EVIDENCE BASED PRACTICES, IMPERATIVE WITHIN INTEGRATED MEDICINE

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- The views expressed in this presentation are those of the presenter and do not reflect the official policy or views of the American Mental Health Counselor Association (AMHCA)
- Nonfinancial: I have no relevant financial relationships to disclose.

LEARNING OBJECTIVES

At the end of this presentation participants will have a better understanding of:

1. What is the process of selecting an Evidence Based Practice (EBP)
2. What are the specific steps to determine a EBP for a patient
3. What Effectiveness means when selecting EBP's
4. What are the Pros and Cons of using appropriate EBP's and treatment plans for target patients
5. How to educate the medical team on the specific EBP's being utilized with specific patients who have specific mental health disorders

IMPORTANCE OF EVIDENCE BASED PRACTICES WITHIN MEDICAL SETTING

- Clinical Mental Health Counselors within an Integrated Medical Team are officially referred to as Behavioral Health Consultants (BCH's) and they are expected to bring their EBP's for the mental health disorders which the Medical team will encounter.
- The embracing of Evidence Based Practices (EBP's) within Integrated Medical Settings has major importance on how effectively and efficiently Behavioral Health Consultants (BHC's) provide services to their patients within an accountable and sound ethical model.

WHY USE EVIDENCE BASED PRACTICES WITHIN A MEDICAL SETTING?

Reality is that all physicians, nurses, rehabilitation therapists and other hands on medical interventionists utilize ONLY Evidence Based Medical Treatments with proven effectiveness when treating patients. This is what is meant by the medical Model

The Medical Model involves:

1. Identifying the Target Medical Condition the Patient has brought to the table
2. Identifying the Evidence Based Treatment which has a proven track record in the treating of this medical condition
3. Following the rubric of the Evidence Based Treatment to ensure accuracy and accountability with both the patient and the Medical Organizations treating the patient

DEFINITION OF EVIDENCE-BASED MEDICINE

"Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research."

–David Sackett, MD

Sackett DL et al. *Evidence-Based Medicine: How to Practice and Teach EBM*. 2nd ed. Churchill Livingstone; 2000.

STEPS IN PRACTICING EVIDENCE-BASED MEDICINE

Step 1: Construct well-built and answerable clinical questions

Step 2: Locate the best evidence to answer these questions

Step 3: Critically appraise your findings

Step 4: Integrate findings with clinical expertise and patient needs

Step 5: Evaluate your performance of these steps and seek ways to improve

Sackett DL et al. *Evidence-Based Medicine: How to Practice and Teach EBM*. 2nd ed. Churchill Livingstone; 2000.

STEP 1: CONSTRUCT WELL-BUILT CLINICAL QUESTIONS

"Background" questions

- Ask for general knowledge about a disorder

- "Foreground" questions
  - Ask for specific knowledge about managing patients with a disorder

Sackett DL et al. *Evidence-Based Medicine: How to Practice and Teach EBM*. 2nd ed. Churchill Livingstone; 2000.

STEP 2: LOCATE THE BEST EVIDENCE

Sources of information and evidence may include:

Colleagues, Textbooks, Journals (e.g., evidence-based), Systematic reviews, Guidelines and Electronic databases

Where to start searching may depend on:

- Available time
- Available databases
- Foreground versus background knowledge required

SELECTED ELECTRONIC HEALTH INFORMATION RESOURCES

1. PubMED http://www.ncbi.nlm.nih.gov/pubmed
2. eMedicine/Medscape http://emedicine.medscape.com/
3. WebMD http://www.webmd.com/
4. National Guideline Clearinghouse from Agency for Healthcare Research and Quality (AHRQ) http://www.guideline.gov/ and specifically Treatment Intervention: Psychiatry and Psychology http://www.guideline.gov/browse/by-topic-detail.aspx?id=39065&ct=2

LEVELS OF EVIDENCE

Level of Evidence	Type of Study
1a	Systematic reviews of randomized clinical trials (RCTs)
1b	Individual RCTs
2a	Systematic reviews of cohort studies
2b	Individual cohort studies and low-quality RCTs
3a	Systematic reviews of case-controlled studies
3b	Individual case-controlled studies
4	Case series and poor-quality cohort and case-control studies
5	Expert opinion based on clinical experience

