# Evidence-Based Practice: What It Is & Why It's Important to Family Advocates

A Web Cast of the University of Illinois at Chicago National Research & Training Center on Psychiatric Disability

#### Presenters

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### Topics Covered in Today's Webinar

- Why evidence-based practice (EBP) is important to families
- What is EBP?
- NAMI family-led education as an EBP
- The need for Intervention Science
- What NAMI members can do to support and encourage EBP & promising practices

## Why Evidence-Based Practice is Important to Families

### Presented by Sita Diehl

## Why Is Evidence-Based Practice So Important?



# Why is Evidence Based Practice (EBP) Important to Families?

- We want treatment that works
  - EBPs have been put to the test
  - Specify diagnoses, special populations
- Effective treatment increases adherence
  - Fewer "false starts"
  - Promotes recovery

# Why is Evidence Based Practice (EBP) Important to Families?

- Advocate for best use of public dollar
  - Government and insurers should cover what works
  - Clinicians change to doing what works
  - Promote evidence for "promising practices"

## What Is Evidence-Based Practice?

### Presented by Judith Cook

### **Evidence-Based Practice**

An intervention that has been shown to be effective by causing pre-defined outcomes in people's lives when tested in a randomized controlled trial



### **Central Research Question**

How confident are we that a particular intervention produces positive changes in the lives of participants?

## What's a Randomized Controlled Trial (RCT)?

- People randomly assigned to experimental (E) or control (C) group
- E group receives intervention, C doesn't
- Creates 2 equal groups to compare before & after receiving an intervention
- Any changes (outcomes) are due to the intervention



### Some other research designs

- Pre-test/Post-test Study a group of people before & after an intervention to see if they change
- Comparison group Compare people who receive an intervention to a similar (non-randomized) group
- Case study Conduct an in-depth descriptive analysis of intervention participants, services they receive, & outcomes they achieve
- Correlational study Examine statistical relationships (between participants & outcomes, between services & outcomes, etc.)

# **Typical Steps in RCTs**

- Create a manualized version of the intervention (a detailed, "how-to" manual) to be tested
- Develop a fidelity assessment measuring extent to which intervention is delivered as intended
- Train experienced providers of the intervention to deliver the manualized version
- Recruit a large # of people into the study, interview, & randomly assign them
- Deliver the the intervention with fidelity
- Collect data from participants at multiple timepoints, analyze it, & disseminate results

## Grading the Evidence for Mental Health Interventions



## The Level of Evidence Supporting an Intervention Determines Whether it is an Evidence-Based Practice



Guide to Research Methods - The Evidence Pyramid: http://library.downstate.edu/EBM2/2100.htm

#### U.S. Agency for Healthcare Policy & Research\* 1992 Evidence Rating Guidelines

- Level la evidence from a meta-analysis of multiple RCTs
- Level Ib evidence from at least 1 RCT
- Level IIa evidence from at least 1 well-designed controlled study without randomization
- Level IIb evidence from at least 1 other well-designed, non-controlled, quasi-experimental study
- Level III evidence from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, & case studies
- Level IV expert committee reports or opinions &/or clinical experiences of respected authorities

\* Now called the Agency for Healthcare Research & Quality

# What Is the Level of Evidence for NAMI Family Education?

Presented by Sue Pickett

### Family Consultation and Brief Family Education: Evidence Base

- Brief individual family consultation
  - ≻6-10 hours of one-on-one assessment and consultation
- Brief family education
  - 10-session educational workshop taught by a family/professional team
- Research Design-RCT led by Phyllis Solomon and colleagues
  - 225 family members randomly assigned to family consultation or educational workshop (experimental or E groups) or wait-list control group (C group)

#### ➢ Results

- E groups showed significantly increased confidence in ability to manage their relative's illness and reducing their own stress and burden, C group did not
- Evidence "Grade" Level Ib (Evidence from at least one randomized controlled trial, U.S. Agency for Healthcare Research & Quality 1992 Evidence Rating Guidelines)

#### Journey of Hope (JOH): Evidence Base

- ➢8-week family-led education course similar to NAMI's Family-to-Family program
- Research Design: RCT led by Sue Pickett and colleagues
  - 462 family members randomly assigned to JOH (experimental or E group) or a wait-list control group (C group)
- ➢Results
  - E group showed significant gains in knowledge of mental illness and its treatment; decreased depressive symptoms; improved relationships with ill relatives; and greater caregiving satisfaction compared to C group
- ➢ Evidence "Grade" Level Ib

#### Family to Family (F2F): Evidence Base

- > 12-week family-led education course
- Research Design: Two pilot studies conducted by Lisa Dixon and colleagues
  - ➤ 37 family members assessed pre-post F2F and 6 months later
  - 95 family members on a 3 month wait-list for F2F assessed at wait-list, pre-post F2F and 6 months later

#### ➢ Results

- Families in both studies had increased empowerment and decreased subjective burden. Families in the second study had significant improvements in problem-solving, self-care, and understanding of mental illness and the mental health service system.
- RCT of F2F currently underway
- Evidence "Grade" Level IIa (Evidence from at least one controlled trial without randomization, U.S. Agency for Healthcare Research & Quality 1992 Evidence Rating Guidelines)

#### **6 SAMHSA Evidence-Based Practices**

How Available are they in Your Area?

