

# Evidence-Based Practice: What it means to the Provider

Lonnetta Albright  
Gregory Brigham, Ph.D.  
Steve Gallon, Ph.D.  
Joe Rosenfeld, Ph.D.

# Workshop Overview

- Introducing Providers to Evidence-Based Practice
- Implementing Change: Lessons Learned
- Provider Issues
- The Change Book: Resource for Providers

# What Are Evidence-Based Practices?

Interventions that show consistent scientific evidence of being related to preferred client outcomes.

# Oregon Criteria

Continuum of 6 levels ranging from:

- Multiple studies using randomized assignment of patients in clinical settings...
- To no evidence that supports the efficacy or efficiency of the practice...
- To evidence that suggests that the practice is harmful

# Level I

- Scientifically sound randomized controlled studies with consistently positive outcomes
- Scientifically controlled studies in routine care settings

## Examples:

1. Individual CBT
2. Opiate Substitution Therapy
3. Motivational Interventions

# Level II

- Scientifically sound experimental studies with consistently positive outcomes
- Positive outcomes achieved in scientifically controlled settings or routine care settings—not both

## Examples:

1. Brief Intervention
2. Couple and Family Therapy
3. Contingency Management

# Level III

Modified from original evidence-based or supported practice and applied in a setting or for a population that differs from the original practice

## Level IV

Supported by sound research, documentation of service procedures, and consistently measured outcomes

## Level V

Practice currently not research based or replicable

## Level VI

Practice produces poor outcomes

# Operational Levels of Evidence

						Fidelity	Meaningful
	Level	Transparency	Research	Standardization	Replication	Scale	Outcomes
Evidence-Based	I	yes	>=3 studies (RCT & other)	yes	yes	yes	yes
Practices	II	yes	<3 studies (RCT or other)	yes	some	yes	yes
	III	yes	Based on past research	yes	no	maybe	yes
Non Evidence-Based	IV	yes	none	no	no	no	maybe
Practices	V	no	none	no	no	no	no
	VI	no	yes	yes	yes	no	no

# Evidence-Based Practices

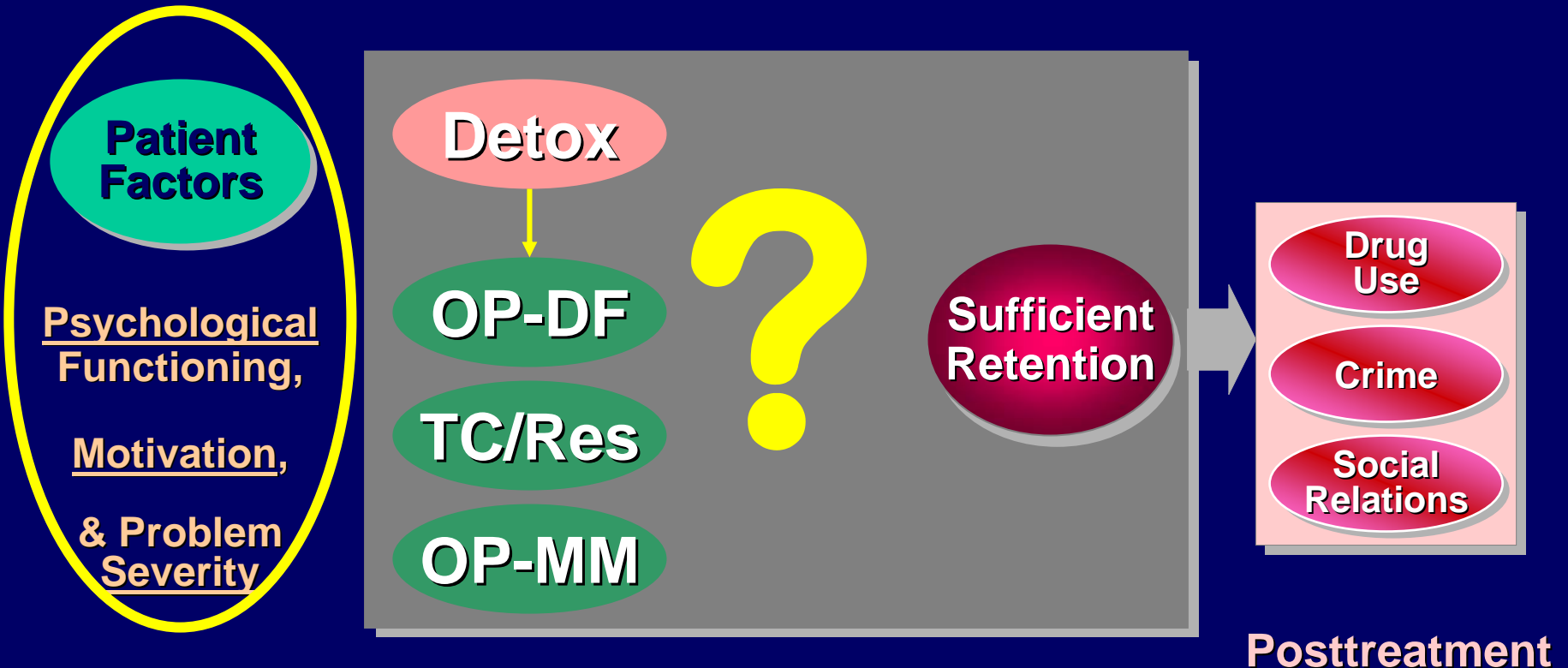
- Brief interventions
- Cognitive-behavioral interventions
- Community reinforcement
- Motivational enhancement therapy
- 12-step facilitation
- Contingency management
- Pharmacological therapies
- System treatment

