The Evidence-Based Practitioner

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Agenda

‣ What’s an Evidence-Based Practice (EBP)?
  • What and how much evidence is enough?
‣ Why EBPs are often, not enough.
‣ Back to the Basics: Changing the emphasis from the Evidence-Based Practice to the Evidence-Based Practitioner.
  • What this means and how you can practice it.
What is a really good practice?

- The Institute of Medicine (2001) defines evidence-based medicine as the "integration of best researched evidence AND clinical expertise WITH patient values" (p. 147).
A Really Good Practice

- Research evidence
- Practitioner experience and expertise
- Consumer perspectives
Evidence-Based Practices

Research evidence
The National Alliance on Mental Illness (NAMI) definition of evidence-based practices

“treatments that have been researched academically or scientifically, been proven effective, and replicated by more than one investigation or study.”
The APA Perspective on EBP’s

- Best research evidence refers to scientific results related to intervention strategies, assessment, clinical problems, and patient populations in laboratory and field settings as well as to clinically relevant results of basic research in psychology and related fields.

- APA endorses multiple types of research evidence (e.g., efficacy, effectiveness, cost-effectiveness, cost–benefit, epidemiological, treatment utilization) that contribute to effective psychological practice.

Types of “Evidence”: Different research designs are better suited to address different types of questions

- Clinical observation (including individual case studies) and basic psychological science
  - valuable sources of innovations and hypotheses (the context of scientific discovery).

- Qualitative research
  - can be used to describe the subjective, lived experiences of people, including participants in psychotherapy.

- Systematic case studies
  - particularly useful when aggregated—as in the form of practice research networks—for comparing individual patients with others with similar characteristics.

- Single-case experimental designs
  - particularly useful for establishing causal relationships in the context of an individual.
Types of “Evidence” (Cont.)

- **Public health and ethnographic research**
  - especially useful for tracking the availability, utilization, and acceptance of mental health treatments as well as suggesting ways of altering these treatments to maximize their utility in a given social context.

- **Process–outcome studies**
  - especially valuable for identifying mechanisms of change.

- **Studies of interventions**
  - these are delivered in naturalistic settings (effectiveness research) are well suited for assessing the ecological validity of treatments.

- **Randomized Control Trials and their logical equivalents (efficacy research)**
  - the standard for drawing causal inferences about the effects of interventions (context of scientific verification).

- **Meta-analysis**
  - a systematic means to synthesize results from multiple studies, test hypotheses, and quantitatively estimate the size of effects.
## Decision-Making in Selection of the Evidence-Based Practice

### Is Study Population Comparable to Yours?
- Age
- Gender
- Race/Ethnicity
- Clinical Profile

### Are Outcomes Meaningful?

### Do Intervention Characteristics Fit with Agency and Community?
- Setting: Clinic, School, Home
- Length of Intervention
- Family Component
- Individual or Group
- Level of Training Required

### Does Intervention Fit with Agency Needs and Resources?
- Training Available
- Location of Training
- Length of Training
- Cost
- Follow-up Coaching/Consultation

### Do Monitoring and Reimbursement Requirements Fit with Agency?
- Fidelity Measure Available
- Fidelity Required
- Specification of an Outcome Measure
- Medicaid Reimbursement

### Does Intervention Fit with Clinicians?
- Openness to Evidence-Based Practice
- Compatibility with Theoretical Orientation
- Expectation of Parent Involvement in Treatment

### Does Intervention Fit with Youth and Family Values and Preferences?
- Individualized
- Family-Centered
- Choice
- Flexibility
- Culture
Why EBP’s are not enough

- The provider determines the applicability of research conclusions to a particular client or participant.
- Individual clients may require decisions and interventions not directly addressed by the available research.
- Ongoing monitoring of patient progress and adjustment of treatment as needed are essential to EBP’s.

Evidence-Based Practice in Psychology, APA Presidential Task Force on Evidence-Based Practice
American Psychologist: American Psychological Association Vol. 61, No. 4, 271–285
Why EBP’s are not enough: Voltage drop and Effect size

- Weisz, Ng, and Bearman (2014): One significant challenge is the implementation cliff, a drop in benefit that often occurs when interventions leave laboratory settings.

- One recent meta-analysis (Weisz, Kuppens, et al., 2013) showed that EBPs did not significantly outperform usual care among studies using clinically referred youths or youths meeting formal diagnostic criteria.

- Meta-analyses reveal substantial falloff in effect size when interventions move from research to practice contexts and when EBPs are tested against usual clinical care (Wampold et al., 2012).
Fidelity: Is being unfaithful to an EBP really a sin
Let’s Not Forget The Client!

Consumer Perspectives

- Values
- Needs
- Wants
- Expectations
- Religious Beliefs
- Cultural Beliefs

Comfort with the practice
Comfort with the practitioner
Let’s Not Forget The Client

- EBP’s require attention to many other client characteristics, such as gender, gender identity, culture, ethnicity, race, age, family context, religious beliefs, and sexual orientation (American Psychological Association, 2000, 2003).

