Evidence Based Practices

- Clinical Expertise
- Patient Preferences
- Best Available Evidence

EBP
EBPs In An ODS World Overview

- What are EBPs
- Description of EBPs
- Ensuring integrity of EBP
- Tips for Ensuring EBP integrity
- Workshop/Discussion
What Are Evidence Based Practices

- The most common definition of Evidence-Based Practice (EBP) is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient.

- The integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care.
What Does It Mean To Be Evidence Based?

Knowing what it means for a program to be “evidence-based” helps practitioners choose interventions with the greatest potential to treat substance use disorders.
Criteria for Evidence Based

- SAMHSA defines evidence-based interventions as those that fall into one or more of three categories:
  - The intervention is included in a federal registry of evidence-based interventions OR
  - The intervention produced positive effects on the primary targeted outcome, and these findings are reported in a peer-reviewed journal OR
The intervention has documented evidence of effectiveness, based on guidelines developed by the Center for Substance Abuse Prevention and/or the state, tribe, or jurisdiction in which the intervention took place. Documented evidence should be implemented under four recommended guidelines, all of which must be followed. These guidelines require interventions to be:

- Based on a theory of change that is documented in a clear logic or conceptual mode AND
- Similar in content and structure to interventions that appear in federal registries of evidence-based interventions and/or peer-reviewed journals AND
- Supported by documentation showing it has been effectively implemented in the past, multiple times, and in a manner attentive to scientific standards of evidence. The intervention results should show a consistent pattern of credible and positive effects. AND
- Reviewed and deemed appropriate by a panel of informed experts that includes qualified researchers experienced in evaluating interventions similar to those under review.
Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. Counties will ensure the providers have implemented EBPs.
Evidence Based Practices

As a requirement of El Dorado DMC-ODS, each provider must implement—and assess integrity to—at least two of the following Evidenced Based Practices per modality:

- MI, CBT, Relapse Prevention, Trauma-Informed Treatment and Psycho-Education.
I.A. Definition of EBPs

Motivational Interviewing:

- A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.
MI and Stages of Change

- A practitioner using MI views a client’s readiness to change as dynamic. Clients can move along these stages by increasing their motivation to change.
MI and Stages of Change

Stages of change

Pre-contemplation
Contemplation
Preparation
Action
Maintenance
Relapse (or lapse)
What is CBT?

Thoughts create feelings

Behavior reinforces thoughts

Feelings create behavior
Cognitive-Behavioral Therapy

- Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.
Relapse Prevention:

- A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.
Trauma-informed and Psycho-Ed.

- **Trauma-Informed Treatment**
  - Services must take into account an understanding of trauma, and place priority on trauma survivors’ safety, choice and control.

- **Psycho-Education:**
  - Psycho-educational groups are designed to educate clients about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to clients’ lives; to instill self-awareness, suggest options for growth and change; identify community resources that can assist clients in recovery; develop an understanding of the process of recovery; and prompt people using substances to take action on their own behalf.
But We’re Already Using These EBPs. What’s New?

- Under ODS, programs are not only expected to implement EBPs according to standards, but must also assess and ensure the **fidelity** of EBPs.
Wait. What do Investments Have to do with this?
Not That Fidelity, This One.

Fidelity:
- Faithfulness to a person, cause, or belief, demonstrated by continuing loyalty and support.
- The degree of exactness with which something is copied or reproduced.
Why Do EBPs Sometimes Get a Bad Rep?

- Touting a practice with some evidence as “Evidence Based Practice”
- Adapting the EBP to the point it is no longer related to the original model
- Poor/no supervision, and
Doing EBP without ongoing evaluation of outcomes and/or fidelity to the model

"I knew it was a rash decision, but I went with it anyway."
Why EBP Fidelity Is Important

- One of the most important considerations when implementing an evidence-based practice is fidelity (sometimes called adherence or integrity) to the original approach. Preserving the components that made the original practice effective can directly impact the success of desired outcomes.
Importance Of EBP Fidelity

- Effectiveness research tells us that the way a EBP is implemented influences outcomes.
- Implementing an EBP with fidelity improves the likelihood of replicating the same effects with participants as the original study.
- Poor implementation or lack of implementation fidelity can, and often does, change or diminish the impact of the intervention.
Tips for Ensuring Fidelity of EBP’s

- A method for ensuring the treatment “dose” (intensity, frequency, length of contact) is consistent among clients with similar diagnoses.
- A protocol for the delivery of EBP that outlines accuracy and consistency.
- A method for determining that the practitioners are adhering to the protocol.
- A method for identifying areas for course correction (drift) and provide an outline for implementation of course correction.
- Regular monitoring of EBP
EBP Fidelity Monitoring

- Fidelity monitoring enables documentation of EBP successes and challenges. It allows for feedback and improvement, as well as opportunities for quality assurance and continuous quality improvement.

