develop co-operation structures with workers in other fields connected to substance abuse
2. New topics for future discussions:
   - Drug culture and attitudes
   - Initial stage action model
   - Cross-scientific viewpoint of substance abuse work
   - Working methods at different stages of addiction
   - Motivation techniques eliciting change
   - Case studies of ex-addicts
   - Supervision practices in substance abuse work
3. Ideas for additional training that was then arranged in the spring, 2002:
   - Comprehensive care and rehabilitation of drug abuser
   - How to work with aggressive clients

Due to the popularity of these initial efforts the A-Clinic of Turku will continue to arrange afternoon seminars. The feedback from the seminars was good. Overall comments were that it was interesting to
deal with topics from differing viewpoints, combining the introductions along with small group work. Participants stated the atmosphere was relaxed and active, conducive to learning. Four hours however was not enough time to carefully go through the Future Workshop process. It was too short a time to deal with the critique phase fully enough. In the original model it is very important to handle all conflicting proposals within the topics at hand.

Pros & Cons of the method

Strengths:

- quick method to map actual and near future training needs
- makes training topics more concrete
- addresses needs of those who work near social and health care
- flexible method to put into practise
- good forum to become acquainted with and to create co-operation
- activates people to common planning and creating
- can create persistent co-operation
- activates to follow the signs of change in society
- activates to create new applications of the method

Weaknesses:

- not enough time to work with far future
- when hurried some activities are superficial
- seminars can repeat themselves due to the nature of the questions if facilitators do not change the working methods
- problems do not surface enough due to time constraints
- continuation work needs a responsible party to ensure action

Recommendations

The method is best utilised as a problem solving method, a way to outline development for the future and to enliven seminars and training sessions. Groups however can not be very big and only recommendable for maximum 25 participants.

Personal experience

Skills needed as the facilitator:

- general knowledge of the topics though not necessarily at expert level
- activate encouragement among participants to express their opinions
- monitor effectively the time and the structure of the seminars — especially the phases
- able to formulate the ideas of the participants.
The OPERA method, also known as Double team, was created in Finland in the 1980’s by a company called Innoteam — www.innotiimi.fi. Their speciality is in organisational development for companies in both the public and private sector, focusing on group work methods and facilitation. The company’s motto is: Real team work begins with participative leadership. OPERA stands for own thoughts, paired suggestions, explanation, ranking and alignment. It is a tool developed to generate creativity, ideas, energy and commitment, all based on the deep belief that participation liberates the innovative forces in any group.

**Description in a nutshell**

The method is very useful as a divergent from more traditional meeting formats. It activates a more creative planning process while eliciting new ways of envisioning one’s topic. Problem solving techniques are facilitated through the discussion method, incorporating participants into the process. The connection that occurs through the discussion process helps to encourage commitment to the goals/aims under debate and the potential changing process derived from the discussion outcome. The work process starts as an individual thought process, then breaks into pairs, ending with total group participation.

The group is led by an experienced facilitator who maintains the flow of the discussion, taking care of the limited time frame, encouraging the group to move from one topic to the next. The facilitator starts the session by posing a question or topic to the group which is then collectively defined. The facilitator acts also as secretary, taking care that the decisions are put into the draft of the final product.

**Links**

*Double team - Tuplatiimi (in Finnish)*
http://www.redcross.fi/osku/tyokalut/tuplatiimi.htm
In this sub-project, information about training needs was gathered in three stages: preliminary information was gathered with a questionnaire, the OPERA method was used to get more in-depth insights, and a second questionnaire form was used to gather additional information.

The setting for the process was at the local administration level of a small town in Finland (Kuusankoski) currently dealing with an increasing drug problem within the community. The local administration is made up of elected officials who form the municipal council. The council establishes committees to work on local affairs related to health care, education, social services, the environment and other community concerns. Policy decision making occurs at the local level within these committees.

The group was made up of 53 decision-makers from the Social Service Committee, Health Committee, Sports/youth Committee, Education Committee, and from the Municipal Board. Participants came from a large variety of professional and educational backgrounds. Each committee has been challenged recently with drug prevention topics in connection to their respective community realm.

The preliminary questionnaires (see p. 135) were distributed through the committee secretaries. Despite reminders the response rate remained poor. Arrangements for organising an OPERA session in conjunction with committee meetings were made with committee chairpersons. A second meeting with the committees was organised later. This involved giving feedback to committee members about the results of the OPERA session. A second questionnaire was presented to committee members to be filled in immediately. This time the response rate was excellent.

The OPERA process

Each committee held their own session, 4 in total. Due to constricting time schedules there were only 50 minutes allotted, though more time could have been helpful. Two of the four committees reserved enough time and organised the sessions in conjunction with normal meeting schedules in order to guarantee participation. The Education Committee first held their meeting with the OPERA session directly following. This proved disruptive with some members leaving before the OPERA session. The Social Services Committee reserved too little time, which proved detrimental to overall success.
What kinds of information do you need to be able to make decisions on drug related issues?

The question also specified further by asking each participant to think of the topic in relation to their post on the Committee. The goal was to determine training needs on drug related issues.

First, each participant worked individually writing down their own ideas, thoughts and proposals about the topic. The facilitator determined the number of ideas each participant contributed to five (overall it can be max 10). Next, participants broke off into pairs to discuss their ideas. While still in pairs, the top five ideas were agreed upon and written down, along with their decisive reasoning. Each proposal was then posted on the wall and presented (in pairs) to the rest of the group. One’s reasoning was relayed, but there was no group discussion at this stage of the process. When all proposals were displayed and categorised according to likeness, voting took place. Each pair cast a vote for the top five proposals by marking the chosen ideas on the wall. The ones with the most marks represented the group’s choice for the top five. How this is conducted is up to the facilitator and dependent on group dynamics. After voting the group discussed the proposals that got the most votes.

Schedule of the session that took place in Kuusankoski:

- introduction to process & question is posed 10 minutes
- individual thoughts, writing down main ideas 5 minutes
- group into pairs and share thoughts and suggestions - pairs then choose the top ideas and post them on the wall 10 minutes
- as a pair introduce choices to the group, only the pair speaks - no comments from the group 10 minutes
- each pair gets to vote for their top 3 choices out of all possible ideas posted 10 minutes
- the facilitator arranges the ideas according to the results of votes and discusses the suggestions that received the most support 10 minutes
- wrap up of the session/what’s next? 5 minutes

End results

The newness of the process was enjoyed by most of the participants. With a few minor exceptions, the committees found the experience inspiring and pleasant. Two of the Committees worked with motivation, producing proposals with substantial backing. They picked up on the process quickly and were able to perform independently. The working of one Committee was disturbed slightly by the school boyish behaviour of two board members. They apparently had trouble taking the matter seriously, which at times disturbed others in the group.
Partly due to limited time constraints the final proposals were quite general. More time would have been needed to get more concrete educational proposals. The most important result was that the members of the four committees became aware of their needs for information on drug related issues. They found out that in many instances they did not have the knowledge but only their presumptions to deal with these potentially difficult topics.

To counteract the negative impact stemming from the time constraints that occurred while working with the various boards, an additional questionnaire was used to provide more precisely organised information about board members’ needs. The structure of the questionnaire emulated a model provided by the Italian sub-project (see p. 120). The questions focused first on current knowledge levels (estimated on a scale), then on subjectively experienced training needs (open-ended question), and finally on the appeal of different modes of organised training (during working hours/leisure time; in multi-professional settings; using ICTs etc.). Questionnaire forms were distributed at a meeting, along with a summary of the results of the group’s use of the OPERA method. The questionnaires were completed immediately, which contributed to a high response rate.

The training needs expressed in free-format answers mirrored those indicated on the earlier questionnaire. Drug use among young people was again an issue of priority, including topics such as prevalence, treatment and rehabilitation, and primary prevention. Respondents’ current knowledge varied greatly, with some claiming themselves pretty knowledgeable about youth cultures and various drugs, whereas others fell into the category of no knowledge at all.