1. L. Onken (2002). Personal Communication. National Institute on Drug Abuse.

2. Miller et al., (2003) What works: A Summary of Alcohol Treatment Outcome Research.

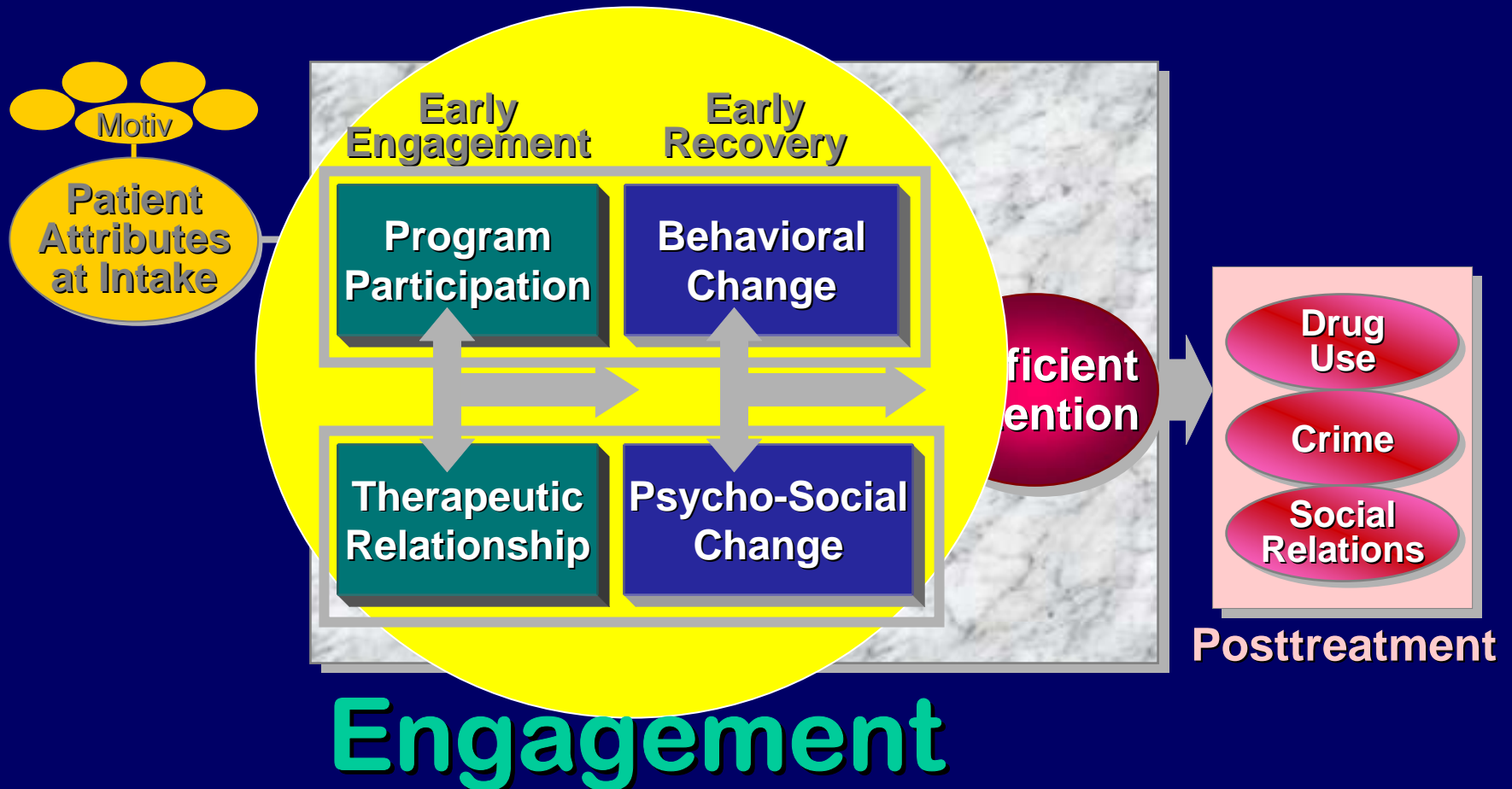
How do evidence-based practices fit into agency treatment designs?