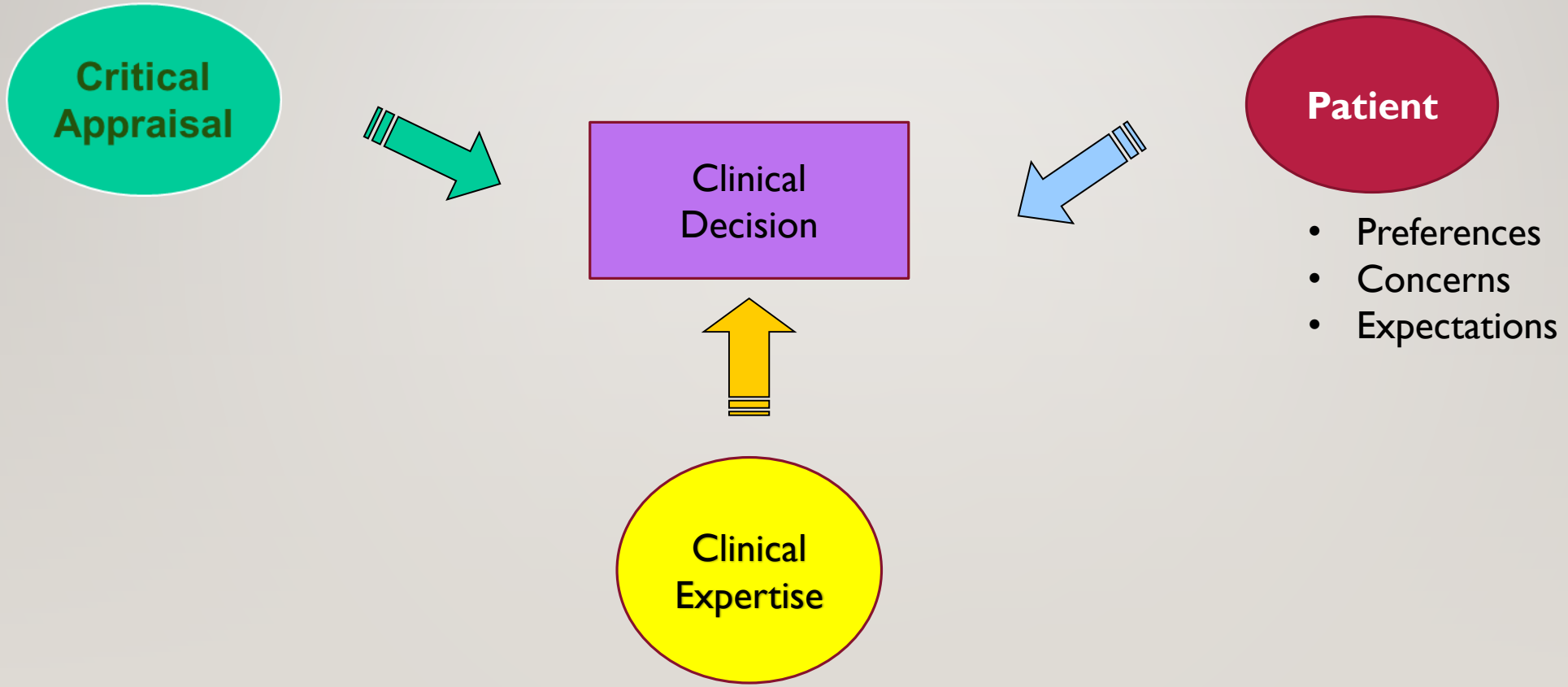
META-ANALYTIC STUDIES OF COHORT RTC'S ARE WIDELY ACCEPTED IN THE MENTAL HEALTH FIELD

Researchers have widely accepted that meta-analytic studies support a more nuanced view of treatment efficacy because they review a number of empirically supported treatment (EST) research efforts which have used random controlled studies (RTC's) and enables the identification of the validated and empirically supported evidence for their treatment effectiveness (Westin, Novotny and Thompson, 2004).

STEP 3: CRITICALLY APPRAISE THE EVIDENCE

Attribute	Question
Validity	Can I trust this information? e.g., Are the study methods sound?
Clinical importance	Are the valid results of the study important? e.g., What is the magnitude of the treatment effect?
Applicability	Can the results be applied to my patient? e.g., Is my patient so different from those in the study that its results cannot apply?