Regarding the structure for training, all but one board member responded to prefer training to be organised during their leisure time rather than working hours. They seemed prepared to participate in ICT-supported training, with most respondents already having the necessary skills and willing to utilise the PC and Internet. Only three respondents were opposed to the use of ICT in training contexts.
Using the OPERA method with local decision makers

**Pros & Cons of the method**

**Advantages:**
- gives everyone a natural opportunity to participate
- allows the silent majority to contribute
- makes use of a collective group memory
- each suggestion is evaluated on an equal basis
- focuses direction of discussion on key points
- motivates towards effective group-work
- can make time usage more productive
- combines creativity with a systematic process
- commits the entire group to the mutual solution
- participants are able to practice debate, presenting arguments and ideas to back them
- promotes brand new ideas
- incorporates both visual and auditory type of persons in the discussion
- increases democracy within the group.

**Disadvantages:**
- demands a leader who knows the method
- some proposals drop out that might be very good/unique
- time needs to be actively controlled
- proposals might be left on too general a level
- subjective to dominant or hidden influence.

**Recommendations**
The OPERA method is best suited in settings such as brainstorming, conflict resolution, problem solving and developmental processes. The method works well with both small (6-12 persons) and large (40-60 persons) groups. When the group is fairly large, the facilitator needs to create larger discussion groups to limit the number of ideas generated. When the participants work in gradually larger groups, the more productive ideas are identified and the arguments supporting them are become clearer. So, with 60 participants, the recommended process is to start with work done individually, continue with pairs, then with four-person groups, and finally with eight-person groups.

**Personal experience**

**Lessons learned:**
- participants have to be open to the process in order for work to be achieved
- create realistic goals within allotted time periods
- time is crucial — if there is not enough at the onset do not even start working
- get some background information about the participants before the evaluation begins if possible.

**Expectations of the facilitator include:**
- time management capabilities
- personality which is enthusiastic and permits and increases ones creativity
- ability to categorise and summarise
- flexible attitude and acceptance of new ideas.
A questionnaire used for gathering additional information from committee members

TRANSDRUG- project in Kuusankoski
Mapping Addiction Training Needs
Final Questionnaire

Please fill out the following information:
circle the most accurate choice
Your employer is:
- a. business
- b. municipality
- c. organisation
- d. state
- e. self employed entrepreneur
- f. other, what? ________________
Place of work: ________________________________
Your profession: ________________________________
Representing Board: ________________________________

At this moment how much do you know about the following:
Answer the next questions by circling the most suitable alternatives

<table>
<thead>
<tr>
<th>No Information</th>
<th>A Little</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Youth's world / youth culture</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Communicating with youth</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Use of substances by young people</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No Information</th>
<th>A Little</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Location/situation where substances are used</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Current available drugs</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Physical effects of drugs</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Mental &amp; social effects from drugs</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. North-Kymenlaakso’s situation regarding substance abusers</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. Prevention efforts of substances</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. Identification of addiction problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No Information</th>
<th>A Little</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Substance abuse treatment and rehabilitation</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Individual treatment for those with addiction problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Treatment &amp; rehabilitation municipal costs</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Individual training needs:
Which of the previously mentioned themes are you most in need of training? Mention at least three themes. You can also list subjects not previously been mentioned, but you feel are important!
Themes:
- 1. ________________________________
- 2. ________________________________
- 3. ________________________________
- 4. ________________________________

Possibilities to participate in training:
Check the appropriate box
- No
- Maybe
- Yes
1. I am interested in addiction training
2. I would possibly participate in training:
   - a. at my workplace
   - b. in my free time
3. I think training is best:
   - a. during the week
   - b. over the weekend
   - c. daytime hours
   - d. evening hours

Different work and training methods:
Mark the best alternative
- No
- A little
- A lot
1. Multi professional working groups
2. Computer/internet skills
3. Readiness to work with computer/internet

Thanks for your responses!
USING THE OPERA METHOD IN THE EVALUATION OF A TRAINING PROGRAMME

Tuija Salo & Marja-Liisa Torikka
Pirkanmaa Polytechnic, Tampere

Three sessions:
- identify best / least beneficial learning topics
- focus on factors fostering / hindering learning
- topics and factors

The OPERA method was used on three occasions by the participants of a new specialisation programme in substance abuse work started at Pirkanmaa Polytechnic in September 2001 (see p. 154). The aim was to encourage the students to evaluate their own learning process. In the first session, the students identified the topics from which they had learned the most and those from which they had learned the least. In the second session, the focus was on factors that had fostered or hindered learning. In the third session, both the topics and the factors influencing the learning process were covered.

Each session started with individual reflection. The students then discussed in pairs and agreed upon the three most important items in each category. Each pair presented the results to the rest of the group. Finally all results were posted to the classroom wall and the students voted on the three most important items. Each student had five votes per category. The votes given to the items were added up, after which the students re-grouped the items to form larger themes. The total number of votes given to the themes was also tabulated.

The theme-building stage generated a fruitful discussion about the relationships between the factors in question. The students gave examples of situations behind positive or negative experiences, which deepened their understanding of the factors that may foster or hinder learning. The students also came up with suggestions for developing the training programme. When writing down the results of reflection and discussion, the students spontaneously created colour codes with some symbolist effects.

The duration of the study programme is 1.5 years. The OPERA method was used at the end of each term: November 2001, May 2002, and November 2002. Each process took over 90 minutes and consisted of 15 participants. On the third occasion, the students were also asked to write a short essay to describe their personal learning process over the entire programme.

Pros & Cons of the method

Positive aspects

The OPERA approach worked well as a participatory and collaborative method for the evaluation of the learning process. The students had the chance to reflect individually on their own learning process and discuss it with others. A process in which discussion takes place first in a small group seemed to enable the students to express themselves
more freely. As a result of the multiple re-evaluation, feedback given by the students was well-thought out and more of use to the school. The OPERA approach enabled students to be actively involved in the evaluation and development of their own training programme. An additional benefit is that the students learn in practice how to use the group-work method.

Negative aspects

The majority view came out quite strongly, possibly overshadowing individual views and experiences, and potentially loosing insight on some factors that can influence the learning process. The activating aspects of the method might to some extent lessen its power as an evaluation tool.

Recommendations

The OPERA method functioned well in the evaluation of successive phases of a long-duration training programme. The method allowed the student to evaluate the training from various perspectives. The relative importance of single courses grew less important and in the later sessions the focus was more on the overall training process. Repeated use of the method allowed participants to familiarise themselves with it, thereby enhancing a systematic approach to evaluation.

The method can be used with groups of varying sizes, although the minimum might be a group comprised of 6-8 persons.

Personal experience

From a teacher’s point of view, the OPERA method was particularly appealing because it gave the students an active role in their learning process. The theme building and weighing already done by the students, not placing any extra time burdens on the staff, facilitated summarising of the results. The tone of the evaluation is neutral in the sense that feedback is given on the learning process rather than on the performance or behaviour of teachers or fellow students. The criteria used by students to evaluate the training were made explicit, making it easier to tackle deficiencies and develop the programme.

One way to modify the method might be to add a creative component to enable students to express their personal experiences and emotions. Some of the themes arising from the evaluation could potentially be worked through outside of the standard media of writing.
Using the Opera Method in the Planning of the Transdrug Project’s Dissemination Activities

Tracey Powers-Erkkilä

A-Clinic Foundation, Helsinki

The setting for this process was during a working meeting of the Transdrug project involving 13 participants from Italy, Slovakia and Finland. The participant’s occupations ranged from the medical field, social work and teaching/training. The process took around 1½ hours. The topic for discussion was to obtain ideas regarding the dissemination of the Toolkit. The method was seen as a way to generate new ideas and activate the group to discuss in a less formal, open session.

The process started with the posing of the question:

Who would be the best group/s to benefit from the Tool Kit?
And how could this be accomplished?

Individually each participant wrote down a few ideas, then the group divided into pairs to discuss. The pairs chose the top 3-5 ideas, discussing their reasoning for backing each choice. The results were then presented to the group to provide an overall impression of the various person/s who could be interested in the Toolkit.

The second question posed tried to generate more concrete ideas about how to market the Toolkit:

How could we attract the various target groups to want the Tool Kit?

The process was the same as in the first question round, though after the ideas were presented the pairs voted on their top three choices.

