Evidence Based Practices

Background

Phase One

Phase Two

Illness Management & Recovery

Family Psychoeducation

What are Evidence-Based Practices?

- Evidence-Based Practices (EBPs) are services that have demonstrated their effectiveness in helping consumers to achieve good outcomes in several different research trials
- These trials are conducted by different people with similar outcomes

Foundation of the EBP Project

- We know much more now, than we did a few years ago about what mental health services really work
- The P.O.R.T. study
- There is a large gap between what we know about mental health services and the services that we provide

Robert Wood Johnson Consensus Panel

- RWJ convened a group of people with different backgrounds in mental health to identify practices that had good evidence in helping consumers.
- Six areas were identified as having produced good evidence at that point

The Six Current EBPs

- Assertive Community Treatment
- Co-Occurring: Integrated Dual Disorders Treatment
- Family Psychoeducation
- Illness Management and Recovery
- Medication Management
- Supported Employment

Potential future EBPs

- Peer support programming
- Practices for people with borderline personality disorders
- Practices for people with trauma histories
- Supported housing
- ?

Goals of the EBP Project

- To improve mental health services in supporting the recovery process
- Increase access for consumers and families to services that have demonstrated effectiveness
- Help mental health services administrators and providers to implement and sustain services that have demonstrated effectiveness

EBP Philosophy

- Mental health services should reflect the goals of consumers to establish satisfying lives beyond illness, such as relationships, careers, and independence
- Consumers and families have the right to access services from the public mental health system that are known to be effective

EBP Philosophy (continued)

- Mental health services should be implemented and provided in a culturally competent manner
- Mental health services should be implemented and delivered in ways that support consumer and family empowerment, choice and recovery

The Key Stakeholders

- Five main "stakeholder groups"
  - Consumers
  - Family members and other supporters
  - Mental health practitioners and clinical supervisors
  - Mental health program leaders
  - Public mental health authorities

The EBP Process

- Phase One
  - Development of "Implementation Resource Kits" (started Fall 2000)
- Phase Two
  - Field testing for quality improvement of Implementation Resource Kits in 8 states (started Summer 2002)
- SAMHSA Makes Kits Available

Phase One

- Development of Implementation Resource Kits ("toolkits")
  - developed by teams including all stakeholders
  - reviewed by teams including all stakeholders
  - reviewed by national panels of all stakeholders and SAMHSA
  - include information for all stakeholders

Implementation Resource Kits

- Contents
  - user's guide for the kit
  - information sheets for all stakeholder groups
  - web-based information <www.mentalhealthpractices.org>
  - introductory videos
  - introductory power point presentations
  - implementation information

Implementation Resource Kits

- Contents (continued)
  - cultural competency information
  - fidelity scales
  - general organizational index
  - consumer outcome information
  - workbook/manual for practitioners
  - practice demonstration videos

Phase Two

Field Testing of Implementation Resource Kits in 8 states

- Use materials in Kits
- Provide consultation and training
- Develop “local” implementation centers
- Monitor the effectiveness of materials
- Improve the materials and the consultation and training process based on feedback from all stakeholders

Phase Two: Pilot States & Practices

- **Assertive Community Treatment**
  - New York, Indiana
- **Integrated Dual Disorders Treatment**
  - Ohio, Indiana, Kansas
- **Family Psychoeducation**
  - Vermont, Maryland, New Hampshire
- **Illness Management & Recovery**
  - Vermont, New York, New Hampshire, Ohio
- **Supported Employment**
  - Oregon, Kansas, Maryland
- **Medication Management**
  - Veteran's Administration

What this study wants to learn

- How to improve the material in the implementation resource kits
- How to effectively implement practices with consumers and family members as active partners
- What are the most effective ways to assure consumers have ongoing access to services that have demonstrated effectiveness

8 States in this Pilot Study

- Vermont
- New Hampshire
- New York
- Maryland
- Ohio
- Indiana
- Kansas
- Oregon

Stakeholders in Implementing EBPs

- Five main "stakeholder groups"
  - Consumers
  - Family members and other supporters
  - Mental health practitioners
  - Mental health program leaders
  - Public mental health authorities

IMR

- Illness Management and Recovery

ONE DEFINITION OF RECOVERY

- "Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness." (Anthony, 1993)

Illness Management & Recovery

- Strategies designed to help consumers learn skills to treat their mental illness in order to reduce their susceptibility to relapses, and to cope more effectively with their symptoms

Rationale For IMR

- Increased self-determination through improved course of illness
- Collaboration in treatment and shared decision-making

Format of IMR

- Individual weekly sessions, from 3-7 months
- Motivational, Educational and Cognitive Behavioral strategies used
- Collaboration with mental health practitioners
- 9 step by step, structured modules

9 IMR Treatment Topic Areas

- Recovery Strategies
- Practical Facts about Mental Illness
- The Stress Vulnerability Model and Treatment Strategies
- Building Social Support
- Using Medications Effectively

9 IMR Treatment Modules (Cont.)

- Reducing Relapses
- Coping with Stress
- Coping with Persistent Problems
- Getting Your Needs Met in the Mental Health System

Implementation Steps

- Agency/Community Assessment
- Formation and Operation of an Implementation Advisory Committee
- Ongoing Consensus Building
- 1-2 Hour Kickoff Training
- 2 Day Practitioner Training
- Ongoing Consultation for 8 Months

FPE

Family Psychoeducation

Reasons for Providing Family Psychoeducation

- Most consumers have family contact or live at home
- Care taking results in stress on family and on consumer
- Family stress increases risk of relapse and increases health risks for all of family
- Families need information about mental illness and treatment

Format of Family Psychoeducation

- Long-term (over 6 months)
- Single and Multifamily Groups
- Focus on education, stress reduction, support and working to manage illness (It's not therapy)
- Oriented towards future, not past
- Led by mental health practitioners

FPE & NAMI's Family-to-Family Program

- **Family-to-Family**
- Short term; 12 weeks
- Family as members
- Information and support focus
- NAMI Organized
- Primary focus on family functioning

- **Family Psychoeducation**
- 9months-3years
- Consumers and Family
- A Problem solving focus
- Mental Health Center Organized
- Primary focus on consumer functioning

3 Stages of Family Psychoeducation

- Joining
  - (2-3 sessions)
- Educational Workshop
- Ongoing Problem Solving Group
  - (6+ Months)

5 Step Problem Solving Method

1. Define: What is the Problem?
2. List all Possible Solutions
3. List Pluses and Minuses of each Solution
4. Choose the best Solution or combination of Solutions
5. Plan the steps to carry out the Best Solution