Supported employment

- Family psychoeducation
- Assertive community treatment
- Integrated treatment for co-occurring disorders (substance use and mental illness)
- Medication management
- Illness management and recovery

http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/evidence based/default.asp

#### 6 SAMHSA Evidence-Based Practices Implementation Resource Toolkits

- Resource kits developed by clinicians, consumers and family members to help promote use of EBPs
- Kits include information sheets, videos, manuals
- Printed versions are FREE!
   <u>http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/</u>

# The Need for Intervention Science

#### Presented by Judith Cook

#### Important Question: How Can Scientists & Advocates Work Together?



"Basically, we're all trying to say the same thing."

## Questions to address...

- Why do so many states continue to fund non-EBP services?
- Whose participation is essential (both necessary <u>&</u> sufficient) for system-wide EBP implementation?
- How can states incentivize changes in clinical practice & service organizations needed for EBP?
- What can advocacy organizations like NAMI do to promote EBP?
- What type of science can help us to answer these questions?

# We need a different kind of science

 Shift the emphasis from primarily funding clinical trials science to including intervention science







To this

Add this

#### Intervention Science (IS) Plays an Important Role In EBP Service System Development

- IS is an <u>interdisciplinary</u> effort to develop & research ways that enable <u>communities</u> to use EBP interventions <u>effectively</u> & <u>efficiently</u> (Wandersman, 2003)
- IS is a <u>phased</u> process of evidence-gathering & model testing
- <u>Stakeholders</u> including consumers, families, state MH authorities, etc. <u>participate</u> in <u>every</u> phase
- Stakeholders steer, <u>scientists row</u> (Leff et al., 2003)

#### Creating EBP Systems Takes Time & Resources: The Ladder of Evidence According to Intervention Science

Increasing evidence supporting large- scale use





4. Generalizability

3. Effectiveness

2. Development

1. Discovery



Practice

# Currently, We Don't Have Good Knowledge...

- About the nature of EBPs beyond rung 3
- Costs to fund services that have made it to rung 3
- Best ways to move an EBP to rungs 4-6

6. Monitoring

5. Disseminability

- 4. Generalizability
  - 3. Effectiveness
  - 2. Development

1. Discovery

(Leff et al., 2003)

# How NAMI Can Support Evidence-Based & Promising Practices

Presented by Sita Diehl

### NAMI Members Can Influence Science



# What can we do to Support EBP?

#### Shift Funding from Ineffective Services to Effective Community-Based Services

- Look at what the state funds and how much it spends on different models
- Advocate for de-funding ineffective services & implementing EBPs in their place
- Urge the state to use a "braided" or "blended" funding approach since different funding streams are often needed to fund EBP

# What is Braided Funding?



Funds from different sources are combined in order to pay for a service or program

Typical sources in mental health include state general revenue (tax dollars), Medicaid, state vocational rehabilitation (VR), & other sources

EBP often requires braided funding because services are comprehensive

#### One Example: Braided Funding for Supported Employment in Maryland



- 1) Pre-job placement (MH state general funds)
- 2) Job development (VR funding)
- 3) Placement (MH state general funds)
- 4) Job coaching (VR funding)
- 5) Psychiatric rehabilitation (Medicaid)
- 6) Clinical coordination (MH state general funds)

http://www.dors.state.md.us/NR/rdonlyres/ 2FC3C649-5D3D-4239-A498-B298DDB88A2E/0/DDA\_Agreement.pdf

#### Change Training and Clinical Practice

#### **Currently:**

- Minimal outcome accountability
- "Train and hope" approach to transferring EBP into mainstream service delivery
- Degrees can act as licenses to practice based on out-dated knowledge

#### In the (Near) Future:

- Create accountability for EBP services
- Measurement & report outcomes to the community
- Use mix of EBPs & promising practices

# For further information Visit the UIC website at... http://www.cmhsrp.uic.edu/nrtc/

Visit the NAMI-TN website at... http://www.namitn.org/

# Thank You!