

Oregon

ebp news

OREGON DEPT OF HUMAN SERVICES; ADDICTIONS & MENTAL HEALTH DIVISION

EBP : Evidence Based Practices

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“A team effort is a lot of people doing what I say”

~Michael Winner,
British film director



Integrated Services and Supports Rule (ISSR) Trainings

The Integrated Services and Supports Rule was filed in September 2009 and will take effect in early 2010. To assist providers with understanding and implementing the new rules, AMH is offering a series of regional trainings. The one-day training will be an overview of the key concepts and new or different requirements across the continuum of residential and outpatient services offered by mental health, addictions and problem gambling providers. Anyone responsible for administration, management or direct delivery of services is encouraged to attend. In addition to the one-day general training, AMH will offer shorter training modules specific to program areas and individual sections of the rule, both on the web and by arrangement with AMH training staff.

Training Dates:

January 20, 2010, Medford
January 26, 2010, Portland
January 28, 2010, Portland
February 4, 2010, Baker City
February 10, 2010, Bend

All trainings are 8:30 am-4:00 pm. Space limited to the first 50 participants that register.

For a registration form, please email
Sandra.lacher@state.or.us or call 503-945-7814.





EBP: All or Nothing?

In a recent article in *Addiction Professional* entitled “Influenced by the Evidence”, Mark Sanders, LCSW, CADC identifies evidence-based strategies that can be adopted with or without what he refers to as “wholesale adoption of evidence-based approaches”; a few examples follow. The article, including the citations which are noted below, can be found at this link:

<http://www.addictionpro.com/ME2/dirmod.asp?sid=&nm=&type=Publishing&mod=Publications%3A%3AArticle&mid=8F3A7027421841978F18BE895F87F791&tier=4&id=A44DC923204D49B7BFF12659584A7051>

Evidence-based counseling strategies:

- **Listen more than you talk.** Outcomes are better when the client talks more than the therapist does.^{4,6,7}
- **Invite solutions from clients and partner with them.** Client satisfaction and retention in counseling improves when there is a partnership between them and their counselors.^{6,8}
- **Minimize confrontation.** Heavy confrontation increases client dropout rates. For some clients, the more heavily they are confronted the more heavily they drink.⁶
- **Spend time in the beginning engaging your client in treatment.** Client engagement may be a more important determinant of outcomes than the specific evidence-based practice used.⁸
- **Increase individual counseling sessions.** Group therapy is time- and cost-effective, yet most evidence-based practices are individualized approaches.
- **Work with families.** Family systems therapy, structural family therapy, network therapy and behavioral couples therapy increase recovery rates.^{4,9}
- **Work with couples.** Behavioral couples therapy increases client attendance, reduces the length of relapses, and increases recovery rates.^{4,9}
- **Provide 90 days of continuous recovery support.** Most relapses occur in this window.^{1,10}
- **Make assertive linkages into 12-Step and other communities of recovery.** Handing clients a list of 12-Step meetings and encouraging them to go is not nearly as effective as assertively linking them into the program, such as by educating them about 12-Step, using volunteer escorts, suggesting tasks for the meetings, etc.^{11,12}

Evidence-based management strategies:

- **Creation of a transitional space.** Meetings in which counselors are able to talk on an emotional level—expressing fear, doubt, anger, etc.—about movement from the old way of doing business toward evidence-based practices—what they are losing and what they stand to gain.⁵
- **Allowing counselor input.** Allowing those who are required to utilize the evidence-based practice to have a voice in selecting the model reduces resistance.⁵

continued...

"How do I stay on top of what's going on with EBPs in Oregon?"

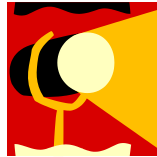
Sign up to receive EBP-related emails at:

https://service.govdelivery.com/service/subscribe.html?code=ORDHS_98

"True science teaches, above all, to doubt and be ignorant."