Overall Impressions

The process was new to most participants and all were eager to join in. Initially, language barriers were thought to possibly hinder the group’s progress but posed no actual threat. Members from the same country were grouped together so they could discuss in their native tongue, with one person then presenting the findings to the group. Comments concerning the process were all positive though there was a little complication regarding the wording of the posed questions.
The results of the working group were a list of ideas concerning whom to target the Tool Kit to, as well as ideas for effective marketing strategies. The first question was not voted on since the purpose of the process was to generate ideas about appropriate target groups. Roughly seven different target groups were identified and five concrete marketing ideas were formulated. It is now up to the partner countries to decide which ideas best suit their purposes.

Pros & Cons of the method

Positive aspects:

- generated group discussion easily
- provided everyone a chance to share their ideas
- allowed people space for creativity
- facilitated the discussion among people with differing language capabilities
- provided a more action oriented (mobile) meeting setting
- gave people the chance to participate in a new method featured in the Toolkit.

Negative aspects:

- wording of the questions caused some communication difficulties
- answers were not always structured in accordance with the question so were difficult to group with the other responses
- fine-tuned plans for dissemination could not be achieved with the process, but mainly generating of ideas.

Personal experience

Communication among non-native English speakers was the key concern within the group. The method worked well in the setting and everyone felt comfortable to share and comment on the various ideas. The importance of clear wording and exactness of the question was pointed out since the two questions caused some confusion within the group, which took time to clarify. Participant’s responses also relayed that some parts of the questions were not totally understood, so some responses had to be removed since they did not fit into the questioned topic.
The Focus Group method stems from the use of focused interviews, elaborated in the 1940s in the United States within the field of research on mass communication by Paul Lazarsfeld and Robert Merton of Columbia University, assessing audience’s opinions in matters of radio programmes. Later on the technique was completed thanks to Merton who applied it in the research branch of the United States Information and Education Division, aiming to analyse movies made abroad by the Army during WWII. Columbia University continued development of the method after the war and began to apply it to different fields, subjected to changes due to the specific needs of research. In the 1980s, with the general rediscovery of the method for qualitative research, the Focus group method experienced a new outburst with its application, especially in market research and opinion polls. During this time the Focus group technique was subjected to a formalisation that appears in the method’s application today.

**Description in a nutshell**

The Focus group is a qualitative research technique based on group discussion of predefined topics. It is particularly effective collecting qualitative data in a limited span, providing an in-depth analysis. It is applied when it is useful to fall back on expert judgements and opinions, gathering their different points of view on a specific topic under analysis.

It is carried out as a group interview guided by a moderator who follows a structured questioning pattern and facilitates the flow of the discussion. Within the group each participant has their chance to freely say their views about the topic under discussion. Communication within the group is structured in an open and collaborative way, with an emphasis on one’s listening skills. The discussion establishes a positive interaction among participants, allowing greater potential to produce ideas, in comparison with other typologies of interview and, more generally, with other survey techniques.

The main feature of the Focus group is the presence of an interactive group of experts directly replying to the questions of the researchers. The objective is not to lead the group toward decisions, nor find an agreement on a topic. Its emphasised objective is getting maximum participation from the contributions, expertise and the opinions of each participant about a specific topic through a productive contribution. Each participant compares their own experience in a sharing environment, feeling free to express their own perspective and to defend it with no opposition influence. It is necessary to define which information is to be obtained in order to make the Focus group effective, since the technique allows participants to face just a few defined topics one after the other. For this reason it is essential to clearly establish one’s own action field prior to participation.

**Links**

*A Manual for the Use of Focus Groups*
http://www.unu.edu/unupress/food2/UIN03E/ uin03e00.htm#Contents

*Qualitative Group Methods: Focus Groups*
http://www.slais.ubc.ca/resources/research_methods/group.htm

It is rare that a single Focus group is sufficient to provide a response to all of the questions of a research group.

In general, it is necessary to organise many consecutive occasions.
USE OF THE FOCUS GROUP METHOD TO UNDERSTAND POLY-DRUG USE OVER A FIVE-YEAR TIME SPAN

Raffaello Raboni, Antonello Grossi & Alessandro Mantovani
ULSS 18 Rovigo & ULSS 19 Adria

The focus group method was used in the initial stage of the multi-method project carried out by the Italian Transdrug team (see p. 32). The project started from the position that to develop the training offered to professionals in addiction services, one needs to first identify the clients’ needs as viewed by professionals in the field, and especially whether and how those needs are likely to change with time. To understand changes in clients’ needs, in turn, one needs to gain insight into the phenomenon of drug use – in this case specifically poly-drug use – and into the aspects and factors that are likely to change in the near future.

The focus group method was used as a first step in building a future scenario of poly-drug use, to identify factors that are likely to affect patterns of drug use. To gain insight into these factors, we turned to a group of professionals working with drug-related problems, considered to be experts in the field. By expert we refer here to a person who, besides possessing knowledge, is able to evaluate and interpret that knowledge using a set of intellectual tools, based on scientific and theoretical background knowledge relevant to the topic.

Focus Group method in use

The first step in the process was choosing the method for identifying factors that are likely to affect drug use patterns. The focus group method was chosen because it allows direct interaction between the participants, maximises the information derived from the participants, encourages comparison of different views and ideas, sheds light on the phenomenon from different angles.

The next step involved choosing the participants for the focus group. Members of the group were selected based on their current role, education and work history. The aim was to ensure that the group would comprise people with different professional roles: physicians, psychologists, educators… people in different positions: managers, staff members people working in different settings: out-patient clinics, outreach services… people from different types of services: drug addiction services, therapeutic communities… people from different geographical areas: the three Local Health Care Units involved in the Transdsrug project.

A crucial step is choosing the moderator for the focus group. The moderator plays a central role and the quality of information derived largely depends on the moderator’s skills and understanding of the purpose of the research. In this case an assistant was also appointed who participated in the focus group as an observer taking notes of the discussion.
An important task in the preparatory phase was to define the research task in terms of time, space and focus. The participating experts would need instructions as to which populations, substances, aspects relevant to drug use should be their focus. Other aspects to consider include length of time span and size of the area under consideration.

**Populations:** The focus was not restricted to drug users who seek addiction services, but extended to potential users of services, that is, people who might benefit from assistance but who do not turn to the available services.

**Substances:** The focus was not restricted to the group of substances characteristic to poly-drug use today, but extended to all psychoactive substances. A growing number of studies suggest that an “utilitarian” pattern of substance use is gaining foot, in which drug users switch from one substance to another depending on whether they seek stimulation or relaxation, or want to enhance or tone down the effects of another drug.

**Relevant aspects:** The focus was not restricted to properties and effects of substances but extended to motives behind drug use, context of drug use, and trends in the wider community that are likely to play a role. The use of a substance in a population is never randomly distributed: drug use happens in groups and is more likely to happen in some groups than in others. The purpose of the research was not just to identify changes in drug use patterns but to gain insight into how and why such changes take place and what factors contribute to such change. That kind of information would be useful for designing targeted and potentially more effective prevention and intervention strategies.

**Time span:** A five-year time span was chosen on two grounds. A short to medium time span is advisable when you are dealing with a range of unstable factors and a complex phenomenon. On the other hand, in order for the service system to respond with a new training scheme, the research should point out problems and needs that will arise in the next few years.

**Geographical area:** Like the temporal frame, a defined geographical frame serves to delimit complexity and unpredictability, and sets the phenomenon in a scale that can be handled with a method such as the focus group. The geographical area to be considered by the experts was limited to the areas of the three involved Local Health Care Units, and more generally to the Veneto Region.

Once the parameters for the experts’ work were set, the research group formulated a series of questions to be used as the agenda in the actual focus group session.
The focus group discussion was carried out in two sessions, with each actual discussion taking 45 minutes. An easy-to-reach meeting place was chosen that was comfortable and quiet, and small enough for effective interaction. Twelve experts took part in the group. Prior to the session, the participants were briefed about the process. They were also given the time to look into the topics and prepare for the focus group discussion.

The focus group yielded a list of factors relevant to change in patterns of drug use. In the next stage, the list of factors was processed by the same group of experts using the Nominal Group Technique (see p. 96) to determine the likelihood of each factor coming into play, as well as the relative magnitude of their influence on the poly-drug use phenomenon.

