Preparing the Adult Mental Health Workforce to Succeed in a Transformed System of Care

An Introduction to Evidence-Based Practices

Module XI
NASMHPD/OTA Workforce Curriculum
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NASMHPD

Objectives

At the conclusion of this module participants will:

1. Understand what evidence-based practices are, why they are used and what they are not
2. Be able to describe some of the more commonly used evidence-based practices and understand the basic processes and outcomes expected from these interventions

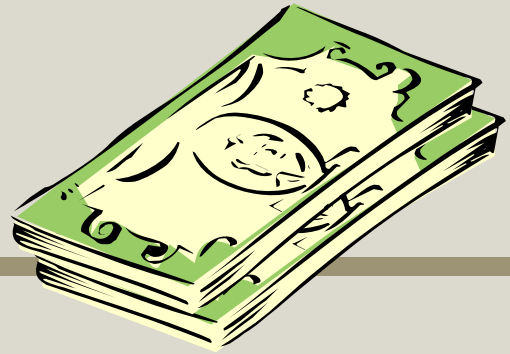
Evidence

What is *"evidence?"*

Evidence: *a sign or proof*--
something that gives a sign or proof of the existence or truth of something, or that helps somebody to come to a particular conclusion

(http://encarta.msn.com/dictionary_/evidence.html)

Background



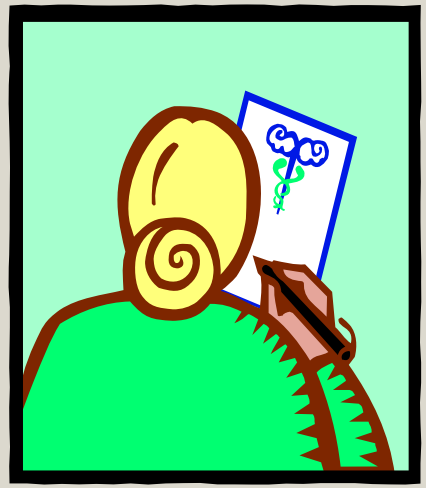
In the U.S., federal, state, and local governments spend billions of dollars on mental health care and treatment every year. It is essential that these dollars be spent wisely and result in good health outcomes for people needing and receiving services

*The **good news** is that research has proven the effectiveness of many mental health treatments over the years*

(*New Freedom Commission*, 2003; *Lehman et al*, 2004)

Background - Bad News

According to the Institute of Medicine, the lag between finding effective forms of treatment and implementing them into routine patient care is very long--from 15 to 20 years!



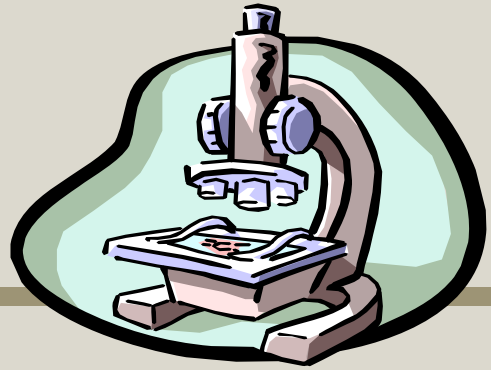
(*New Freedom Commission*, 2003; *Lehman et al*, 2004)

Background

This training module is designed to introduce Evidenced Based Practices to you

and to encourage you to ask questions about practices occurring in your own setting

Definitions



Evidence-Based Practices are defined as "services for people with severe mental conditions that have demonstrated positive outcomes in multiple research studies"

(*CMHS EBP Toolkits*, 2003)

Promising Practices are defined as "emerging treatments and services that appear effective but have not been studied as much as EBP's"

(*New Freedom Commission*, 2003)

Evidence-Based Practices

Just because evidence-based treatments and services have been well-researched, it does not mean they work the same for everyone

One size does not fit all!

Exercise

- Are there evidence-based practices that you are familiar with from your own experience?