STEP 4: INTEGRATE FINDINGS WITH CLINICAL EXPERTISE AND PATIENT NEEDS

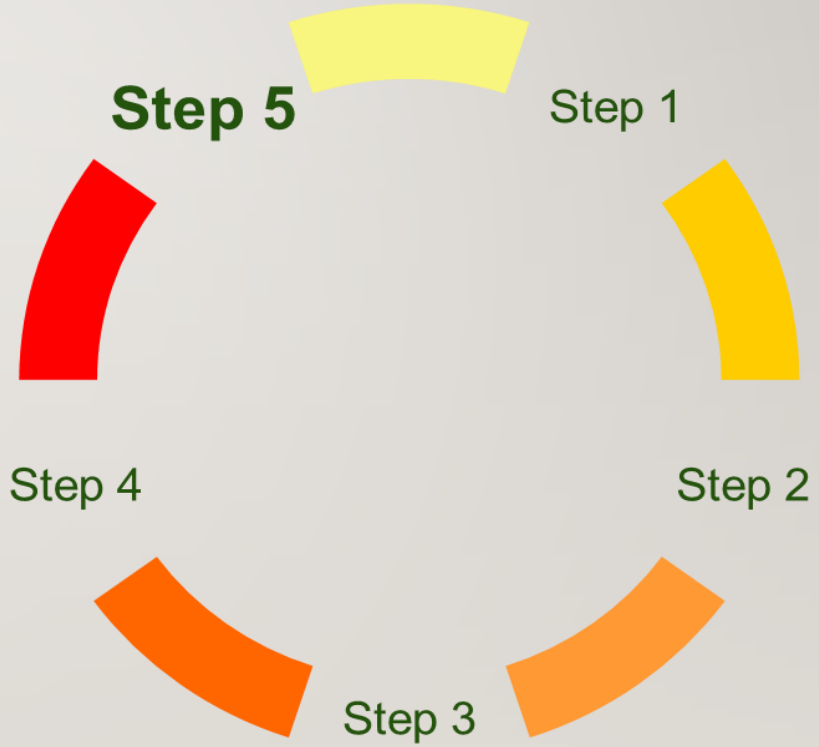


- Preferences
- Concerns
- Expectations

STEP 5: EVALUATE PERFORMANCE AND SEEK WAYS TO IMPROVE

Examples of Self-Evaluation Questions:

1. Am I asking well-formulated clinical questions?
2. Am I searching at all?
3. Do I know the best sources of current external evidence?
4. Am I critically appraising external evidence?
5. Am I integrating my critical appraisal into my practice?



ONGOING EVALUATION OF THE SUCCESS OF USE OF THE EBP'S IS EXTREMELY IMPORTANT

Barlow (2007) cautions that clinicians must be careful how they view using EBP's in their clinical practice.

They need to avoid blindly using a treatment manual and rather mindlessly administering the procedures in a rote manner.

Barlow (2007) went on to advocate that clinicians integrate EBP's into the treatment process based on individual client needs.

This is exactly what the Medical Model of Evidence Based Medicine recommends

WHAT DOES EFFECTIVENESS MEAN?

The reality is that EBP's have been effective, but have not always been universally effective, given the variety of client circumstances.

- Efficacy is the systematic scientific evaluation if a treatment is successful in lessening symptoms and mental health disorders.
- Efficacy studies use controlled studies which are not always generalizable to the real clinical world.
- Effectiveness, however, is concerned with whether an EBP works in less controlled, natural settings with all of its unpredictable variables.
- EBP's might work in controlled studies in laboratory like settings, but are they effective in the natural mental health communities in which Mental Health Professionals work?
- Mental Health Professionals must always be aware that when selecting EBPs they must monitor the client's response, their own personal response in executing the EBP plan and how the EBP affects or supports the therapeutic relationship between their clients and themselves.
- Mental Health Professionals need to be ready and open to adjust their treatment plans and adapt their treatment protocols to the needs, personality and make up of their specific clients to insure their treatment goals are not undermined by too strict an adherence to the EBP protocols.

WHAT ARE THE 3 OVER-RIDING CHARACTERISTICS OF MENTAL HEALTH EBP'S?