**Summary of findings: Factors relevant to future scenario of poly-drug use**

**Relationship with substances**
- move of current poly-drugs users toward legal substances — alcohol, psychoactive medicines ...
- increased use of substances as a vehicle for promoting interaction and social integration
- diffusion of new substances — both legal and illegal
- diffusion of new substances with milder psycho-physiological effects
- diffusion of new substances available at a lower cost
- increase in the user’s competence in dosing a single substance or drug cocktails to delay or limit their impact and harmful effects
- increase in new forms of addiction that may not involve drug use (gambling, sex...)
- decrease in risk perception (with regard to substance use and to other behaviours presenting a health risk)
- more positive perception of substance use

**Cultural factors**
- increase in familiarity with substances
- decrease in parents’ authority
- increase in social tolerance towards substance use
- diffusion of a body-modification culture also involving substance use (body building, piercing, light drugs...)
- heightened perception of scientific information as incomplete and lacking in clarity
- increasing disapproval towards those who are not able to control the effects of substance use
- increased circulation of models of social achievement requiring the use of chemical assistance
- increase in the number of people living with a non-traditional family
Use of the Focus Group method to understand poly-drug use over a five-year time span

Relationship to work
- increase in the number of substance users (poly-drugs users) who are able to keep up with the requirements of the social and economic context (compatible addiction)
- a greater importance given to work as a means to gain money that can be invested on leisure time and status symbols

Legal aspects
- decrease in crimes against property

The drug market
- increase in easy ways to get substances
- expansion of the market for illegal substances

Addiction services
- difficulty experienced by addiction services in reaching target groups

Other factors
- increase in different types of psychic discomfort – preceding substance use
- increase in neurobiological knowledge of the properties and effects of the most common psychoactive substances

Pros and cons of the method

The Focus group can be used whenever one wants
- to spur the production of new ideas
- to collect general information on a new or rare phenomenon
- to compare themes or objects that differ with each other
- to explore the level of consensus expressed about a topic
- to confirm or test a working hypothesis, especially if homogeneous groups do not yield unequivocal support to the hypothesis
- to build up questionnaires or other tools to be used in targeted surveys
- to explore the vocabulary of a phenomenon or of a targeted group;
- to collect information from children, adolescents or people with a low level of education
- to research the effects of projects, programmes, services, institutions, products, or other interesting topics
- to facilitate and add a deep analysis to the interpretation of results that have been obtained through quantitative surveys
- to get complex information on motivations, attitudes, habits, experiences, knowledge and expectations of the target group
- to deeply scan a topic in a short period of time and with relatively low costs
- to study complex social problems
- to simulate a real system, for example a community, through a microcosm made of members of the community.
**Use of the Focus Group method to understand poly-drug use over a five-year time span**

*The Focus group is not appropriate:*
- when the work environment is under pressure and an increase in information would increase such pressure
- to solve conflicts within the group
- to build up or find consensus
- to take decisions
- to improve communication
- to change attitudes, opinions, and behaviours
- as a substitute for individual in-depth interview
- if information, opinions, and judgements need to be expressed in privacy, for whatever reason
- if the total amount of participants does not involve a sufficient number of people to reach the aim of the research.

**Personal experience**

One of the main features of the Focus group is the presence of a moderator facilitating the interview. Many studies have tried to understand the ideal characteristics of the moderator.

*There is a general agreement on the essential features that a moderator needs to have in order to succeed:*
- a neutral attitude before the participants’ affirmations
- competence in research based analysis and knowledge of group dynamics
- capacity to establish empathy with group members and pay attention to group atmosphere
- capacity to facilitate dialogue/conversation, with a certain level of linguistic competence
- tolerance, flexibility and also determination during the interaction or discussion process

In our case, an assistant helped the moderator in the role of observer and recorder, which proved effective in gathering data from the group’s interaction.

**Literature**


*I focus group nella ricerca in educazione*
http://hal9000.cisi.unito.it/wf/Servizi-pe/Universit-/Corsi--Mat/Corso-di-P/Focus-group.htm
Nominal Group Technique
An effective technique for controlling interaction within a group — participants become a group in name only

1 Individual production of ideas in writing
2 Listing of the group’s ideas
3 Discussion and clarification of each idea
4 Preliminary vote on priorities
5 Optional Step – Discussion of the preliminary vote
6 Optional Step – Final vote on priorities
7 Listing and agreement on prioritised items

Nominal Group Technique (NGT) is an analysis tool utilised when the evaluation process is not based on the direct observation of events, but on the judgement expressed by competent observers. Delbecq and Van der Ven developed this technique at the end of the 60s, by incorporating psychosocial knowledge into the analysis of communication processes that regulate meetings structured with decision-making goals.

Description in a nutshell
The NGT is characterised by a group of experts that are required to make a decision or face a pre-determined task. Ordinary group dynamics are carried out under the control of a facilitator who coordinates and reduces all “static” communication among participants. In this way it is possible to control external influencing factors stemming from the group’s interaction. This eliminates potentially inhibiting social and emotional dynamics of group behaviour, power relations and/or conflicts/alliances that can influence communication within a group. Everyone in the group has a chance to speak and share their ideas. Each person has the same specific role in the group, creating an equal and hopefully open atmosphere in which to generate ideas.

The NGT consists of two main phases, a creative phase for generating ideas and an evaluation of the results of this process. The creative phase can be carried out also with other methods — Brainstorming, Delphi, Focus Group — due to its structural flexibility. The originality of the NGT lies in its voting process during the evaluation phase.

1 Individual production of ideas in writing

The facilitator presents the task to the group in a written form. Each member of the group writes down their ideas pertaining to the nominal question. There is no discussion at this point of the process and no limitation regarding the number of ideas one can write down.

10-20 minutes

2 Listing of the group’s ideas

When everyone is ready, the facilitator asks each member of the group to read out loud one of their ideas. The presenting of ideas continues to go around the table until all the ideas have been shared or time for the section has run out. The facilitator writes the ideas down in view of all the participants as they are proposed to the group.

20-40 minutes

3 Discussion and clarification of each idea

In this phase the ideas presented are discussed, aiming to clarify meaning and underlying logic. The facilitator reads each idea out loud
and asks the group if there are any questions, statements of clarification or statements of agreement or disagreement that group participants wish to make. The discussion is a group process. Each idea is treated equally, with a limited amount of time provided for each. The owner of an idea is not asked or expected to defend their suggestions. **20-40 minutes**

### 4 Preliminary vote on priorities

The facilitator asks the members to choose 5 to 7 ideas — depending on the overall size of the group — they consider to be those of “priority”, writing them down on paper provided by the facilitator. If there is a large amount of responses, the facilitator should try to reduce the topics by grouping ideas that are similar. Members rank their chosen ideas according to a scale provided by the facilitator. All votes are collected, recorded and presented to the group. The item/s with the highest total score represent the group’s collective selection of the best possible response to the nominal question. The group analyses the results and discusses them further as needed. **10-20 minutes**

### 5 Optional Step - Discussion of the preliminary vote

The aim of this discussion is to examine possible contradicting voting. If the members agree about the previous results, the NGT can be considered as finished. Otherwise the group continues to discuss (regarding the most voted items) those items that have scored inconsistently, focusing the discussion on further explanation of the expressed suggestions. **20-30 minutes**

### 6 Optional Step - Final vote on priorities

The members of the group are asked to vote again according to the structure described in Step 4. **10-20 minutes**

### 7 Listing and agreement on prioritised items

The overall results from sessions are listed, providing a permanent agreement from the group. **10-20 minutes**

**The NGT with computerised idea generation and voting**

The NGT can also be facilitated through a computer-based variant in which computer conferencing is used to make communication between the experts faster, avoiding potential time management difficulties and promoting the elaboration of the material under debate. The computerised version of the NGT has the same logic and steps of the traditional NGT. A facilitator is still necessary to generate and redirect discussion. Voting can be carried out utilising a computer-based questionnaire, which then tabulates the results and presents them to the group.

