



Oregon **ebp** news

OREGON HEALTH
AUTHORITY ADDICTIONS &
MENTAL HEALTH DIVISION

EBP: Evidence Based Practices

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Last AMH EBP Newsletter

Contributed by Shawn Clark, AMH Workforce Development Manager

AMH has “published” a quarterly EBP newsletter for over four years. We have decided to discontinue the EBP newsletter and “publish” a quarterly Workforce Development newsletter. To close I would like to share some of the ideas along the journey.

“In theory, there is no difference between theory and practice. But, in practice, there is.”

- Jan LA vande Snepscheut

“Evidence-based practice is getting a person in right away in front of someone who actually cares. Everything else is just icing on the cake.”

-Rick Treleaven

People know what they do; frequently they know why they do what they do; but what they don't know is what they do does.”

-Michel Foucault

“SB 267 provided Oregon's mental health and addiction providers an opportunity to show they are up to the task of providing evidence-based practices and we have demonstrated that. The Legislative Assembly can be assured that funds they allocate to community-based programs are being well used and according to the highest standards of fidelity.”

-Bob Nikkel

“Like the whale hunters of Alaska saying that the solution to hunger is the whale, and that the people of the plains must hunt whale, or that the corn growers of the southwest will only receive whaling boars and harpoons as implement for over coming hunger in their communities. It doesn't make sense”

-Terry Tafoya , included in “The Paper , Oregon Tribal Evidence Based and Cultural Best Practices “ by Caroline M. Cruz and John Spence Ph.D.

We hope you found the newsletter informative and encourage you to read the AMH workforce development newsletter. Next edition of the AMH workforce development newsletter coming to you in June.

**From evidence based....
Caterpillar to larvae....
Practiced butterfly**

-SClark

"Change is inevitable- except from a vending machine".

-Anonymous

Alan Marlatt: A Giant Has Fallen



Dr. Alan Marlatt, Professor of Psychology at the University of Washington, passed away on Monday, March 14, 2011. He directed the Addictive Behaviors Research Center since 1981.

Dr. Marlatt was a visionary scholar in the field of addiction research, and a colleague and mentor to many who are now in leadership positions in addiction research and clinical care at the UW and around the world. His groundbreaking contributions in the area of relapse prevention immeasurably improved addiction treatment. He was also a prolific contributor to the literature on addiction topics, having published 23 books and more than 300 articles and book chapters during his illustrious career, which included 39 years on the faculty at UW. He will be missed.

The DDCAT-NIATx Project- A Promising Practice for Improving Integrated Care

By Janet Bardosi

Addictions and mental health agencies increasingly understand the need to integrate services but face the daunting task of knowing where to start and how to work within limited resources. The Dual Diagnosis Capability in Addiction Treatment/ Network for the Improvement of Addiction Treatment (DDCAT/NIATx) project piloted a model for evaluating and improving the level of integrated services in addiction treatment agencies.

At the project's center is the DDCAT fidelity tool (McGovern, et al. 2010), used to establish a baseline measure of integration and provide a foundation for strategic planning. DDCAT stands for the Dual Diagnosis Capability in Addictions Treatment and is an EBP tool developed by Dartmouth to measure the level of integrated mental health and addiction services. The NIATx process improvement model was used to guide change efforts.

For the complete report on this project, visit:

<http://www.oregon.gov/OHA/mentalhealth/ebp/reports/ddcat-niatx-project.pdf>

To view the power point presentation regarding this project, visit:

<http://www.oregon.gov/OHA/mentalhealth/ebp/reports/wash-niatx-ddcat-pilot.pdf>

Evidence-Based Practices in her own words.....

By Diane Lia



Diane Lia left AMH at the end of April after 7 years of service to pursue new adventures, but undoubtedly will still be a part of the behavioral health field. We asked her to write one last article regarding her time and experience working with EBPs in Oregon.

Shawn Clark asked me to write something about my experience as an Evidence-Based Practice (EBP) committee member. Before summarizing my experience, I need to give some background on me. When I was in graduate school I had to take research. I wasn't thrilled about taking the two courses because I figured I already knew how to do research. I didn't think I would ever need to use research skills because I was going to be a psychotherapist. I was wrong on all counts. I really didn't know how to do research prior to taking the course work. I didn't become a psychotherapist. And, I did use my research knowledge on the EBP Committee.

I was also one of those counselors working in an alcohol and drug treatment agency who didn't appreciate the state telling me I had to use EBPs. I was doing fine, thank you very much, using the skills and techniques I had learned along the way. My clients were not complaining so why did I have to do something that went against my principles?

Fast forward to the present. As life would have it, I was recruited for the EBP committee. I found that my research came in very handy because I was required to analyze practices to determine if they met the EBP state criteria. I realized I was wrong about EBPs. My experience helped me understand that I need to justify why a client may need a specific intervention that has been tested before. Don't get me wrong, I understand that client engagement and connection are the backbone of healing (and by the way there is an EBP called Motivational Interviewing that can accommodate those needs) but what else does the client need to elicit change? How do I justify that one intervention works better than another for a particular client? Acquainting oneself with EBPs can help answer those questions. In today's market place of outcomes and Legislative demands for cost benefit analysis, I need all the help I can get. I have the tools to explain to my funders that the practice that was chosen for and by the client with my input has been shown to be effective and create positive outcomes. And that is why I liked working on the EBP committee.

Diane, thank you for all your hard work and we wish you well.....

Food for Thought....Does self-report accurately measure substance use?