Examples of Currently Available EBP's

- **Illness Management and Recovery**: The model strongly emphasizes helping people to set and pursue personal goals, using specific strategies in their everyday lives

- **Assertive Community Treatment (ACT)**: The goal of ACT is to help people stay out of the hospital and develop skills for living in the community so that they can be more independent and not "defined" by their illness

Examples of Currently Available EBP's

- **Family Psychoeducation**: This EBP involves a partnership among consumers, families, supporters, and practitioners

- **Supported Employment**: This is an approach to helping people with mental conditions to find and keep competitive employment within their communities. Usually a case worker works with the person to discuss and address issues about working as they come up

Examples of Currently Available EBP's

- **Co-occurring Disorders**: This model, also called *Integrated Dual Diagnosis Treatment*, is for people who have both a mental health concern and an addiction {covered in module 17}

- **Other evidence-based practices** include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Crisis Services, Psychiatric Rehabilitation, Psychotherapy, and Collaborative Care in Primary Care Settings

(*New Freedom Commission*, 2003; *US Surgeon General's Report*, 1999)

Cultural Adaptations of EBP's

- Parent-Child Interaction Therapy (PCIT)

  --Originated 1982
  --Efficacious in improving parent interactions styles and child behaviors in school (*Herschell et. Al.*, 2002)
  --New adaptation to work with Puerto Rican families (*Matos et. Al.*, 2006)

- Enhanced Skills Training and Health Care Management for Older Persons with Severe Mental Illness (*Bartels, et. Al.*, 2004)

Shared Decision-Making

Shared decision-making is an interactive and collaborative process between individuals and their health care practitioners about decisions pertinent to the individual's treatment, services, and ultimately their personal recovery. An optimal decision is one that is informed, consistent with personal values, and acted upon

Shared Decision-Making

SAMHSA's Shared Decision-Making (SDM): Making Recovery Real in Mental Health Care

Dr. Patricia Deegan has pioneered an innovative approach to helping mental health consumers to participate in shared decision-making about the use of psychiatric medication

Shared Decision-Making

- The Dartmouth-Hitchcock Medical Center Decision Support Center, with funding from the Foundation for Informed Medical Decision Making and Health Dialog, Inc., has established an on-site decision-support center for patients, and also provides limited on-line resources

(http://www.dhmc.org).

Emerging Best Practices

This does not mean that we *now* ***throw out*** treatments with a lesser evidence base. It means that we must be observant and knowledgeable about when to use emerging practices

Emerging Best Practices

Another exciting development has been in the realm of ***Peer Operated Services.*** These include a variety of treatments and services provided by peers to peers. These can include services in almost every setting, as well as case management services and specific inpatient roles

(*New Freedom Commission Report*, 2003)

Emerging Best Practices:

Jail diversion and community re-entry programs

(*New Freedom Commission*, 2003)

Trauma Informed Care and Trauma-specific services

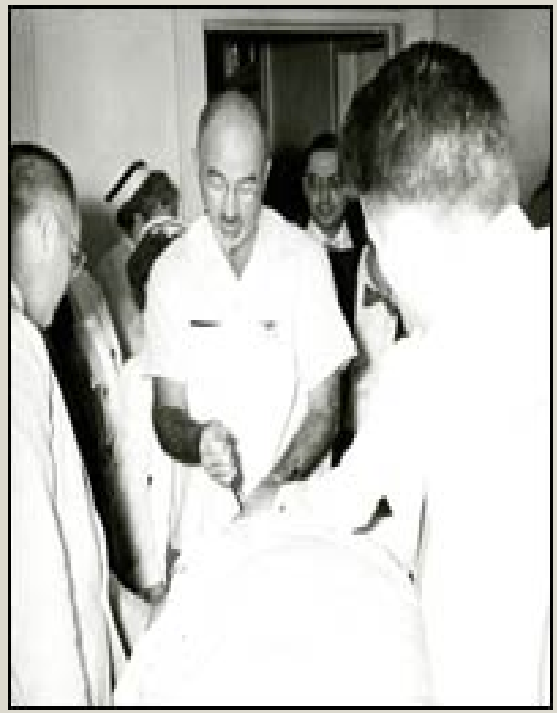
(*New Freedom Commission*, 2003; *NASMHPD*, 2006)

Six Core Strategies to prevent the use of seclusion and restraint

(*National Executive Training Institute*, 2005)

What are Non-Evidence-Based Practices?