**Literature**


Nominal Group Technique: A User’s Guide
http://instruction.bus.wisc.edu/obdemo/readings/ngt.html

Qualitative Group Methods: Nominal Group Technique
http://www.slais.ubc.ca/resources/research_methods/group.htm
USE OF THE NOMINAL GROUP TECHNIQUE TO EXAMINE FACTORS AFFECTING POLY-DRUG USE

Raffaello Raboni, Antonello Grossi & Natalia Savani
ULSS 18 Rovigo & ULSS 16 Padova

The Nominal Group Technique (NGT) was used in the second stage of the multi-method project carried out by the Italian Transdrug team (see p. 32). The project started from the position that to develop the training offered to professionals in addiction services, one needs to first identify the clients’ needs as viewed by professionals in the field, and especially whether and how those needs are likely to change with time. To understand changes in clients’ needs, one needs to first gain insight into the phenomenon of drug use — in this case specifically poly-drug use — and the aspects and factors that are most likely to change in the coming future.

As a first step in building a future scenario of poly-drug use, the Focus Group method was used to identify factors that are likely to affect patterns of drug use (see p. 90). The focus group process— corresponding to the creative or idea generation phase of the NGT — yielded a list of factors that were processed further following the voting and discussion procedure of the Nominal Group Technique. The aim was to determine the likelihood of each factor coming into play, as well as the relative magnitude of their influence on the poly-drug use phenomenon.

Nominal Group technique in use

The same group of 12 experts participated in both operations. In the Nominal Group session the experts were presented a list of 25 previously identified factors and asked to consider whether or not the items would be key factors in future development of drug use or, more specifically, of poly-drug use. A vote was then taken in which the experts were asked to rate each factor according to the likelihood of occurrence (probability) and the relative magnitude of the influence (intensity). The experts used a rating scale of 0 to 100, with 0 indicating not at all probable/no intensity and 100 indicating very probable/maximum intensity.

After the preliminary voting, the group discussed the results focusing especially on factors with diverging views. After the discussion a second vote was taken on factors for which a common view was still lacking.

Overall, there was no marked difference between the experts’ rating of a factor’s probability and its intensity, suggesting that views about probability and intensity were in most cases inter-linked. There were a few exceptions, however, worth noting. For example, the factor Increase in new forms of addiction that may not involve drug use — gambling, sex... received a higher rating in terms of probability than in terms of intensity. This is due to the fact that, although the experts consider it likely that non-substance-related addictions will increase,
they will occur in a limited number of people, and therefore will not have a strong effect on the poly-drug use phenomenon. Similarly the factors Increase in the user’s competence in dosing a single substance or drug cocktails to delay or limit their impact and harmful effects and Increase in the number of people living with a non-traditional family—though considered probable enough—had a weak effect because they were seen to affect only a limited number of people.

The voting was carried out using a computer-assisted procedure that summarises the results immediately. Two types of summary statistics were used: the median, as a measure of the central trend, and the interquartile difference as an indicator of relative consensus. Interquartile difference of 30 was used as the threshold value for determining which factors would need to be discussed further. Ratings with an interquartile difference of less than or equal to 30 were considered to reflect relative consensus, and for such factors the voting was closed. Factors for which the interquartile difference was larger than 30 were subjected to discussion and a second voting. During the discussion, differences between the experts’ opinions and perspectives were clarified which resulted in an increased degree of consensus in the second vote. In some cases also the central trend was affected by the discussion. The examples below illustrate the consensus-forming process.

<table>
<thead>
<tr>
<th>1st voting on probability: Median 60</th>
<th>Interquartile difference 43</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion – arguments for low probability:</td>
<td></td>
</tr>
<tr>
<td>A drug that does not affect your balance is not attractive and will not sell.</td>
<td></td>
</tr>
<tr>
<td>Discussion – arguments for high probability:</td>
<td></td>
</tr>
<tr>
<td>There will be drugs that affect your balance without making you ill, which make damage more likely. There will be an increase in the use of drugs with a long latency period, such as alcohol.</td>
<td></td>
</tr>
</tbody>
</table>

| 2nd voting on probability: Median 66 | Interquartile difference 27.5 |

<table>
<thead>
<tr>
<th>1st voting on probability: Median 75.5</th>
<th>Interquartile difference 40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion – arguments for low probability:</td>
<td></td>
</tr>
<tr>
<td>Only some drugs will be perceived positively.</td>
<td></td>
</tr>
<tr>
<td>Discussion – arguments for high probability:</td>
<td></td>
</tr>
<tr>
<td>A positive perception refers to the way the drug is used, rather than to the drug itself: drugs can be used in many ways, some drugs can also be used in a sensible manner, e.g. alcohol.</td>
<td></td>
</tr>
</tbody>
</table>

| 2nd voting on probability: Median 70 | Interquartile difference 11 |

<table>
<thead>
<tr>
<th>1st voting on probability: Median 50</th>
<th>Interquartile difference 38.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion – arguments for low probability:</td>
<td></td>
</tr>
<tr>
<td>Parents’ authority is already eroded so things can hardly get worse. Rather than parents, we should consider the educational system. The number of agencies engaged in education and information giving is increasing.</td>
<td></td>
</tr>
<tr>
<td>Discussion – arguments for high probability:</td>
<td></td>
</tr>
<tr>
<td>Parents do not care or are unable to care. Problems in parental relationships are already considered an important factor behind the drug problem.</td>
<td></td>
</tr>
</tbody>
</table>

| 2nd voting on probability: Median 55 | Interquartile difference 25 |

- Diffusion of new substances with milder psycho-physiological effects
- More positive perception of substance use
- Decrease in parents’ authority
Use of the Nominal Group Technique to examine factors affecting poly-drug use

After the second vote, a relative consensus had been achieved on both the probability and the intensity of all listed factors. The duration of the entire Nominal Group session was 2 hours. The results were used to outline the most likely future scenario of poly-drug use.

**Pros & cons of the method**

**Advantages:**
- results are obtained in a rather short time period
- reduced costs
- greater involvement from the experts leading to production of multiple ideas
- more emphasis is given to the results rather than to the interaction of the participants
- participants are provided with reflections stemming from the discussion of the group
- all members of the group are equal, leading to a balance of power within the group and higher chances of participation
- the technique reduces external influences that can impact group dynamics — reciprocal influences, hierarchical relations or conflicts.

**Disadvantages:**
- limited to a specific number of experts
- all experts must be at one location which can be difficult to organise and needs advance preparation — this limitation does not apply to computer-assisted applications
- tends to focus on a single topic making it hard to cover various issues at once
- little attention is paid to those opinions that are in contrast with what the group agrees on.

**Recommendations**

The NGT is a useful technique for managing meetings organised for fact-finding, problem solving, generating ideas regarding new issues and/or to negotiate decisions between subjects. In order to make the best use of the NGT, specific attention needs to be given to those chosen as experts. Apart from the role they play in the field, those joining the group need to have knowledge and information on the specific issue/s under analysis. The NGT is best used in small group settings — 9-12 persons.

**Personal experience**

In order to effectively implement this technique a facilitator needs to have experience with group dynamics, direct knowledge of the method along with the topic under discussion, a good capacity to listen to people and able to lead or manage a group — maintaining time tables, clear organisation and so forth. One also needs a capacity for conceptualising and summarising material as it emerges during conversation.
Results of the Nominal Group process are summarised in the table below