~Miquel Unamuno
(1864-1936)
Spanish philosopher

- **Direct observation.** Supervisors periodically observe counselors working with clients and give feedback based upon how their approaches are influenced by evidence-based practices.
- **Shadowing.** Periodically hire consultants who are experts in evidence-based practices to spend a day with counselors as they work with clients and to give them on-the-spot feedback about their fidelity to the model.



Focus On: Parent Child Interaction Therapy

Parent child interaction therapy (PCIT) has been proven effective for abused and at-risk children with disruptive behaviors ages 2 ½ to 8 and their biological or foster caregivers. Therapists coach parents while they interact with their children during PCIT, by sitting behind a one-way mirror and using an “ear bug” audio device to guide parents through strategies that reinforce their children’s positive behavior. The live coaching and treatment of both parent and child together are cornerstones of this approach.

PCIT decreases the risk of child physical abuse by interrupting the harmful cycle that can be present between the parent and child, where the parent’s negative behaviors such as screaming or threatening, reinforce negative behaviors of the child such as unresponsiveness and disobedience. PCIT is typically provided in 14 to 20 sessions of about one hour each in two distinct phases. At least 30 randomized clinical outcomes studies have found PCIT to be useful in treating at-risk families and children with behavioral problems.

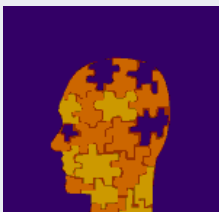


Oregon has established PCIT services in four counties through a request for proposals process. Since the model was implemented in 2008, 99 children without OHP coverage have been served using this model, 12 bilingual/bicultural clinicians have been certified in PCIT, 34 mental health clinicians overall have been trained, and 5 staff have emerged as trainers, meeting the national requirements to be trainers.

For further information about Parent Child Interaction Therapy: www.pcit.org. For more information about Oregon’s implementation of PCIT, please contact Kathy Seubert at 503-947-5525 or by e-mail at Kathy.k.seubert@state.or.us

This is an excerpt of the full article which can be found at <http://www.oregon.gov/DHS/mentalhealth/ebp/pcit.pdf>

We’ve all had days like this!



The brain is a wonderful organ. It starts working the moment you get up in the morning and does not stop until you get into the office.

Robert Frost



If you have a question you'd like us to poll your colleagues on, email it to shawn.clark@state.or.us and we'll try to feature it in an upcoming issue.



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Recommended Resource: Oregon Data

If you are interested in a broad array of epidemiological data related to alcohol and drug abuse, problem gambling and mental health presented at the state and county level, check out the following link:

<http://www.oregon.gov/DHS/mentalhealth/data/sew/main.shtml>

The site includes information and data for 50 state measures and 41 county measures that can help local communities better understand substance use and mental health of their population.

EBPs of the Future?

Micronutrients and Mental Illness

Experts from Harvard, Mt. Sinai Hospital, The University of California, and The Oakland Research Institute report the vital role of vitamins, minerals, amino acids, and essential fatty acids in mental health. These researchers have discovered a powerful compound of nutrients that have effectively treated symptoms of bipolar disorder and depression with a success rate exceeding that of medication at 80 percent. They have also proven effective treating OCD and schizophrenia. For more go to:

<http://www.behavioral.net/ME2/dirmod.asp?sid=&nm=&type=news&mod=News&mid=B20DF0482CF84DBA94F725711F709DD7&tier=3&nid=2E678107FF5C40969D2AA33A7F1E82D1>

Consumer Health Informatics

The Agency for Health Research and Quality (AHRQ) released a new evidence report, *Impact of Consumer Health Informatics Applications*, which found that consumer health informatics applications (defined as patient-focused electronic tools to support health improvement, process outcomes, and patient-centered care) benefit a variety of clinical conditions, including cancer, diabetes, smoking, alcohol use and mental health disorders as well as improving general wellness. Access the report at <http://www.ahrq.gov/downloads/pub/evidence/pdf/chiapp/impactchia.pdf>
