Evidence-based Practice and Recovery-oriented Care

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SAMHSA’s Vision for Recovery to Practice

Through education, training, and resources the Recovery to Practice (RTP) program supports the expansion and integration of recovery-oriented behavioral health care delivered through multiple service settings.
Recovery in Behavioral Health

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
SAMHSA’s 10 Components of Recovery in Behavioral Health
RECOVERY TO PRACTICE Curricula

- American Psychiatric Association (APA) & American Association of Community Psychiatrists (AACP)
- NAADAC – Association for Addiction Professionals
- Council on Social Work Education (CSWE)
- American Psychiatric Nurses Association (APNA)
- American Psychological Association (APA)
- International Association of Peer Specialists (INAPS)
RTP Training and Technical Assistance

WEBINAR SERIES

Recovery-oriented Behavioral Healthcare

RTP Newsletter

Sign up: RTP@AHPNET.com
Underlying Principles

Successful provision of services depends on:

- Belief that recovery is for all
- Empathic genuine, trusting relationship
- People involved in decisions about their health care
- Culturally relevant and gender-specific services
- Principles of trauma-informed approaches
- Identification of skills and resources or successful living
What is an Evidence Based Practice (EBP)?

- Supported by a substantial body of research
- Identified by a panel of experts as an accepted EBP
- The gold standard for helping people
We all want the same things!
EBPs Build Skills & Resources

- Supported housing
- Supported employment
- Peer support services
- Assertive community treatment
- Family-based services
- Cognitive behavioral therapy
- Concurrent disorders intervention
- Psychosocial interventions for weight control

Fidelity Key to Success

EBPs must be implemented with fidelity to the researched practice!

When providing a service that has been shown to be effective, it is extremely important to provide the service exactly as it was developed and researched.

When the service is not provided with fidelity, the provider is not providing the same service.
SOME EVIDENCE BASED AND PROMISING PRACTICES
Supportive Housing

http://store.samhsa.gov
Peer Run Services

http://store.samhsa.gov
Supported Employment and Supported Education

http://store.samhsa.gov
Assertive Community Treatment
Family Psychoeducation

**Essential Elements**

- Provide information about clinical treatment
- Teach coping skills
- Consumer and family are partners in services

**Outcomes include**

- Reduced hospitalization
- Higher employment rates
- Improved family member well-being
An application of behavior therapy

Not aimed at reducing symptoms but at helping people develop and use skills and resources
Skills Training and Application

Use where better skill performance is desired:

- Social interactions
- Educational settings, work settings
Psychosocial Interventions for Weight Management

Newer anti-psychotic medications cause weight gain & increase in body mass index (BMI)

Prevalence of obesity far higher than in general population

Weight management considered an essential service

Substantial weight gain can lead to serious physical health problems
Promising Practices

Practices or services that have a body of research to support them but not sufficient evidence to be designated an EBP

- Medication Management or Adherence
- Cognitive Remediation
- Psychosocial Treatments for Recent Onset Schizophrenia
- Peer Support/Peer-delivered Services

Cognitive remediation programs are computer assisted training sessions aimed at improving learning, memory, attention, concentration, and executive functioning.
Early Psychosis Intervention

• Early intervention can minimize overall impact
• Delays in assessment and treatment common
• Reducing treatment lag leads to better outcomes
• Early intervention improves overall outcomes
Question for the Group

What evidence-based or promising practices are being offered at your organization?
SUPPORTING SERVICES
Supporting Services

• Motivational Interviewing*
• Smoking Cessation
• Trauma Informed Approaches
• Health Education
• Clubhouse and Drop-in Center Models

• Leisure Services
• Personal/Daily Life Services
• Gender Specific and Culturally Informed Services
• Forensic Follow-up

*Evidence based for addictions work
Smoking Cessation

- Psychotropic medications and nicotine have interactive effects on cognitive functioning
- Nicotine may also offer some relief from the side effects of psychotropic medications
- Smoking cessation considered an essential service
Trauma-Informed Approaches

Trauma and Women

Up to 97% of women who experience homelessness and mental illness also experienced severe physical and/or sexual abuse;

87% experienced this abuse both as children and as adults

80% of women experiencing psychiatric hospitalization have history of physical or sexual abuse
Trauma-Informed Approaches

Trauma and Men

Originally viewed as combat stress or posttraumatic stress syndrome (PTSD)

Males report four times more abuse by clergy than women

Males are less likely to report abuse due to socialization of men
Forensic Issues

- People showing symptoms of mental illness: 67% greater likelihood of arrest
- People from minority cultures especially at risk
- Multitude of co-occurring problems
- Extremely stigmatized by dual stigma of serious mental illness and criminal record
Women with serious mental illnesses in forensic populations twice that of men: 31% compared to 15% for men

Exposure to violence and traumatic impact:
- Virtually 100%
- Considered norm rather than the exception

Corrections and forensic settings:
- Often abusive, dangerous, especially for people with serious mental illnesses
- Contributes further to trauma
Inadequate transition planning

The period *immediately* after release is critical

Without immediate follow up many miss the first crucial health and social service appointments:

- Do not have medications
- End up on the street
- Quickly return to the criminal justice/forensic system
Practices for Success

Clinical and justice interventions

• best psychological treatment
• proper housing
• employment

Superior transition planning

Help with medical and mental health follow up

Community integration that diminishes prejudice and discrimination
Some Take Away Messages

Cognitive Approaches

Likely essential to provide a comprehensive approach combining cognitive remediation, social cognition & Cognitive behavioral therapy (CBT) with other interventions

Weight Gain

Essential service to avoid weight gain or to lose weight

Smoking Cessation

Essential service to avoid smoking or stop
Some Take Away Messages

**Trauma**

Essential service for all with diagnosis of mental illness; critical for women and increasing numbers of men
Gender specific services by highly trained professional

**Early Psychosis Intervention**

Period immediately after first symptoms is critical
Duration of untreated condition impacts on severity

**Forensic Services**

Clinical, trauma, and transition services essential
Evidence Based and Promising Practices

From the curriculum developed by the American Psychological Association for the Recovery to Practice Initiative. The full curriculum is available from: www.apa.org/pi/rtp

The information in this presentation is taken from modules 8, 9, 10 and 11:

**Citation for the full Curriculum:**

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Join Recovery to Practice!

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http://www.samhsa.gov/recovery-to-practice
Coming up!

- **August 17** – Building Recovery-oriented Systems
- **August 19** – Whole Health and Recovery (part 1)
- **August 26** - The Role of Medication and Shared Decision Making in Recovery
- **August 31** - Partnership, Engagement and Person-Centered Care
- **September 2** - RTP Applications: Incorporating Recovery-oriented Practice Competencies in Practitioner Training
- **September 3** – Whole Health and Recovery (part 2)
- **September 9** - Health Care Reform and Recovery
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