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>Probability 0 -100</th>
<th>Intensity 0 - 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with substances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move of current poly-drugs users toward legal substances: alcohol, psychoactive medicines...</td>
<td>50 27.5 1</td>
<td>60 22.5 1</td>
</tr>
<tr>
<td>Increased use of substances as a vehicle for promoting interaction and social integration</td>
<td>77.5 10 1</td>
<td>77.5 15 2</td>
</tr>
<tr>
<td>Diffusion of new substances – both legal and illegal</td>
<td>75.5 22.5 2</td>
<td>78 30 2</td>
</tr>
<tr>
<td>Diffusion of new substances with milder psycho-physiological effects</td>
<td>66 27.5 2</td>
<td>65 32 -</td>
</tr>
<tr>
<td>Diffusion of new substances available at a lower cost</td>
<td>70 30 1</td>
<td>77.5 20 1</td>
</tr>
<tr>
<td>Increase in the user’s competence in dosing a single substance or drug cocktails to delay or limit their impact and harmful effects</td>
<td>64.5 27.5 1</td>
<td>50 26.5 1</td>
</tr>
<tr>
<td>Increase in new forms of addiction that may not involve drug use gambling, sex...</td>
<td>77.5 22.5 2</td>
<td>55 17.5 2</td>
</tr>
<tr>
<td>Decrease in risk perception regarding substance use and to other behaviours presenting a health risk</td>
<td>80 17.5 2</td>
<td>87.5 18 2</td>
</tr>
<tr>
<td>More positive perception of substance use</td>
<td>70 11 2</td>
<td>77.5 20 2</td>
</tr>
<tr>
<td>Cultural factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in familiarity with substances</td>
<td>75 27.5 1</td>
<td>75 17.5 2</td>
</tr>
<tr>
<td>Decrease in the authority of educational institutions, first of all parents</td>
<td>55 25 2</td>
<td>72.5 25 2</td>
</tr>
<tr>
<td>Increase in social tolerance towards substance use</td>
<td>77.5 20 2</td>
<td>70 25 1</td>
</tr>
<tr>
<td>Diffusion of a body-modification culture also involving substance use body building, piercing, light drugs...</td>
<td>72.5 15 2</td>
<td>67.5 27.5 2</td>
</tr>
<tr>
<td>Heightened perception of scientific information as incomplete and lacking in clarity</td>
<td>70 10 2</td>
<td>65 12.5 2</td>
</tr>
<tr>
<td>Increasing disapproval towards those who are not able to control the effects of substance use</td>
<td>70 25 2</td>
<td>70 17.5 2</td>
</tr>
<tr>
<td>Increased circulation of models of social achievement requiring the use of chemical assistance</td>
<td>80 24 1</td>
<td>72.5 30 1</td>
</tr>
<tr>
<td>Increase in the number of people living with a non-traditional family</td>
<td>65 15 2</td>
<td>55 20 2</td>
</tr>
<tr>
<td>Relationship to work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in the number of substance users — poly-drugs users — who are able to keep up with the requirements of the social and economic context — compatible addiction</td>
<td>82.5 30 1</td>
<td>70 7.5 2</td>
</tr>
<tr>
<td>A greater importance given to work as a means to gain money that can be invested on leisure time and status symbols</td>
<td>60 25 1</td>
<td>70 26 2</td>
</tr>
<tr>
<td>Legal aspects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease in crimes against property</td>
<td>50 15 2</td>
<td>57.5 25 2</td>
</tr>
<tr>
<td>The drug market</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in easy ways to get substances</td>
<td>85 18.5 1</td>
<td>77.5 20 1</td>
</tr>
<tr>
<td>Expansion of the market for illegal substances</td>
<td>80 27.5 1</td>
<td>82.5 30 1</td>
</tr>
<tr>
<td>Addiction services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty experienced by addiction services in reaching target groups</td>
<td>75 10 2</td>
<td>80 20 1</td>
</tr>
<tr>
<td>Other factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in different types of psychic discomfort (preceding substance use)</td>
<td>80 30 1</td>
<td>75 25 2</td>
</tr>
<tr>
<td>Increase in neurobiological knowledge of the properties and effects of the most common psychoactive substances</td>
<td>67.5 12.5 2</td>
<td>67.5 15 2</td>
</tr>
</tbody>
</table>
Directed dialogue is an explorative and diagnostic method based on verbal communication between the researcher and an informant. The researcher seeks specific answers by questioning the informant. Depending on the formulation of questions, question order, degree of dependency, expected answers and such, the questioning can take the form of structured, semi-structured or unstructured interview.

**Structured interview**

A structured interview has a binding question order as well as a form in which responses are to be recorded. The advantage of a structured interview lays in comparability of data gained in individual cases, greater reliability and minimal occurrence of errors in formulation of questions.

**Unstructured interview**

An unstructured interview has a loose form with only the goal, direction of questioning and eventually the desired field specified. It is possible to adapt it to a particular situation, with the researcher deciding on the form and order of the questions. Better possibility of discovering the respondents’ motivation, better understanding of questions and greater validity are considered as advantages of this method.

**Semi-structured interview**

A semi-structured interview represents a midpoint between the two. A given procedure is decided in advance, but freedom remains for the researcher to ask supplementary questions as needed. A well-prepared semi-structured interview has following advantages:

- provides a full picture of the topic, deepening research mostly on a qualitative level
- allows to eliminate errors resulting from misunderstanding of questions
- provides an opportunity to ask supplementary questions, to expand the process
- allows direct and complex qualitative evaluation of the validity of answers.
Description of the method in a nutshell

The procedure itself starts by repeating the goals of the overall research and the aim of the interview, emphasising an appreciation for participation in its implementation. It then continues by asking several general questions, gradually moving towards more particular questions connected to the study. One question is asked at a time. Questions are not to be suggestive but factual and distinct. Answers must be recorded word for word as communicated by the respondent, if possible simultaneously with the conversation. The interview is not a rushed process, allowing enough time for the participant to fully answer each question, though generally not exceeding one hour. In leading an interview it is important to remain unbiased and impersonal. At the end of an interview the respondent is thanked for their willingness and co-operation with the research.

Links

Quantitative & qualitative interviewing
http://www.slais.ubc.ca/resources/research_methods/interviews.htm

In Finnish:
http://www.hut.fi/Yksikot/YTK/koulutus/metodikortti/Haastattelu.html
MAPPING OUT TRAINING NEEDS THROUGH STRUCTURED QUESTIONNAIRE AND THROUGH SEMI-STRUCTURED INTERVIEW
Hroznata Živný
The Centre for Treatment of Drug Dependencies, Bratislava

1st Phase: Structured questionnaire

During the first phase of our research we investigated with the use of a structured questionnaire the training needs among co-ordinators of drug prevention activities in schools, targeting teachers of elementary and secondary/technical schools in the Bratislava region. The study involved 22 participants who, besides their teaching responsibilities, work as co-ordinators of primary drug prevention at schools. In co-operation with the school management, the drug prevention co-ordinator initiates and co-ordinates informational and preventive activities in the school and acts as the mediator between the school and drug prevention, counselling and other professional organisations.

Of the respondents, 20 were women and 2 men, reflecting the feminisation of the teaching profession in the Slovak republic. 59% were under 35 years of age. The majority had less than 5 years experience in working as a prevention specialist.

We chose the questionnaire method as a practical and fast way to collect information. Respondents were motivated to co-operate by the information that they could obtain the results of the research.

The following topics were covered using either closed or open-ended questions:

- education/training in drug issues received so far
- most frequently used sources of information about drugs-related issues
- languages used by the respondent
- positive and negative aspects of existing education/training in the drugs field
- obstacles to professional growth
- suggestions about topics and forms for future training

The most frequently mentioned obstacles to professional growth were:

- unavailability and inaccessibility of scientific literature 36%
- inadequate language skills1 23%
- scarcity of training events 18%

1 Czech, English or German language was used by only one respondent each. It is also worth noting that only one respondent mentioned the Internet as a source of information about drugs.
The advantage of using the questionnaire method was simplicity and ease of gaining a lot of information. The disadvantage was the impossibility to explore the meaning of the information, especially the answers to open-ended questions, together with the respondents.

2nd Phase: Semi-structured interview

In the second phase of our study, in May 2002, we decided to use semi-structured interviews to obtain more informative answers. Of the 22 co-ordinators initially questioned during the first phase, we chose two from each school to represent the various degrees of the educational system. All of them were women with the average age of 31 years. All held university degrees and had been active as a prevention co-ordinator for at least 2.5 years.

Four thematic fields were covered in the semi-structured interview:

1 evaluation of the results from the first phase of the study, along with feedback from the co-ordinator
2 characteristics of the school facility, its pupils and the drug scene in the local environment
3 characteristics of the given prevention objective in relation to the co-ordinator’s working conditions at the workplace and evaluation of the co-ordinator’s work satisfaction — general atmosphere in the society and how it is relevant to their work, satisfaction with the results of his/hers work etc.
4 current needs of the co-ordinator and potential strategies to satisfy these needs.

We conducted pre-arranged visits to the co-ordinators’ workplaces in schools. An interview lasted for about one hour. During the process the interviewer noted down the answers. The gathered data was processed by means of qualitative analysis.