Evidence Based Practices use three concepts:

1. Empirically supported treatments (EST) which identify specific psychotherapeutic interventions with evidence for their effectiveness in treating certain diagnoses or identified problems successfully
2. Clinical Practice Guidelines which entail assessment and treatment strategies with a recommended course of application
3. Evidence Based Practice which is a series of activities that would enable mental health practitioners to administer the best care possible to their clients or client groups under their care (Barlow, 2007).

Researchers have widely accepted that meta-analytic studies support a more nuanced view of treatment efficacy because they review a number of empirically supported treatment (EST) research efforts which have used random controlled studies (RTCs) and enables the identification of the validated and empirically supported evidence for their treatment effectiveness (Westin, Novotny and Thompson, 2004).

CMHC'S NEED TO BE UP ON EBP'S TO BE EFFECTIVE MEMBERS OF AN INTEGRATED MEDICAL TEAM

Clinical Mental Health Counselors who want to become BHC's, in Integrated Medical settings, need to understand and be able to fully implement:

1. EBP oriented Clinical Assessment and Treatment Planning; Treatment Progress Notes and Case Study Format
2. Evidence Based Practices treatments for patients' mental health disorders
3. Specific Evidence Based treatments for specific mental health disorders for each patient seen within the integrated medical settings.

BENEFITS OF USING EBP'S WITH CLIENTS IN INTEGRATED MEDICAL SETTINGS

1. **Benefits Clients:** when the clinician informs them that the established treatment plan for their care is based on empirically supported treatment the clients gain confidence that they will receive some clinical benefit.
2. **Motivates Clients:** Since they need to be motivated for treatment by informing them that they will receive a "proven" treatment model helps raise their expectations for successful outcomes. It also helps to motivate them to give such treatment approaches a chance.
3. **Overcomes resistance to treatment:** This is a major obstacle which counselors face in working with clients so anything they can do to increase clients' motivation and participation in the treatment is most welcomed.

USE OF EBP'S INCREASE COUNSELORS' WITH THEIR CLIENTS

1. **Accountability:** When counselors choose researched treatments that have demonstrated clinical benefits, this demonstrates a sense of accountability to their clients
2. **Professionalism:** Using EBPs also demonstrates a professionalism and ethical soundness in their approach to treatment planning since they review the latest research and findings so as to identify appropriate interventions with some promise for success with their clients.
3. **Improved Plans of Treatment:** Using EBPs enables counselors to better provide a consistent rational plan of action which they can easily monitor for its implementation, management and results. This gives counselors more flexibility to alter their treatment plans since EBPs offer a variety of optional interventional approaches to achieve the same clinical treatment goals.

USE OF EBP'S SHOW MEDICAL TEAMS THAT THE BEHAVIORAL HEALTH CONSULTANTS ARE EFFECTIVE

An added use supporting the use of EBP's involves the opinion of other medical and mental health professions of BHP's since it demonstrates to both the medical and mental health community that Behavioral Health Consultants who are Clinical Mental Health Counselors work hard to be as effective as possible through their use of scientifically supported treatment interventions.

RELUCTANCE BY PROFESSIONAL COUNSELING TRAINING PROGRAMS TO EMBRACE EBP'S

Rationale for not embracing EBP's by Counselor Education Programs

1. There has been a long held belief within the mental health training establishment that Counseling is "developmental in nature with a primary focus on wellness"
2. That professional counselors should not handle diagnosing and treating major mental health disorders
3. Most importantly, the training establishment has been unwilling to embrace EBP's given that it appears to them that EBP's are simply "cookbook-like" manualized treatment approaches which give no freedom or latitude to the professional counselor.

Unfortunately, for this reason, all too few textbooks in professional mental health counseling have focused on EBP's so that Clinical Mental Health Counselors in training can learn about and then put into practice these sound researched clinical interventions.