# Elements of a Model for the Treatment Process

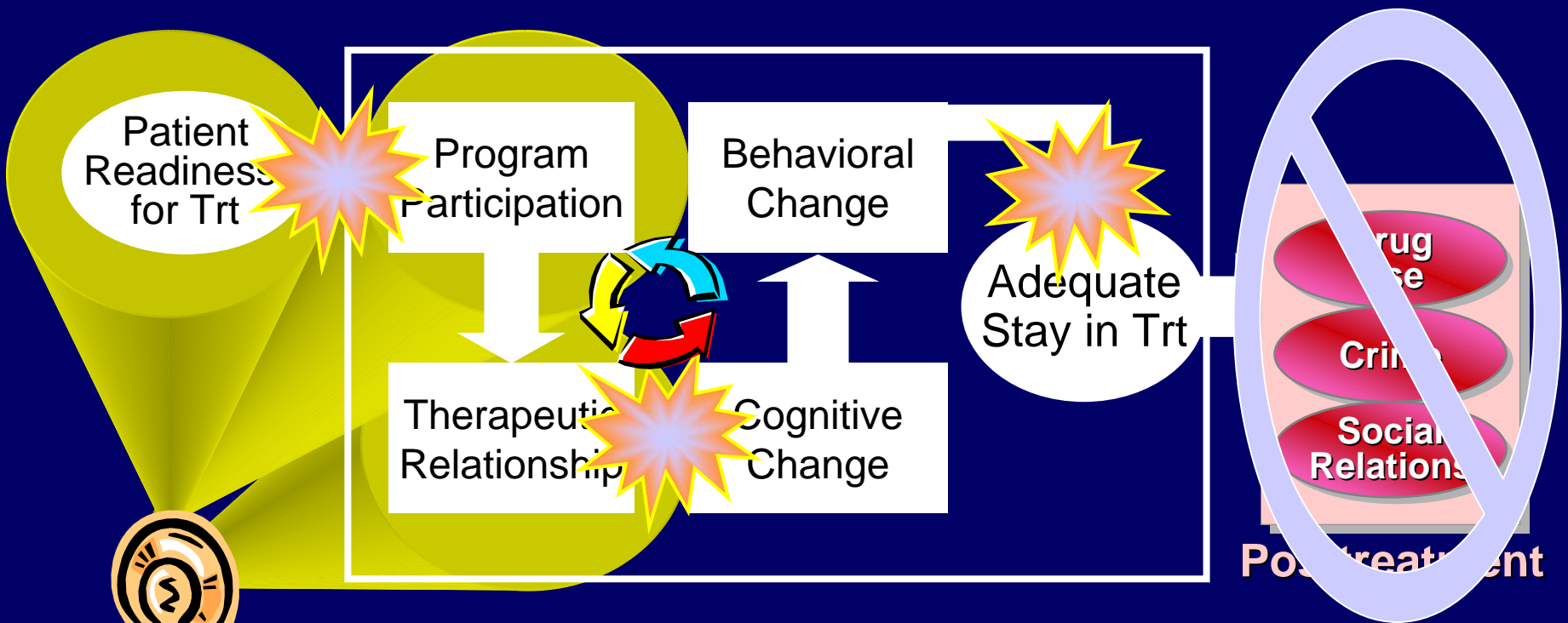


D. Dwayne Simpson, TCU