- Fidelity monitoring also assists EBP implementation by regularly identifying planned and unplanned adaptations.
How Can We Monitor Fidelity?
Before Implementation

- Identify and fully understand the EBPs core components.
  - Thoroughly read the printed curriculum and be familiar with handouts, activities, worksheets, game materials, videos, music and all related program materials.
  - When reading through the curriculum, gain an understanding of how the program progresses in terms of knowledge and skill building.
  - Note how activities progress from the first few lessons to later lessons. Note the importance of the first lesson in setting up a positive and safe learning environment.
Before Implementation

- It’s helpful to gain a good understanding of the EBPs theory of behavioral change or theoretical underpinning (i.e. how and why the program works).
  - Activities and lessons are thus directly tied to achieving outcomes.
    - This understanding helps program facilitators and educators to comprehend the importance of program fidelity and helps them to conduct program lessons as intended by program developers.
Before Implementation

- Identify or create a fidelity monitoring tool that can be easily used by facilitators.
  - It is essential that the fidelity monitoring tool is easy to complete.
  - The fidelity monitoring tool must capture detailed information about:
    - How each lesson was conducted
    - How much time it took to conduct each activity
    - What happened that impacted the length of time it took to conduct the activity.
Before Implementation

- Identify or create a fidelity monitoring process form.
  - The fidelity monitoring process form must capture the demographic information of the participants and track attendance for each lesson.
Before Implementation

- Provide proper fidelity monitoring training for program facilitators.
  - Understand the importance of fidelity and adaptation.
  - Understand the proper use of fidelity monitoring tools.
- Identify lessons or activities that will be adapted.
Before Implementation

- Have a plan for monitoring fidelity before implementation.
  - Understand the benefits of replicating a program with fidelity.
    - This will help all program facilitators and educators adhere to the program design and use program fidelity monitoring tools consistently and effectively.
During Implementation

- Conduct the lessons.
  - If feasible, have an observer take notes as the lessons progress.
  - Track what is implemented during each session.

- Complete the fidelity monitoring progress form at the conclusion of each lesson.
  - Note planned and unplanned adaptations.
  - Record unplanned adaptations (how and why) for each lesson.
During Implementation

- Identify problems with implementation as they unfold.
  - Note what worked and what did not.
- Provide on-going training, technical assistance and supervision.
  - Program facilitators must receive ongoing support from administrators, coordinators, and other key players.
  - As a result, participants will be more likely to demonstrate positive behavioral outcomes resulting from quality program implementation.
After Implementation

- Ensure that all fidelity monitoring forms have been completed.
  - Collect the forms from the facilitators on an on-going basis.
  - Do not allow too much time to lapse between the session and collection of forms from the facilitators.
After Implementation

- Schedule an appointment with the evaluator and a team of vested individuals to review fidelity monitoring forms at the end of each program implementation cycle.
  - In this way, many people are involved in the process of continuous quality improvement, and each program cycle results in increased implementation quality.
- Identify potential issues impacting less than optimal outcomes.
  - How much is attributed to not selecting/using the most effective/appropriate evidence-based program?
  - How much is attributed to an effective EBP not being implemented well?
After Implementation

• Continually improve quality.
  • Plan for future program implementation by revising lesson plans based on fidelity monitoring outcomes and evaluation findings.
After Implementation

• Evaluate the adaptation process and measure of success of adaptations.
  ◦ Identify if adaptations may have improved the delivery of the sessions.
  ◦ Work with evaluators to develop an easy evaluation tool for future adaptation if the changes improved outcomes.
  ◦ Remember:
    • Adaptations should not be made only for the convenience or comfort level of a program facilitator.
    • Successful adaptions can result in an intervention that is a better fit for the program participants.
Other Tips for Ensuring Fidelity!

- Create a training schedule and description of the training for practitioners (through documentation).
- Required elements to ensure they have been satisfactorily trained to deliver the intervention are
  - Standardization of training upon hire: ensuring all clinicians are trained in the same manner.
  - Skill acquisition: should include didactic sessions, modeling, use of video materials, training manuals, role plays.
  - Measurement of practitioner skill: determining performance criteria that include a rating for a “demonstrated understanding of key concepts” and documentation of review.
  - Maintenance of skill over time: continued training and EBP documented with performance reviews.
More Tips!

- Regularly and randomly performed, documented, assessments should be kept by the program and made available to monitors.
- The assessment should include
  - A list of current scripted intervention protocols.
  - A list of current treatment manuals that are utilized.
  - A list of current staff training for each EBP implemented.
  - A Performance review rating(s) for each clinician understands of EBP (self-assessment tool).
  - A Self-report anonymous questionnaire from client’s (a way to measure a client’s comprehension: understand and perform treatment related behavioral skills and cognitive strategies) also referred to as “Treatment Receipt.”
  - Qualitative interviews with clinician and clients alike.
  - Direct observation of a clinician from a performance reviewer.
To Sum It Up

- The research on EBPs tells us:
  Effective intervention practices
  + Effective implementation practices =
  Good outcomes for patients

  No other combination of factors reliably produces desired outcomes for patients.
Sources

- Department of Health & Human Services Family and Youth Services Bureau Fidelity Tip Sheet
- Evidence-Based Programs from the Resource Center for Adolescent Pregnancy Prevention (ReCAPP): http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebphome
- Evidence-Based Resource Center, Healthy Teen Network: http://healthyteennetwork.org/index.asp>Type=B_BASIC&SEC={5E80FC23-E52F-4B64-8E81-C752F7FF3DB6}
Workshop

- What EBP’s are you currently using?
- Are there barriers to implementing EBPs?
- Are there EBPs that you find to be more successful than others?
- Do you currently assess fidelity of implemented EBPs?
- Do you find it difficult to maintain EBP fidelity at times?
- Are there concerns around maintaining EBP fidelity?