**Using Evidence-Based Practices**

**Facilitator Guide**

*No handouts*

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| Slide 1 | **Slide 1: Title Slide**  Using Evidence-Based Practices |
| Slide 2 | **Slide 2: Learning Objectives**  **Explain:**  During this module you will:   * Reflect on your own experience with Evidence-Based Practices * Learn the definition and importance of EBPs * Identify Examples of EBPs that you have more vs less experience with |
| Slide 3 (show slide in 2 parts) | **Slide 3: Activity**  **Note:** Show slide in 2 parts  **Ask:** What is an evidence-based practice? (Get people’s reactions)  **After they respond – show next section of slide that gives this definition:**  Evidence-based practices can be a screening-to-assessment approach or an intervention (e.g., treatment program, service) for which there is scientific evidence that it will improve outcomes for persons served. |
| Slide 4 | **Slide 4: Why do we use evidence-based practices in ACCS?**  **Explain:**  1. We are here to assist persons served with improving their functioning, well-being, and other outcomes. Note that the other outcomes include:   * + Independence   + Employment   + Satisfying relationships/personal support, and   + Good quality of life  1. Research has documented what interventions are effective in improving the lives of persons served with severe mental health conditions, yet studies are also showing that most persons served in routine mental health programs do not get treated with evidence-based practices. Only about 10% of persons served actually receive evidence-based practices. 2. Examples of practices that are NOT evidence-based, are unrelated to improving client outcomes, and in some cases may even be harmful3, include making decisions based on:    1. Traditional mental health service practices that do not have evidence of benefiting outcomes for persons served,    2. What is convenient, and    3. Clinicians’ preferences or wisdom without the structure of a validated approach. |
| Slide 5 | **Slide 5:** **Screening and Assessment Instruments**  **Explain:**  We use validated screening and/or assessment instruments to identify the risks of persons served, what may be driving those risks, functional needs, and to inform the best treatment plan to help the person served minimize clinical risks (e.g., suicide, substance use) and improve overall functioning |
| Slide 6 | **Slide 6** **Explaining the difference between screening and assessment**  **Explain:**  Screening is conducted first as a means to determine who ‘might’ have the characteristic in question (e.g., risk for suicide) versus who can be screened out. Individuals ‘screened in’ receive a more comprehensive assessment. In this way, the screen serves as a ‘sorting’ process.   * Example: ACCS uses the Columbia-Suicide Severity Rating Scale (C-SSRS) to screen for suicide risk and the Assessment version for those who ‘screen in’ * Screening instruments are ‘portable’, these can be conducted in the moment when staff have reason for concern to determine if the person served is at elevated risk for suicide, substance use, etc. They also are intended to be conducted routinely during ITT reviews. |
| Slide 7 | **Slide 7**: **Use of structured, valid screening tools with an evidence-base is essential to ensure accuracy, consistency across clinicians/personnel, and fairness.**  **Explain:**   * These ensure every clinician (or other relevant personnel) is asking relatively the same questions and basing their decisions on the same information. * Research indicates use of validated instruments is a more valid approach than using one’s gut or experience alone. In the case of violence risk, for example, considerable research has indicated experienced professionals perform only slightly better than chance when trying to determine who is a risk for violence when no instrument is used. |
| Slide 8 | **Slide 8:**  **Interventions we use with ACCS persons served**  **Ask:**  Which of these Evidence Based Practices (EBP) do you already have experience with?  **FACILITATOR NOTES**:  Describe a few of the interventions from the list that are used by your agency:  **Motivational interviewing (MI)**  An effective, evidence-based technique for helping clients resolve ambivalence about behaviors that prevent change. The core goals of MI are to express empathy and elicit clients’ reasons for and commitment to changing substance use and other unhealthy behaviors (Miller & Rollnick, 2013).  **Screening, Brief Intervention and Referral to Treatment (SBIRT):**  SBIRT is a comprehensive, integrated public health model designed to provide universal screening, secondary prevention (detecting risky or hazardous substance use before the onset of abuse or dependence), early intervention, and timely referral and treatment for people who have SUDs (Babor et al., 2007; Babor & Higgins-Biddle, 2001; Substance Abuse and Mental Health Services Administration [SAMHSA], 2011).  [**Harm reduction is an approach**](http://www.nchrc.org/harm-reduction/what-is-harm-reduction/) that promotes health in a way that meets people where they are at, accepting that not everyone is ready or capable of stopping their substance use at a given time. Instead of making judgments about where individuals suffering from addiction should be with regards to their health and behavior, harm reduction focuses on promoting evidence-based methods for reducing associated health risks in the current moment (e.g., preventing HIV transmission).  The defining features of harm reduction include a focus on the prevention of harm, rather than on the prevention of substance use itself. Harm reduction initiatives run the gamut from medical care and disease prevention, to education and linkage to addiction treatment. Retrieved March 30, 2022: <https://www.recoveryanswers.org/resource/drug-and-alcohol-harm-reduction/>  **Cognitive-Behavioral Therapy (CBT)**  Cognitive behavioral therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications. (American Psychological Association. Retrieved March 30, 2022: <https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral>)  CBT uses behavioral therapy techniques to help clients change their thinking patterns and their behavioral patterns.  **Wellness Recovery Action Plan (WRAP)** is a manualized group intervention for adults with mental illness. WRAP guides participants through the process of identifying and understanding their personal wellness resources ("wellness tools") and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness. Retrieved March 30, 2022: <https://massachusetts.networkofcare.org/mh/services/agency.aspx?pid=WellnessRecoveryActionPlanWRAP_2_1632_0>  *NOTE: Agencies that use WRAP might consider showing the 3-minute WRAP video on the next slide*  **Housing First** is an approach to addressing homelessness that focuses on providing permanent housing without barriers to entry such as sobriety, treatment, or service participation requirements. Housing First is built upon the principles that homelessness is fundamentally a housing crisis and that having necessities like a stable place to live must come before other, less critical needs. Retrieved March 30, 2022: [*https://www.mamh.org/science-innovation/tested-solutions/housing-first*](https://www.mamh.org/science-innovation/tested-solutions/housing-first) |
| Slide 9 | **Slide 9: Activity- Agencies that use WRAP - Video**  *Agencies that use WRAP might consider showing this 3-minute WRAP video: https://youtu.be/pZLgVSF18ug* |
| Slide 10 | **SLIDE 10:** **Evidence-based practices (EBP) must be followed with fidelity to be effective.**  **Explain**: Meaning these interventions and screening and assessment procedures are to be followed exactly as described in the manuals (aka the ‘active ingredients’)   * Research shows that offering an intervention that ‘resembles’ an evidence-based practice is not sufficient for obtaining good outcomes * Providing interventions that are administered with fidelity will result in superior outcomes * Persons served have a right to access to interventions that are known to be effective |
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| Slide 11 | **SLIDE 11: Reference slide**  Drake et al. (2001). Implementing evidence-based practices in routine mental health service settings. Psychiatric Services, 52(2) p. 179-182 |
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