RELUCTANCE IN USE OF EBP'S IN THE BROADER MENTAL HEALTH FIELD HAS BEEN THERE

Even though the use of evidence based practices has been the norm since the start of 2000, there has been real resistance to their use by clinicians. Foa, Gillihan and Bryant, posited that there are many factors which explain the non-use of Evidence Based Treatments:

1. "A professional culture" that does not support the use of EBP's
2. Lack of clinician training in EBP's
3. limited effectiveness of commonly used dissemination techniques, and the cost associated with effective dissemination models" (Foa, Gillihan & Bryant, 2013, p. 79). These authors went on to say that:

"One shared assumption in traditional psychotherapy is that understanding the origins of one's problems and symptoms, such as difficult childhood relationships with parents, is essential for successful therapy outcome. Thus, psychotherapy is seen as an intricate process of collaboration between the patient and the therapist, whose goal is to maximize well-being and happiness by exploring multiple aspects of the patient's inner life and experiences and helping the patient increase insight and self-understanding" (Foa, Gillihan & Bryant, 2013, p. 80).

ACCEPTED RATIONALE FOR USE OF EBP'S

Evidence based practices are psychological and psychotherapeutic treatments and interventions of physical and psychological pathology (Barlow, 2004). Evidence Based Practices use three concepts:

1. Empirically supported treatments (EST) which identify specific psychotherapeutic interventions with evidence for their effectiveness in treating certain diagnoses or identified problems successfully
2. Clinical Practice Guidelines which entail assessment and treatment strategies with a recommended course of application;
3. Evidence Based Practice which is a series of activities that would comprise evidenced based practices which enable mental health practitioners to administer the best care possible to their clients or client groups under their care (Barlow, 2007).

WHAT ARE THE COMMON MENTAL HEALTH DISORDERS TREATED WITHIN INTEGRATED MEDICAL TEAMS?

1. Autistic Spectrum Disorder
2. Attention Deficit Hyperactivity Disorder (ADHD)
3. Bipolar Disorder
4. Depressive Disorders
5. Anxiety and Trauma and Stressor-Related Disorders
6. Phobias
7. Post Traumatic Stress Disorder (PTSD)
8. Obsessive Compulsive Disorder (OCD)
9. Anorexia
10. Bulimia
11. Alcohol use Disorders
12. Substance and Medication use Disorders

Messina, J.J. (2016), *Evidence Based Practices for Mental Health Professionals*. Retrieved at: http://coping.us/evidencebasedpractices.html

INITIAL MENTAL HEALTH ASSESSMENT

Name of Client: **Date of Assessment:**

Date of Birth of Client: **Chronological Age:**

Educational Level: **Marital Status:**

Ethnic Origin or Race: **Referred by:**

Why now?

Clinical Mental Health History

Current psychotropic medications.

Medical History

Family History.

Social History

Vocational History:

Client's strengths & Liabilities

Relevant ACE (Adverse Childhood Experiences)

Abuse 1. Emotional Abuse 2. Physical Abuse 3. Sexual Abuse

Neglect 4. Emotional Neglect 5. Physical Neglect

Household Dysfunction 6. Mother was treated violently 7. Household substance abuse 8. Household mental illness 9. Parental separation or divorce 10. Incarcerated household member

Mental Status Exam: Appearance Consciousness Orientation Speech Affect Mood Concentration Activity Level Thoughts Memory Judgment

Tentative Diagnosis

- Principal Diagnosis
- Provisional Diagnosis
- Other Conditions That May Be a Focus of Clinical Attention

Treatment Plan – 3 long term goals, 3 objectives per goal, 1 intervention per objective (Use Jungsma Planners)

EVIDENCE BASED PRACTICES FOR MENTAL HEALTH PROFESSIONALS

To help CMHC's identify recognized tools for EBP's they can use the online book: Messina, J.J. (2016), *Evidence Based Practices for Mental Health Professionals*. Retrieved at: http://coping.us/evidencebasedpractices.html

In this book they will be provided for the 12 Diagnoses Covered the following

1. Case Studies
2. ICD-10-CM Codes
3. DSM-5 Clinical descriptors
4. EBP's for each of the 12 Disorder
5. Homework and handouts
6. EBP workbooks, manuals and guidebooks
7. References for EBP's

AUTISM – EVIDENCE BASED PRACTICES

1. Operational definition of the observed target's undesirable behaviors such as repetitive behaviors
2. Identification of the triggers for the unwanted behaviors and development of the treatment environment which controls or eliminate such triggers
3. Task analysis which clearly explains the involved treatment procedures
4. Measurement which quantifies acquisition, maintenance and generalizes the targeted behaviors

The behavioral-psychoeducational models include

1. Classroom program called TEACCH
2. Applied Behavioral Analysis/Discrete Trial Training
3. Pivotal Response Training
4. Incidental Teaching