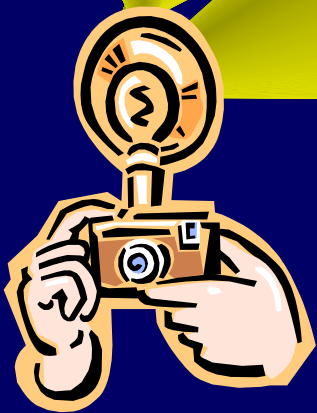
# TCU Treatment Process Model



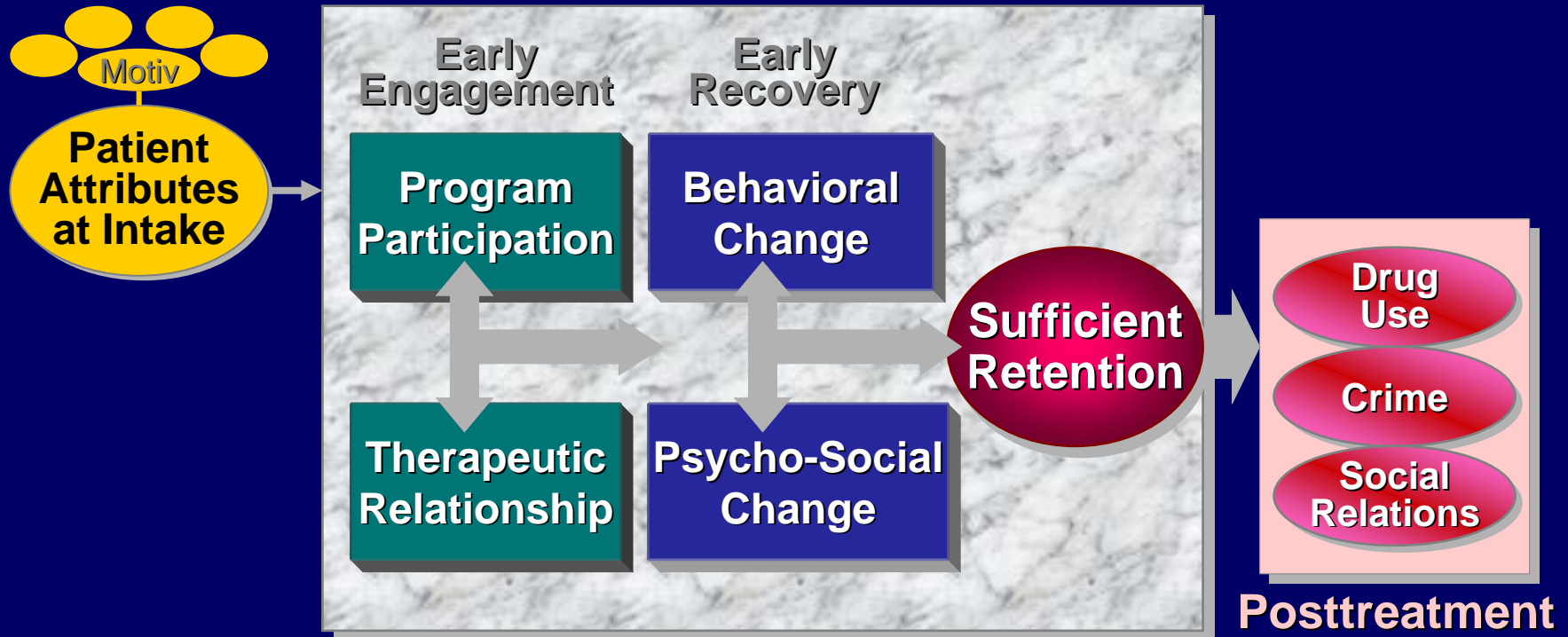