Summary of results

1st thematic field:

Findings from the 1st phase of the study were accepted without any need to amend or change.

2nd thematic field:

Information gained concerned description of school facilities and problems in relation to the neighbourhood drug scene. Respondents provided an insight about the general situation in elementary, technical and secondary schools and the interviewer obtained valuable information about prevailing attitudes, trends and patterns of licit and illicit substance use among students.
3rd thematic field:

The information given by the respondents linked their situation and status as drug prevention co-ordinators with work satisfaction, self-content and commitment to potentially difficult issues. This was depicted to be positive and satisfying by 4 out of the 6 respondents. These respondents were deeply involved with their work-related activities, enjoying working with the younger generation, and regarded their work situation as rewarding. Two respondents were not interested in being primary prevention co-ordinators and were pressured to take over the job due to lacking staff scenarios. They felt sceptical about the results of their activities as prevention co-ordinators and intended to change jobs in the near future.

4th thematic field:

Respondents pointed out a common problem of lacking financial resources to support any kind of activities needed in their work. Interpersonal contacts, or activities characterised as counselling or of the informative/preventative nature are viable in existing conditions in schools and are not overly demanding in terms of technical or financial support. Activities linked with sport, cultural events and creative workshops however are limited in their use by financial hindrances. The findings support a notion that the driving force in most primary prevention activities in schools relies on the activities of one person, the prevention co-ordinator, and is heavily influenced by their attitude, self-esteem and/or altruistic approach towards their responsibilities and work. The quality of their work depends on self-motivation since supportive structures are few and far between. These findings were not new but supported previously confirmed notions of the present work situation for prevention specialists within the educational system.

Pros & Cons of the method

One of the advantages of the semi-structured interview method is the possibility to gain a full perspective of the participant’s reality, which deepens the research in terms of quality. Additional questions can be asked and any unclear aspects, such as those arising from a preceding questionnaire-based survey, can be clarified. The researcher gets immediate feedback about the clarity of questions. This enables to eliminate mistakes caused by miscommunication and provides an opportunity to add supplementary questions as needed during the course of the interview.

Time constraints, which equate into staff availability and costs, can be seen as the main negative aspects with the semi-structured interview approach. It also requires communication and facilitation skills from the researcher that might require extra training to achieve proficiency. The researchers need to be aware of the larger situational
picture in order to expand responses, formulating new questions in relation to given responses, while not getting side tracked or off course. The method also requires a certain level of commitment from the participants due to the lengthy time periods that are needed to conduct the interviews.

**Recommendations**

Before the actual interviews are launched, the agenda, time and place, the content and amount of questions should be very well prepared. The questions, as well as the form of recording answers should be consulted with a researcher familiar with the method. Interviewers need to be trained in communication skills, able to create sufficient rapport with the participants while keeping with the designed schedule of the interview. Generally, the interview can be effective, if the relationship between the interviewer and the interviewee is not impaired by any kind of competition or conflict of interests and the interviewer is able to develop and maintain a smooth interview schedule.
Benchmarking

Benchmarking is the process of identifying, sharing, and using best practices to improve one’s own organisational process. Commonly it can focus on an organisation as a whole or on various components within it. This is achieved through analysis of the best practice approaches of others, learning from the methods that have worked in other organisations and incorporating these processes into one’s own practice. Use of benchmarking in the work place dates back to the late 70’s.

Description of the method in a nutshell

The benchmarking method is used as a way to assess various fields simultaneously within an organisation under the framework of a predetermined organisational goal towards growth. There are no limitations of its use. Benchmarking helps to blend continuous improvement and innovative ideas into a single change management system. It is traditionally broken down into four phases:

1. planning of the process, establishing goals, methods of collecting data, and selecting representatives who reflect methods of best practices
2. collecting data, through questionnaires, site visits and so forth
3. analysing data, identifying key trends, practices that achieve the best performance, and disseminating new findings in an interactive process, including members of your organisation and those who where reviewed
4. adapting findings into one’s working process.

There are three themes that resonate through a successful benchmarking process. Transfer of information is a people-to-people process. Learning is an interactive, ongoing, and dynamic process, not something static. Willingness to learn and drive for change needs to be key in order for the benchmarking method to succeed.

Benchmarking can be used for a variety of purposes: training development, service satisfaction, performance measurement improvement, quality improvement, management improvement and human resources.

Links

Benchmarking in Europe
http://www.benchmarking-in-europe.com
EU supported initiative: large amounts of material on benchmarking, extensive list of links to further sources of information.
BENCHMARKING IN AN UNTRADITIONAL FORMAT

Lubica Skovayová
Institute on Drug Dependencies at the Centre for Treatment of Drug Dependencies, Bratislava

For the purposes of the Slovakian Transdrug project, the benchmarking method was used with the focus on individual best practice skills versus organisational structures, which is an untraditional format for its use. The benchmarking approach was chosen as a way to explore variation in training and training needs within Slovakia’s drug addiction field. The whole procedure stemmed from a need to improve current training capabilities for addiction professionals in order to increase overall efficiency and quality of work, both at managerial and client-based levels of addiction work.

Application of the benchmarking approach

Using the benchmarking method we worked with top specialists, exploring their views regarding the quality of training and training needs among professionals in the drug addiction field. Our research was conducted in 2001, with a group of experts familiar with the current drug addiction educational structure in Slovakia. The group consisted of 9 regional directors, physicians or psychiatrists by profession, working at the Centres for Treatment of Drug Dependencies or psychiatric clinics with specialised drug abuse treatment departments, based in various parts of Slovakia. All of the experts were involved in management levels of work, representing the top addiction services in Slovakia. They all had university degrees with supplementary training, proficiency tests and post graduate studies either at home or abroad.¹

To explain our goal to the participants we created a five-item questionnaire — shown on the next page — with the possibility for experts to add supplemental information. We used a non-standardised, open-ended format, with the purpose of obtaining as precise and detailed information as possible. We were interested in what lacks the most in educational activities, and in forms and types of optimum educational activities. The questionnaire was distributed during a meeting of the regional directors. The purpose and aim of the study was explained by the test administrator, time for questioning and open discussion was also permitted. The mean time to complete the questionnaire was 20 minutes. Respondents were highly motivated and completed all questions thoroughly.

¹The group of experts, chosen among addiction professionals with the highest knowledge and experience, is appointed by the Ministry of Health. The members function as Regional Directors for the drug field, formulating suggestions on changes needed in the organisation or methods of addiction treatment in Slovakia. The expert group is led by the Chief Expert on Drug Dependencies, at present MUDr. Lubomir Okrubica, responsible for the drug field at the national level. The length of stay in these functions is usually five years or more. We took advantage of one of the expert group’s regular work meetings to ask them to participate in the benchmarking survey.
**Expert’s questionnaire to assess needs for professional education of workers in services for psychoactive substance users in Slovakia.**

1 Specify completed professional education, training, workshops, courses, accreditation and other fields of your professional education in drug addiction issue.

2 Where do you see the greatest weakness in current education of professionals in Slovakia working in prevention, treatment and post treatment care of addicts
   a) in general
   b) in your practice.

3 Specify to your best knowledge, the most optimal methods and types of educational activities for specialists working with drug related problems in Slovakia.

4 What are the most frequent sources of information you are using for self-education in your work?

5 In regard to changes in the drug scene what are the fields, and what is the specific information that you consider of highest priority in education of professionals regarding new drugs, new forms of abuse, its patterns, new ways of intervention, harm reduction, organisation of care for drug addicts and use of new methods in treatment (eventually other).

**Summary of findings**

- **Content of basic treatment courses needs to be enhanced**
  Optimal forms of education can stem from systematic theoretic and practical training, internships and practicums within identified quality organisations, workshops and professional forums.

- **Time is a main concern**
  There is a general lack of continuing education of staff due to lack of either professional or personal time.

- **Not enough people connected to the field**
  There is a general lack of persons entering the field as well as professionals in the field, due in part to a lack of funding for addiction /prevention efforts.