Self-report is a major data source in research on alcohol and substance abuse treatment. Despite this wide usage, questions continue to be raised about the accuracy of information obtained via self-report methods. Survey research shows that very minor variations in question wording or format can strongly influence responses, however empirical studies continue to indicate that carefully collected self-report alcohol and drug use data are as accurate, and may sometimes be more accurate, than information obtained by means of objective measures.

What do you think? According to Del Boca and Noll (2000), procedures can be used to increase motivation to respond accurately: clear instructions, embedding questions in a less threatening context (asking other general questions about wellness, client satisfaction questions, etc. and periodically thanking the participant for his/her patience/participation).

In summary, this article found that self-report data are inherently neither valid nor invalid, but vary with the personal circumstances of the respondent and the methodological sophistication of the data gatherer. A more important issue is what conditions are conducive to response accuracy and what procedures contribute to valid responses.

Reference:

Del Boca, F. K., Noll, J. A. "Truth or consequences: the validity of self-report data in health services research on addictions." *Addiction*, 2000. 95 (Supplement 3), S347-S360.

Turning Knowledge into Practice: A Manual for Human Service Administrators and Practitioners about Understanding and Implementing Evidence-Based Practices, 2nd edition (revised)

The mission of the authors and sponsors of this manual is to enhance independence, self sufficiency, and community living for people with disabilities through the implementation and approaches of best practice series and segments. This manual was originally intended to support mental health programs for individuals diagnosed with mental and substance use conditions. However, the issues of implementation of evidence-based practices cut across broader segments of human services, and so this 2nd Edition (Revised) is broader in reach.

We know the limitations and realities of translating scientific research findings into the real world of service delivery, therefore this manual has been developed to provide a practical approach to moving the field forward. It is written with specific audiences in mind: clinicians and other practitioners or workers, administrators in human service provider organizations and their chief partners – primary consumers/persons in recovery, other service recipients, and their family members.

To download a copy of the manual, visit:

<http://modelsforchange.net/publications/281>

“How do I stay on top of what’s going on with EBPs in Oregon?”

Sign up to receive EBP-related emails at:

<http://www.oregon.gov/OHA/mentalhealth/ebp/main.shtml> and click on the



Receive Evidence-Based Practices updates by email

How do I Stay on Top of Addiction and Mental Health Issues?

Resources related to Evidence-Based Practices

NREPP

The National Registry of Evidence Based Programs and Practices through SAMHSA is a searchable online registry of more than 180 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment. For more information visit: <http://nrepp.samhsa.gov/>

SAMHSA’s Evidence-Based Practices and Innovation Toolkits

SAMHSA in collaboration with Robert Drake, MD, PhD and Dartmouth College Medical School have developed implementation resource kits for the following mental health practices:

- Assertive Community Treatment (ACT)
- Family Psychoeducation
- Illness, Management and Recovery (IMR)
- Integrated Treatment for Co-Occurring Disorders
- Permanent Supportive Housing
- Supportive Employment

The toolkits above can be found on the following web page: <http://store.samhsa.gov/home> in the search box, type: “Getting Started with Evidence Based Practices”.

AMH EBP Web page

The AMH EBP web page provides you with an array of information on Oregon-approved EBP practices, communications, research and data and much more. You can sign up to receive notification by email when new information is posted to this site.

<http://www.oregon.gov/OHA/mentalhealth/ebp/main.shtml>

AMH Listserv

The AMH Listserv provides you with the following information related to mental health, addictions, problem gambling and substance abuse prevention: what’s new at AMH, national information and research, new resources, upcoming grant opportunities, and a training calendar of local and national trainings

Would you like to subscribe? Just send an email to Greta.I.Coe@state.or.us stating that you would like to subscribe to the AMH Listserv.

Western Capt Best and Promising Practices Database

This searchable database allows you to search by population, prevention domains, risk and protective factors, IOM type and CSAP strategy.

<http://casat.unr.edu/bestpractices/search.php>



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Addiction Messenger Newsletter

The AM is a monthly publication that communicates tips and information on best practices in a brief format. Continuing education hours (NAADAC approved) are available for readers who read a series of three issues and take a pre-post test.

Topics of past issues include SBIRT, Cognitive Behavioral Therapy, Medicated Assisted Treatment, Twelve Step Facilitation, conflict management and much more. To view past issues, visit:

<http://www.attcnetwork.org/regcenters/c1.asp?rcid=10&content=CUSTOM1>

EBPs Added to AMH Approved List

Active Parenting of Teens: Families in Action is a school and community-based intervention for middle school-aged youth designed to increase protective factors that prevent and reduce alcohol, tobacco, and other drug use, irresponsible sexual behavior; and violence. For more information, visit:

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=168>

Child Parent Relationship Therapy/Filial Therapy : Child and Parent Relationship Therapy (CPRT) is a model of filial therapy founded upon the child centered play therapy philosophy. It is an evidence-based parent training intervention for treating children experiencing a wide range of social, emotional, and behavioral difficulties.

Common Sense Parenting: Common Sense Parenting (CSP) is a practical, skill-based parenting program. The program's strategies and easy-to-learn techniques address issues of communication, discipline, decision making, relationships, self-control and school success. For more information, visit:

<http://www.parenting.org/common-sense-parenting/about>.

Oregon's Prescription Drug Monitoring Program

The Oregon Prescription Drug Monitoring Program (PDMP) is a new program intended to help health care providers give patients better care. Providers and pharmacists can access a database via the web to view more complete patient prescription information to support clinical decisions with their patients.

Providers should talk with patients about the medications they are taking and let patients know that in April 2011 pharmacies will begin data upload activities for Schedules II through IV controlled substances dispensed to patients. Providers and pharmacists may apply online for access to the system in July 2011. For more information, go to www.orpdmp.com.