# Treatment Improvement



Targeted Interventions  
**Get Focused!!**

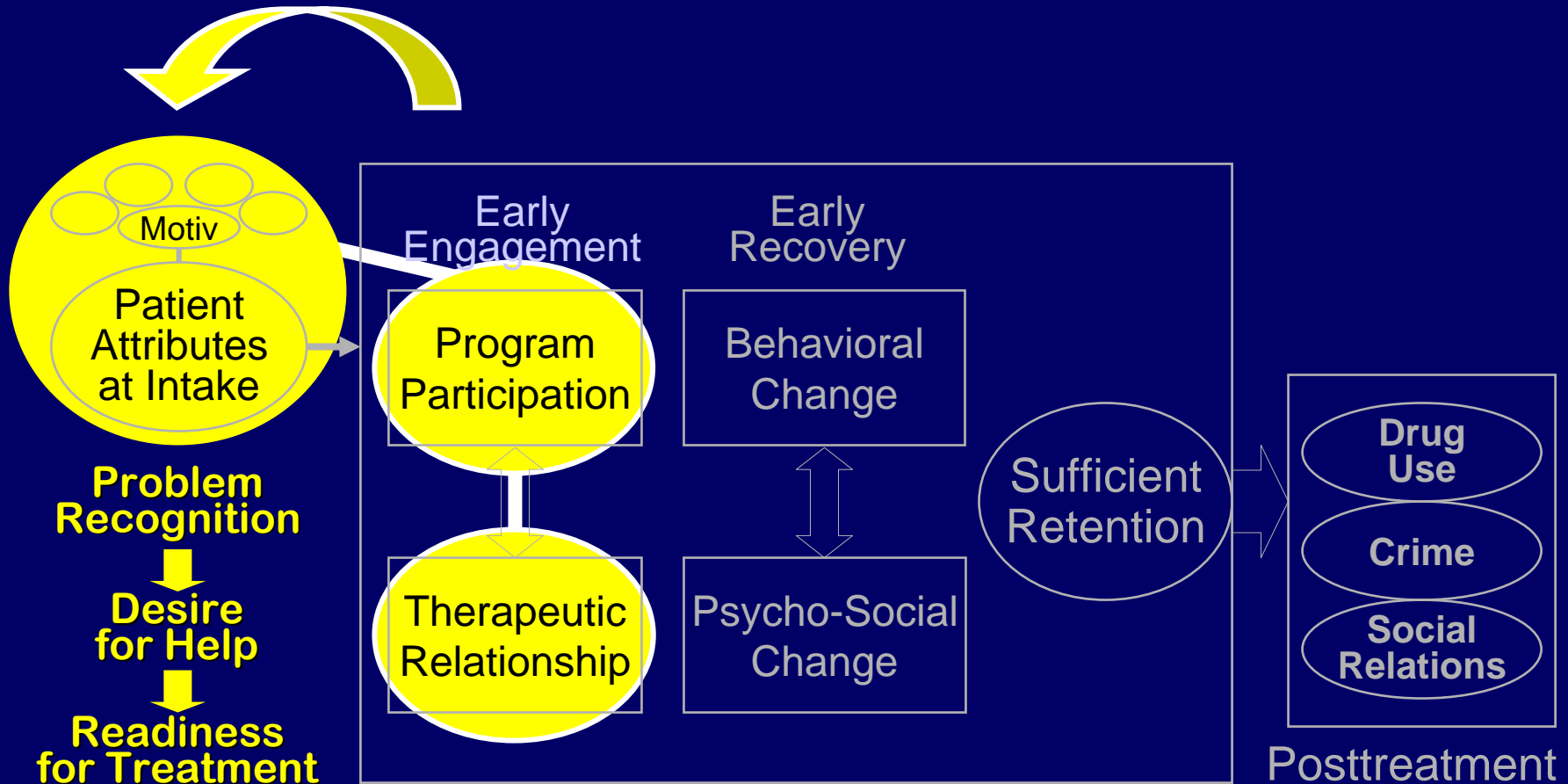