- **Need for information regarding all areas of the drug addiction field**
  There are many efforts and work practices currently taking place that are proving beneficial and should be disseminated to others. These should be used in combination with new ideas, building on already proven methods of best practice.
Information acquired throughout the process opened up a complex view of the topic as seen by addiction/prevention professionals active in the field from different areas in Slovakia. The method also served as an effective tool for detecting and recognising new problems and needs at the higher levels of the drug policymaking process. These new demands and needs perhaps can be turned into standard treatment procedures and practices on the national level. The findings also provide the possibility to propose optimal training approaches that came up in the discussion or in questionnaire results. Benefits of opening channels of communication between the various participating facilities were quickly observed during the method process. Ways to continue to facilitate effective cross communication among addiction professionals are essential to continuing growth and enhancement in this field.

**Pros & Cons of the method**

Through the benchmarking process, we established basic needs within the addiction profession to be incorporated into addiction training and areas that require prioritisation in connection with current topics in the field, especially concerning poly-drug use. Using an approach that was both cost effective and time efficient, we gained a list of answers to specific concerns of the profession within a limited amount of time. The personal contacts established during the process proved to be a great advantage both for participants and those running the test. Discussions held while clarifying the questionnaires and answering questions from respondents led to remedial suggestions about the process, comments and ideas for what to do next.

The activity however wasn’t quite able to pinpoint the current pressing topics in the drug addiction field but provided a more general scope of the various substance abuse issues facing Slovakia.

**Personal experience**

During the design and implementation phases of the process, the structure of the benchmarking method helped us to thoroughly assess what we expect and wish respondents to concentrate on and emphasise in their answers. There was significant congruence in respondents’ answers regarding the demands, needs and deficiencies in the field, which enabled us to create a clearer generalised frame of reference concerning the overall situation in substance abuse trends on the national level and the kinds of expectations regional/leading drug experts have concerning substance abuse issues in Slovakia.

Starting with an explanation of the method, its purpose, the goal of the survey and the use of the answers were highlighted as beneficial parts of our method process for both the facilitator and the respondents since it opened up the floor for discussion. As a facilitator, personal interaction with the group is important, not only to clarify questions.
and concerns about the process, but to check questionnaire results directly after submission to ensure that all items were completely filled in, seeking supplemental data if needed.

**Recommendations**

In conclusion, the benchmarking method is suitable for estimating basic priority needs in relation to goals for the training of professionals working in substance abuse services in Slovakia. Results achieved through benchmarking are further usable in creating more effective educational techniques in the field — moving from benchmarking to bench learning.

**Our plans for the future include:**

- Utilisation of the gained information in planning training activities for professionals in order to enhance quality and effective methods in their working process
- Drawing up and adapting the contents of training activities (curricula) organised by our institution and providing this information to the working public.
Established by Edward de Bono in connection with the *Six Action Shoes*, the method is utilised to promote productive thinking. The method consists of creating imaginary hats in various colours, each representing a different position or way to interpret the question at hand.

**Description in a nutshell**

Each person in the group incorporates their input into the group discussion based on their views under the guise of the *hat* they are wearing at a specific moment. As the *hats* move around the group, participants are required to review a topic under various types of positions — oftentimes differing from their ordinary style of thought processing — opening up the possibility for new ideas and input. All generated ideas are then recorded by the facilitator and presented to the group. This technique is also classified as a type of brainstorming method since several possible solutions are identified.

**Examples of the hats**

*White Hat — an objective look at data and information*

- What information do we have?
- Is it reliable?
- Is there more that we need?

*Red Hat — intuition*

- What feelings or hunches connected to the topic?

*Black Hat — risk assessment: identify areas of caution*

- What are the legal, policy, political and funding problems we might face?
- What are potential problems to look out for?

*Yellow Hat — looking at the positive, new benefits*

- What’s going right with our efforts?

*Green Hat — new ideas and creative thinking*

- What other ways can we think about this?

*Blue Hat — looking at the big picture and holistic thinking*

- How does this idea fit into other plans?
- Are we missing something important?
- What can we conclude with?

The overall process of creating meaning using the *hats* is led by the facilitator of the group. The hats involve participants in a type of mental role-playing in hopes to generate new ideas, positions of thought or elicit possible discussions in a comfortable, even game-like environment.

**Links**

*Edward de Bono’s web site*  
http://www.edwdebono.com

*The Six Thinking Hats method*  
http://www.edwdebono.com/cort/shfs.htm  
http://www.aptt.com/6hats.htm
BONO’S HATS IN THE EVALUATION OF THE TRANSDRUG PROJECT

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The Bono’s Hats method was used in an untraditional format in the Transdrug project’s fourth work meeting organised in Bratislava in September 2002 when the project was already halfway through. Feedback from the participants had been gathered through several evaluation questionnaires. This time we wanted to use a more participatory an open-ended approach.

Our group consisted of members from the various partner countries, so there were four different languages incorporated into the process. The group in total was around 20 persons and the activity took 1½ hour to complete. Our goal was to generate discussion concerning the evaluation of the project so far and what aspects we should look out for in the future as hindrances and highlights.

We replaced the actual hats with flipcharts, each page containing one question for discussion or comment by the group pertaining to the Transdrug project. Each person roamed the room, writing comments down concerning the below questions — putting on the hats, so to speak. Once finished, participants then reviewed the written comments and put a plus sign next to those in which they agreed or wished to support. After overall commenting, groups formed and were each given a hat. Their goal was to summarise all the comments concerning their hat and present the findings to the group as a whole.

Topics for discussion and results

Yellow Hat
What could be the most creative outcome for the project?
(No boundaries on responses)

- The working group methods 6+
- New methods 3+
- New forms of collaboration after the project 2+
- Different methods for planning training courses 4+

Black Hat
How and/or why could we possibly fail?
What areas of the project do we need to be cautious about?

- Communication and agreement 4+
- If we do not reach our targeted groups 9+
- Keep the deadline of the Toolkit work 2+
**White Hat**

*Which areas of the project most need improvement and how can we do it?*

- Communication: 7+  
- Everybody use the project room*: 8+  
- Have the project room in different languages*: 2+

*The project room is an Internet-based workspace shared between the Transdrug partners.*

**Red Hat**

*What are your feelings connected to the meeting, the project etc?*

- Very interesting project: 4+  
- Less fear of language abilities — international communication despite language differences: 3+  
- Optimistic about opportunities to exchange experiences: 3+  
- Warm feeling: 3+  
- Co-operative, good co-operation between all participants: 6+  
- Good organisation: 10+  
- So many nice people, more and more friendly atmosphere, very pleasant to work in: 5+

**Green Hat**

*Has the project grown in ways you didn’t foresee in the beginning? If yes, then describe, if not, then what would you like to see happen and how can this be accomplished?*

- Grown in the communication capabilities among participants: 9+  
- Project/Goal has become more understandable and clear: 11+  
- Grown even better than anticipated - new areas and gains emerging: 2+

**Blue Hat**

*What’s the most important thing you’ve learned so far from the project?*

- Skill of mediation: 3+  
- Opportunity to be involved in a European project provides growth as a professional and as a person: 3+  
- Communication with colleagues from other countries: 9+  
  - Language  
  - Written work  
  - World Wide Web  
  - Small groups  
  - Body language  
- Using the methods or putting the practices to use: 5+
Overall outcomes

Communication, though appearing to be a weakness of the project to date, also was commented to be a highlight that was a positive point for the group to come away with. The group as a whole appeared to be more comfortable with each other, attributing to the overall general good atmosphere within the project. Overall the project seemed to be becoming clearer and more focused to the group that was positively affecting its overall process. A trouble spot for the group focused on the target groups. There is strong concern that target groups will not be reached. This may have been remedied with time since many partners were in the process of planning their dissemination processes. Room for improvement involved use of the Internet-based project room and again went back to communication skills.

Recommendations

The method worked well in the context of project evaluation. The process provided a nice picture of where the project currently was from the viewpoints of various participants. Seeing that other countries were having similar highs and lows connected to the project’s work helped alleviate fears that members were falling behind or not on the right track. It also incorporated input from all since those with trouble in English could utilise the assistance of others for interpretation, without the stress of having to speak in front of an audience.

Overall, the method generated many ideas or points of departure for discussion concerning the current state of the project and its future movement. Many of the participants commented that the Bono’s Hats technique was new to them and a creative and fun way to generate discussion concerning potentially difficult topics to discuss.