Evidence Based Practices

March 14, 2013

Luis O. Lopez, MS, HSBCP
Today’s Webinar Objectives

As a result of today’s webinar:

- Health Home Care Managers will be familiar with examples of evidence based practices and their relationship with improving quality of care, improving outcomes and decreasing cost.

- Health Home Care Managers will be familiar in how to access additional information regarding both evidence based and best practice approaches.

- Health Home Care Managers will identify at least one goal for integrating a new practice approach in day to day work.
Goal of the NYS Care Management Training

To provide education, training, and ongoing support to care managers who are in transition of their workforce responsibilities in a way that utilizes their existing knowledge, skills and strengths so that individuals with complex needs can improve their health and wellness and realize their full potential.
Tools for Supporting Recovery

Recovery:
To support individuals “improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

Evidence Based and Best Practice Approaches
Evidence Based Practice

EBP is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter his or her own personal and unique concerns, expectations, and values. The best evidence is usually found in clinically relevant research that has been conducted using sound methodology. (Sackett D, 2002)

http://www.hsl.unc.edu/services/tutorials/ebm/whatis.htm
Examples of EBP: 
SAMHSA Toolkits

- Supported Education
- Treatment of Depression in Older Adults
- Interventions for Disruptive Behavior Disorders
- Consumer Operated Services
- Medication Treatment, Evaluation and Management
- Permanent Supportive Housing
- Family Psycho-education
- Illness Management and Recovery Skills
- Supported Employment
- Integrated Dual Disorders Treatment
- Assertive Community Treatment

http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs
Additional Examples of Evidence Based Practices

- Motivational Interviewing

- WRAP

SAMHSA’s National Registry of Evidence Based Programs and Practices
http://www.nrepp.samhsa.gov/
Best Practice

A best practice is a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark. In addition, a "best" practice can evolve to become better as improvements are discovered. Best practice is considered by some as a business buzzword used to describe the process of developing and following a standard way of doing things that multiple organizations can use.

http://en.wikipedia.org/wiki/Best_practice
SAMHSA Best Practices and Models

http://www.thenationalcouncil.org/cs/best_practices_programs
1. Consumer Operated Services

**Definition:** a peer-run program or service that is administratively controlled and operated by the mental health consumers and emphasizes self-help as its operational approach.

U.S. Department of Health and Human Services, 1998)

“Recovery-oriented services and supports are often successfully provided by consumers through consumer-run organizations ... Studies show that consumer-run services and consumer-providers can broaden access to peer support, engage more individuals in traditional mental health services, and serve as a resource in the recovery of people with a psychiatric diagnosis”

Examples of Consumer Operated Services

- Provide mutual support;
  - “...people offer their experience, strength, and hope to their peers, which allows for natural evolution of personal growth, wellness promotion, and recovery” (Carpinello et al., 1992; Schubert & Borkman, 1994).

- Build community;
  - “...provide participants with opportunities to develop new social and interpersonal networks and to become full members of an inclusive and accepting community” (Hardiman & Segal, 2003; Hardiman, 2004; Yanos, Primavera, & Knight, 2001).
Examples of Consumer Operated Services

Offer services;

“…provide concrete services such as safe shelters and assistance with other basic needs, such as housing and employment or education. The programs also may provide crisis response services, links to resources, social and recreational opportunities, information/education, and outreach” (Clay, 2005; Goldstrom et al., 2006; Campbell & Leaver, 2003; Zinman, 1987).

“…providing technical assistance, evaluation and research, training, public education, and even healthcare purchasing cooperatives” (Potter & Mulkern, 2004; Van Tosh & del Vecchio, 2001).

Conduct advocacy activities

“…may advocate for individuals by helping them to know and exercise their rights, access resources within the traditional service system or broader community, and address grievances”

“…form advocacy coalitions that amplify members’ voices to promote system change and social justice” (Zinman, 1987; Chamberlin, 1988; Harp & Zinman, 1994; Roberts & Rappaport, 1989).
Peer Counseling

In an article written by Lauren Lefebvre, from Tri-Lakes Center for Independence, the peer counseling relationship is described as important, unique, and valuable –

“When you are part of the peer counseling experience you realize how important it is for a person with a disability to have the experience of meeting and talking with another person with a disability.”
Peer Counseling

The peer counselor focuses on the strength of the relationship.

The peer counselor establishes;

- Trust
- Hope
- Empathy
- Compassion
Role of Peer Counselor within Health Homes

The peer counselor could support the team and individual in understanding:

- Triggers
- Crisis
- Relapse Prevention
- Recovery
2. Family Psycho-Education

**Definition:** gives consumers and families information about illnesses, helps them build social supports, and enhances problem-solving, communication, and coping skills.