# "Interventions" can focus on improving the process

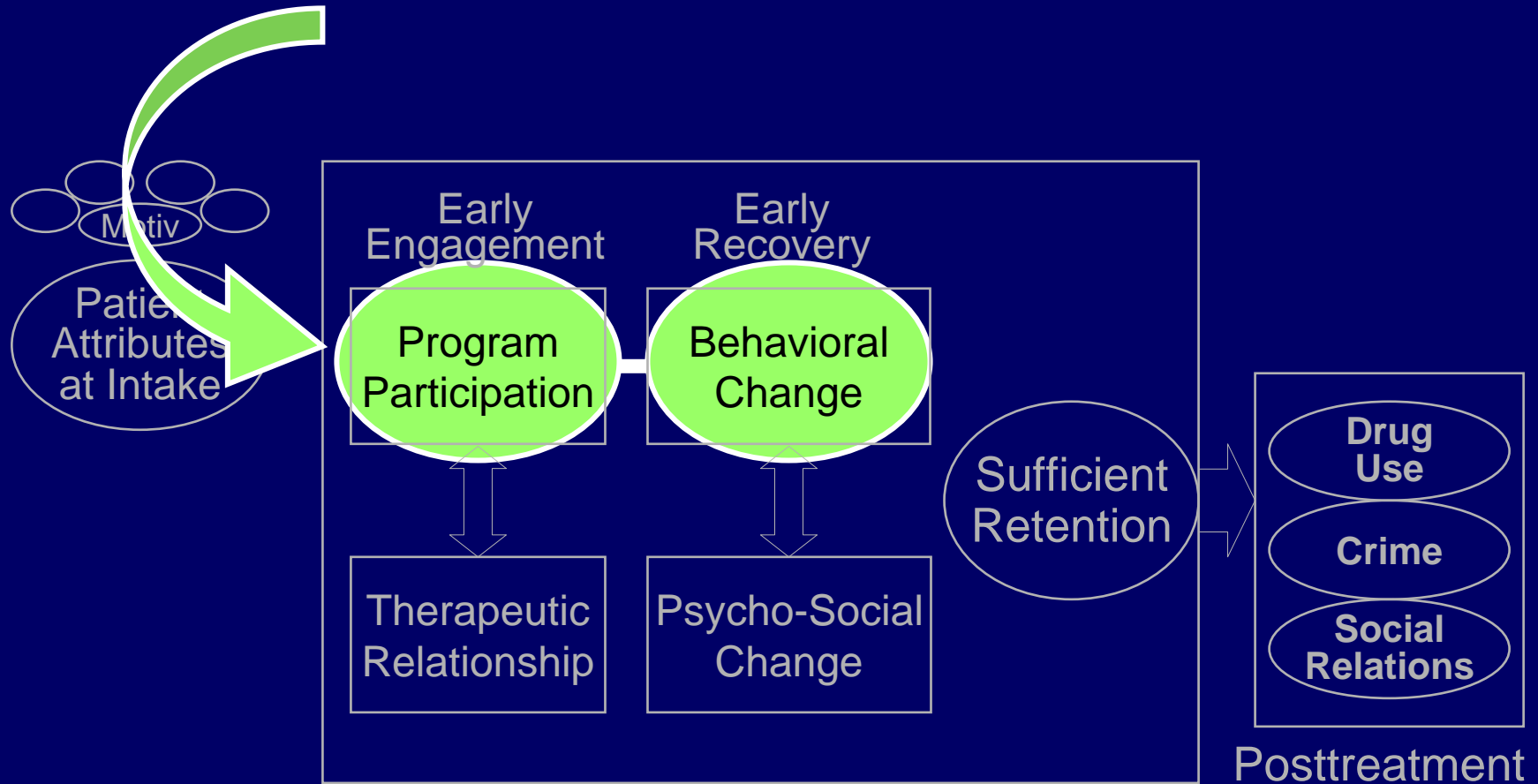


Simpson, 2001 (Addiction)