ADHD - EVIDENCE BASED PRACTICES

Combination of medication and behavioral intervention

- Clinicians have found that the combination treatment of medication and behavioral intervention are most successful in addressing the ADHD symptomatology

BIPOLAR DISORDER – EVIDENCE BASED PRACTICE

The use of pharmacotherapy is a major EBP in treating Bipolar Disorder

- unfortunately clients are typically non-compliant in taking their medications as directed.
- All too often these clients are "set up" to expect improvement and have no idea that they are coping with a chronic condition

Cognitive Behavioral Therapy is an adjunctive therapy which helps patients better understand the extreme mood swings, their beliefs which lead to non-compliance, distressing intrusive memories which can be derailing, and irrational thinking which keeps them stuck or unwilling to work on overcoming the impact of their disorder

DEPRESSION – EVIDENCE BASED PRACTICES

1. Pharmacotherapy only
2. Cognitive Behavioral Therapy (CBT) only
3. Combination of CBT with other therapies: a) Positive Psychology b) Mindfulness c) Acceptance and commitment therapy
4. Interpersonal Psychotherapy (IPT)
5. Process-Experiential Therapy (PET)
6. Combination of medication and individual therapy
7. Exercise with older adults
8. Family therapy or psychoeducation

ANXIETY – EVIDENCE BASED PRACTICES

1. Pharmacological Treatments only
2. Psychotherapeutic interventions only
    1. Cognitive Behavioral Therapy
    2. Behavioral Exposure Treatments
3. Combination of CBT and medications

PHOBIAS – EVIDENCE BASED PRACTICES

1. Cognitive Behavioral Therapy (CBT)
2. In vivo Exposure
3. Virtual Exposure
4. Combination of CBT and Exposure
5. Eye Movement Desensitization and Reprocessing (EMDR)
6. Pharmacotherapy only

PSTD – OTHER TRAUMA RELATED CONDITIONS – EVIDENCE BASED PRACTICES

1. Trauma Focused Cognitive Behavioral Therapy (FTCBT) or Cognitive Processing Therapy (CPT)
2. Prolonged Exposure (PE)
3. Eye Movement Desensitization and Reprocessing (EMDR)
4. Pharmacotherapy

OBSESSIVE-COMPULSIVE DISORDER – EVIDENCE BASED PRACTICES

1. Cognitive Behavioral Therapy (CBT) or Cognitive Therapy (CT)
2. Exposure and Response Prevention (ERP)
3. Pharmacotherapy
4. Combination CBT/CT or ERP and Pharmacotherapy

ANOREXIA – EVIDENCE BASED PRACTICES

1. Cognitive Behavior Therapy or Behavioral Therapy
2. Inpatient/outpatient treatment program for weight restoration with combination of CBT, medication and weight restoration and nutritional counseling and psychoeducation

BULIMIA – EVIDENCE BASED PRACTICES

1. Psychological Treatment only: Cognitive Behavior Therapy (CBT) or Interpersonal Psychotherapy (IPT)
2. Family Therapy included in Outpatient Program
3. Group Therapy included/or alone in Outpatient Program
4. Technology: Internet based CBT individual treatment
5. Self-Help Programs
6. Pharmacotherapy only
7. Combination of Psychological and Pharmacotherapy

ALCOHOL USE DISORDER – EVIDENCE BASED PRACTICES

1. AA only
2. Cognitive Behavior Therapy (CBT)
3. Motivational Interviewing only
4. CBT and Motivational Interviewing 5) Family or Couples Therapy (Walitzer and Dermen, 2004; Harris, Baker, Kimball and Shumway, 2007, Deas, 2008).
5. Residential or outpatient with combination of CBT and AA
6. AA as aftercare for either Residential or Outpatient Treatment
7. Internet/Virtual Reality
8. Pharmacotherapy only

SUBSTANCE USE DISORDER – EVIDENCE BASED PRACTICES

1. Cognitive behavior therapy (CBT)
2. Motivational Interviewing (MI)
3. Contingency Management (CM)
4. Supportive-Expressive (SE) Psychotherapy
5. Multisystemic (Family) Therapy (MST)
6. Pharmacotherapy only
7. 12 Step Programming
8. Computer and Technology Supported

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