Family Psycho-education Video (SAMHSA)
http://www.youtube.com/watch?v=68oBIF_5Aqs&feature=plcp
Family Psycho-Education and Chronic Illness

What to expect;
- Guilt
- Grief
- Anger
- Depression
- Hopelessness
- Sorrow
15 Principles In Working With Families

- Coordinate all elements of treatment and rehabilitation to ensure that everyone is working toward the same goals in a collaborative, supportive relationship.
- Pay attention to both the social and the clinical needs of the consumer.
- Provide optimum medication management.
- Listen to families’ concerns and involve them as equal partners in the planning and delivery of treatment.
- Explore family members’ expectations of the treatment program and expectations for the consumer.
- Assess the strengths and limitations of the family’s ability to support the consumer.
- Help resolve family conflict by responding sensitively to emotional distress.
- Address feelings of loss.
- Provide relevant information for the consumer and his or her family at appropriate times.
- Provide an explicit crisis plan and professional response.
- Help improve communication among family members.
- Provide training for the family in structured problem-solving techniques.
- Encourage family members to expand their social support net-works—for example, to participate in family support organizations.
- Be flexible in meeting the needs of the family.
- Provide the family with easy access to another professional in the event that the current work with the family ceases.
3. Illness Management and Recovery (IMR)

**Definition:** …psycho-education, behavior strategies, and development of coping strategies so that persons can manage their illness, develop goals for recovery, and make informed decisions about their treatment.

Practitioner Guide and Handouts
http://store.samhsa.gov/shin/content//SMA09-4463/PractitionerGuidesandHandouts.pdf
Wellness Self Management (WSM)
Workbook:
http://practiceinnovations.org/LinkClick.aspx?fileticket=vuQTkNjQJcA%3d&tabid=69

WSM promotes Recovery
- Encourages Person Centered Treatment
- Encourages Personal Goals
- Reviews Personal Strengths
- Identifies Personal and Communities Supports

WSM promotes Behavioral Health Wellness
- Coping with Stress and Symptoms
- Monitoring Stress and Symptoms
- Decreasing Stress and Symptoms
Wellness Self Management

WSM promotes Physical/Medical Wellness

- Reviews Importance of Medical Care and Healthy Living
- Reviews Appropriate and Consistent Medical Services
- Reviews Exercise Routine
- Reviews Healthy and Nutritional Diet
Wellness Self Management

WSM promotes Cultural Competence

- Recognizes Cultural Values
- Builds on Cultural Values based on Personal Experiences

WSM promotes Best Practices

- Encourages Motivational Interventions
- Supports Educational Discussions / Materials
- Encourages CBT
4. Integrated Dual Diagnosis Treatment

**Definition**: model of treatment for which individuals with mental illness and substance use receive combined treatment from the same practitioner or treatment team.

SAMHSA IDDT Toolkit
http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367

SAMHSA Video- Co-Occurring Disorders
http://www.youtube.com/watch?v=nLseAvC8Heo&feature=youtu.be

Center for Practice Innovations- Focus on Integrated Treatment
http://practiceinnovations.org/CPIInitiatives/FocusonIntegratedTreatmentFIT/tabid/186/Default.aspx
Fundamental Principles of IDDT

- Mental health and substance abuse treatment are integrated to meet the needs of people with co-occurring disorders.

- Integrated treatment specialists are trained to treat both substance use disorders and serious mental illnesses.

- Co-occurring disorders are treated in a stage-wise fashion with different services provided at different stages. Harm Reduction Model is accepted.

- Motivational interventions are used to treat consumers in all stages, but especially in the persuasion stage.

- Substance abuse counseling, using a cognitive-behavioral approach, is used to treat consumers in the active treatment and relapse prevention stages.

- Multiple formats for services are available, including individual, group, self-help, and family.

- Medication services are integrated and coordinated with psychosocial services.
Basic Characteristics of an IDDT Program

- Multidisciplinary teams
- Integrated treatment specialists
- Stage-wise interventions
- Access to comprehensive services
- Time-unlimited services
- Outreach
- Motivational interventions
- Substance abuse counseling
- Group treatment for co-occurring disorders
- Family interventions for co-occurring disorders
- Alcohol and drug self-help groups
- Pharmacological treatment
- Interventions to promote health
- Secondary interventions for non-responders
Definition- a practical plan, developed by the individual, which identifies key ingredients for getting and staying well.

WRAP Webinars

http://www.wrapandrecoverybooks.com/e-learning/webinars.php
Aspects of a WRAP

- Wellness Toolbox
- Daily Maintenance Plan
- Identifying Triggers and an Action Plan
- Identifying Early Warning Signs and an Action Plan
- Identifying When Things Are Breaking Down and an Action Plan
- Crisis Planning
- Post Crisis Planning
WRAP will support all aspects of Health Home Care Management

- Comprehensive Care Management
- Care Coordination and Health Promotion
- Comprehensive Transitional Care
- Patient and Family Support
- Referral to Community and Social Support Services
Tools for Supporting Recovery

Consumer Operated Services
Family Psycho-Education
Illness Management and Recovery/WSM
Integrated Dual Diagnosis Treatment (IDDT)
Wellness Recovery Action Plans (WRAP)
Next Steps

- Please share your feedback via the webinar survey.
- Log on to the NYS Care Management Training Initiative website to review additional resources at www.healthhometraining.com
- Learn more about and practice a best practice approach with individuals you are working with- have conversations with your supervisor and co-workers.
Questions