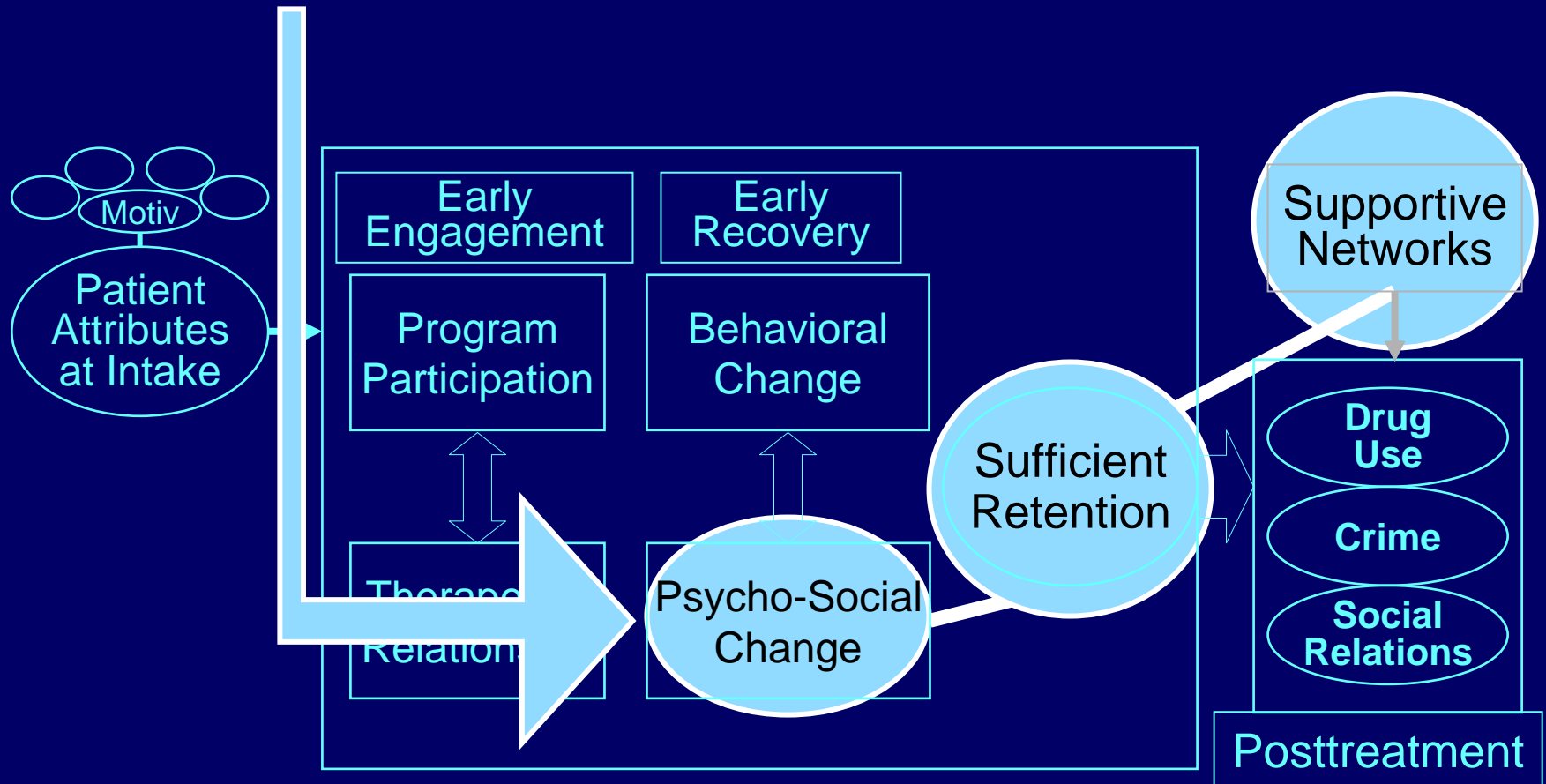
# Motivational Enhancement



# Contingency Management



# Specialized Interventions



# Evidence-Based Treatment Model



# What Does All This Mean?

- We have an opportunity to improve treatment services
- Effective and cost-efficient treatments are available for alcohol and drug dependence

(Institute of Medicine, 1998. *Bridging the Gap Between Practice and Research*. Washington, DC: National Academy Press)

# What is our Goal?

- To provide persistent, incremental improvements in the quality and effectiveness of substance abuse treatment which results in better quality recovery for more people.

First Step

# Methods for Introducing EBPs

- Newsletters
- Conferences
- Workshops
- Fact Sheets
- Study Groups
- Disseminating Materials