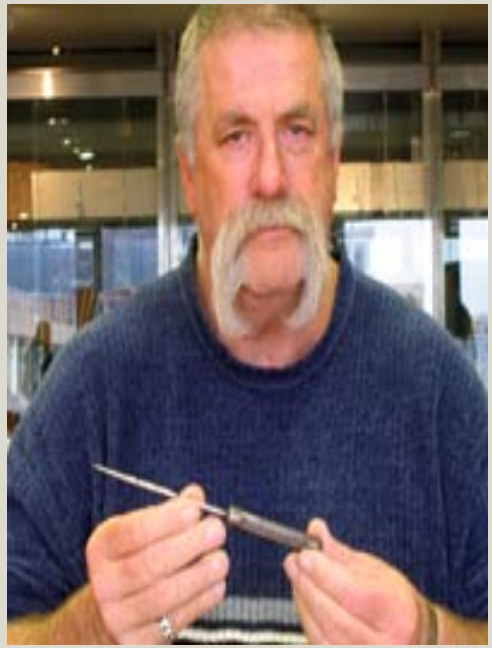
The first, but certainly not the last embarrassing historical practice, was the *frontal lobotomy*. The "evidence" for this procedure was a total of 18 patients, of whom only three were reported on in detail



(*Hatcher et al*, 2005)

Howard Dully's Story
In his own words

He had a lobotomy at 12
at his stepmother's insistence



I've always felt different – wondered if something's missing from my soul. It took me years to get my life together.

I've been haunted by questions:

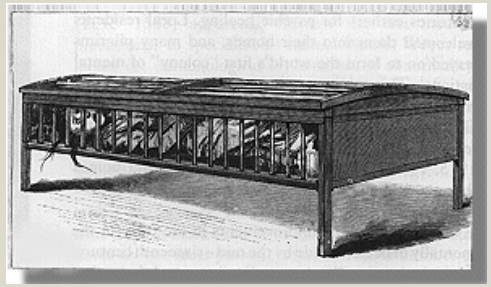
Did I do something to deserve this?

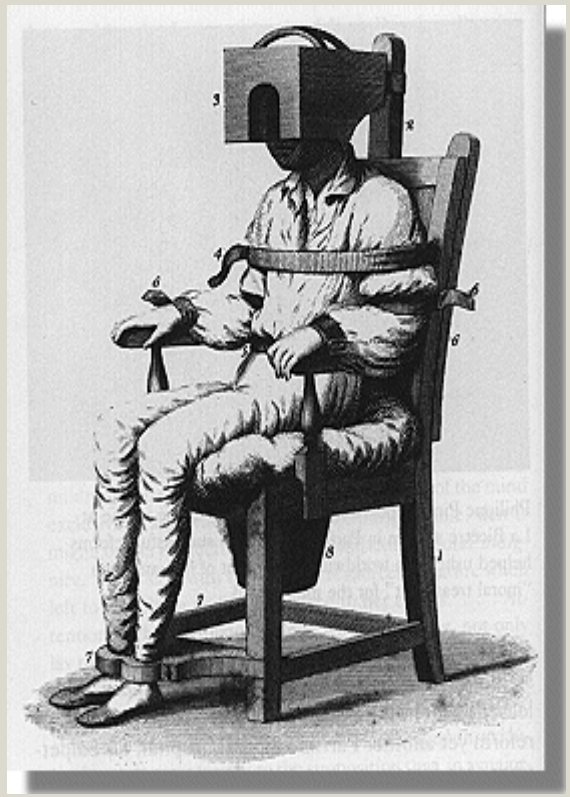
Can I ever be normal? and most of all,

Why did my dad let this happen?

(www.npr.org/templates/on September 1, 2007)

The Earliest Non-Evidenced-Based Procedures





What are Non-Evidence-Based Practices?

Between 1950 and 1964, more people died in U.S. psychiatric hospitals than were killed in the Revolutionary War, the War of 1812, the Mexican War, the Civil War, the Spanish-American War, World Wars I and II, the Korean War, the Vietnam War, and the Persian Gulf War combined

(*Citizens Commission on Human Rights*, 2007)

Your Right to Question

“Conscience asks the question -is it right?” (*Dr. Martin Luther King, Jr.*)

The right to *question ‘for what purpose or why’* is not related to your experience, your role, or your title.

You have the right to know why you are being asked to “do something” you do not understand.