# Best Practices Workshop

## Morning

- Definition and role of EBPs
- Sample manuals
- Manual review in small groups

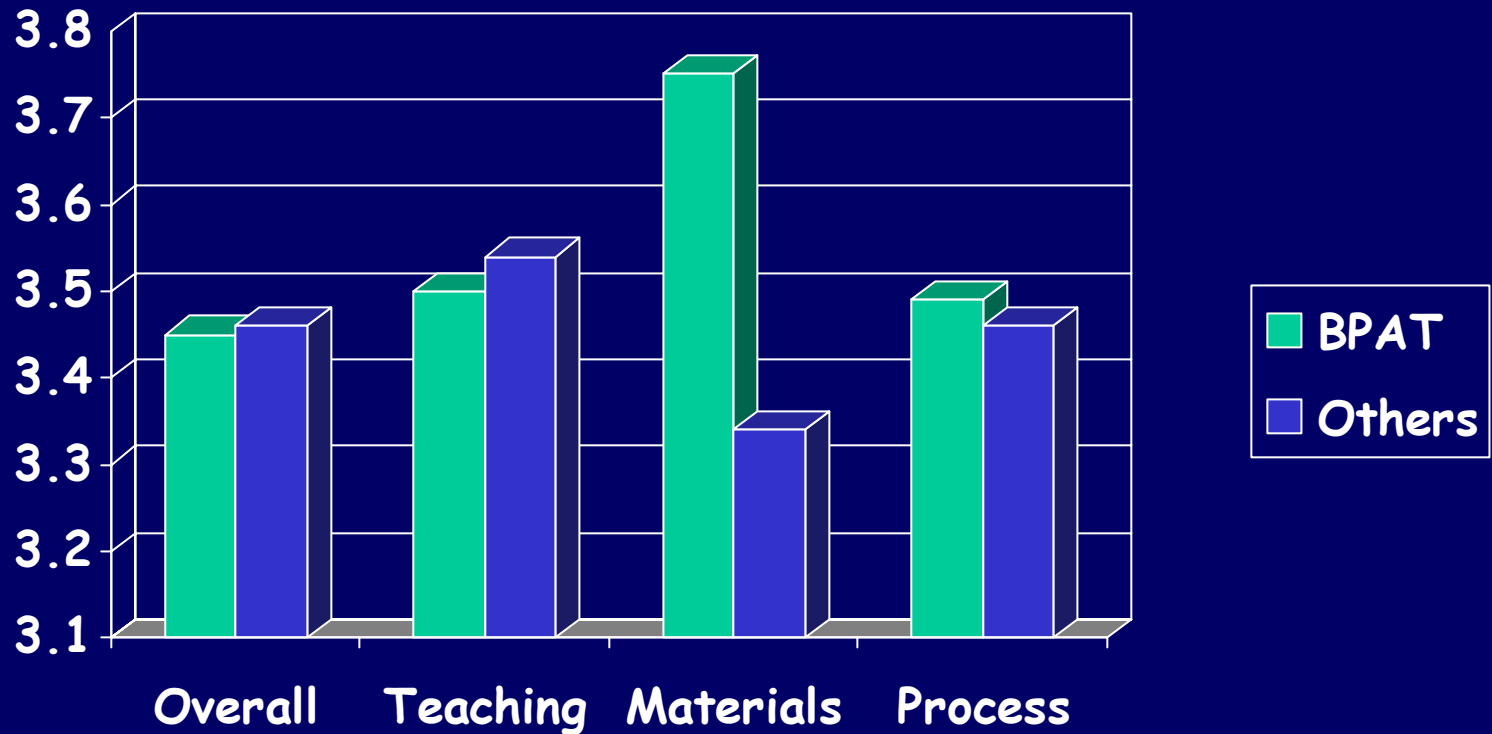
## Afternoon

- Issues in implementing EBPs
- Case study by treatment provider
- Implementation planning practice

# Workshop Evaluations

Best Practices Workshops (n=522)

All Other Workshops (n=1994)



# Lessons Learned

- Counselors curious & enthusiastic about EBPs
- Importance of building a context for EBPs
- Participants value the EBP manuals highly
- Counselors note barriers to implementation
- Agency representatives note need for TA to support incremental improvements in treatment services

## Second Step

# Implementation Workshop

## Objectives

1. Collaborate on implementation strategy
2. Technical assistance on plan development
3. Identify needs for additional TA
4. Build network of collaborators

# Strategy

- Recruit agency teams
- Teams bring plans for treatment improvement
- Review technology transfer principles
- Facilitate consultation between teams in small groups
- Each team makes adjustments to plan
- Next steps identified

# Third Step

## Technical Assistance

### Issues

- Defining the problem
- Management commitment to change
- Need for a change leader
- External coaching
- Development of a change plan
- Ongoing evaluation and plan adjustment

# What we have covered

- Definitions of EBPs
- Samples of EBP manuals
- Evidence-based treatment process model
- The role of EBPs in tx improvement
- Methods for introducing EBPs locally
- Steps in the adoption process