- These variables shape personality, values, worldviews, relationships, psychopathology, and attitudes toward treatment.
The Client’s Perspective

- Culture influences not only the nature and expression of psychopathology but also the client’s understanding of psychological and physical health and illness.

- Cultural values and beliefs and social factors (e.g., implicit racial biases) also influence patterns of help seeking, using, and receiving help; presentation and reporting of symptoms, fears, and expectations about treatment; and desired outcomes.

- Providers (therapists, psychologists, social workers, etc.) also understand and reflect on the ways their own characteristics, values, and context interact with those of the patient.
Common Factors and Adapting EBP’s

- As explicitly stated in common factor models, explanation and treatment relevant to the patient and the patient’s problems is one of the common factors (Laska et al., 2014).

- Indeed, one of the consequences of taking a common factor approach is that there is flexibility to adapt the treatment to the characteristics of the client...

- It appears that culturally adapted treatments, particularly if the explanation provided to the patient is consistent with cultural beliefs, are more effective than non-adapted treatments (Huey, Tilley, Jones, & Smith, 2014).

- Some clients may respond to CBT and some may respond to emotion-focused therapy or dynamic therapy.
Common Factors Across Practices That Improve Outcomes

‣ A primary component of the Common Factors approach is the patient’s acceptance of the rationale of the treatment and the concomitant therapeutic actions (Wampold & Budge, 2012).

‣ In Jerome Frank’s model, patient attribution that their hard work toward goals is an important therapeutic ingredient (Weinberger, 2014).

‣ Without any structure, treatments are unlikely to be optimally effective, particularly with regard to symptom relief (Wampold & Laska 2014).
Why EBPs are not enough: The danger of viewing EBPs as complicated vs complex

- Simple: Recipe approach, few and simple steps, minimal skill level. (e.g., baking a cake)

- Complicated: Formula focused, many steps and components, emphasis on proven methodologies, various levels of skills based on the component of the process, outcome is predictable. Avoid deviation from the prescribed methods at all cost. (e.g., building a car)

- Complex: Flexible and adaptive response to changing situation; range of options and strategies to match the often changing context, no single “proven” methodology will suffice, innovation and experimentation mindset, guided by “core principles” applicable across person, time and situation (e.g., raising a child, promoting recovery for a traumatized individual/substance user/ mentally ill adolescent)

(Plsek, 2003)
Let’s Not Forget The Practitioner

Practitioner qualities, core competencies, experience and expertise
Qualities & Actions Of Effective Therapists

Research suggests that certain psychotherapist characteristics are key to successful treatment.

“The evidence that there are small or negligible differences among treatments that are intended to be therapeutic for particular disorders and the evidence that some therapists consistently achieve better outcomes than other therapists, in clinical trials and in practice, raises the unmistakably important questions”

What are the qualities and action of effective therapists?

*https://www.apa.org/education/ce/effective-therapists.pdf*
The Evidence Based Practitioner: Core Competencies

✓ Clinical formulation Process
  • Including assessment, diagnostic judgment, systematic case formulation, and treatment planning;
  • clinical decision making, treatment implementation, and monitoring of patient progress;
  • interpersonal expertise;

✓ Continual self-reflection and acquisition of skills

✓ Appropriate evaluation and use of research evidence in both basic and applied psychological science

✓ Understanding the influence of individual and cultural differences on treatment

✓ Seeking available resources (e.g., consultation, adjunctive or alternative services) as needed

✓ Forming a therapeutic alliance

✓ Monitoring client progress and adjusting practices accordingly

✓ Attending to clients’ individual, social, and cultural contexts

✓ Identifying and helping clients to acknowledge psychological processes that contribute to distress or dysfunction

✓ Treatment planning involves setting goals and tasks of treatment that take into consideration the unique client, the nature of the client’s problems and concerns

✓ The goals of therapy are developed in collaboration with the client
What are the characteristics of the Evidence-Based Practitioner?

Core Competencies

‣ Empathic Listener
‣ Communicator of information
‣ Problem solving
‣ Decision making
‣ Mobilizing resources
‣ Community Resources Advocacy
‣ Teaching
Empathy

“We think we listen, but very rarely do we listen with understanding, True empathy.

Yet listening, of this very special kind, is one of the most potent forces for change that I know.”

~ Carl Rogers
I am a GREAT LISTENER if you can get a word in.
Wise counselor says not to irritate or piss off your client
What may not work so well: What evidence-based practitioners avoid doing

- Persuasion/hard sell/pressure: Arguing for change
- Criticizing, shaming or blaming
- Scare tactics
- Premature problem solving
- Over reliance on incentives
- Ultimatums
- Lecturing
- Guilt induction
- Focusing on what’s wrong vs what’s strong
- Exploring all the factors that contribute to disappointments
- Failing to recognizing the “intent” of coping value of dysfunctional behavior
  - Seeing only the “con” side of behavior
- Feeling rushed/distracted
- Assuming and pushing the expert role
- Over labeling behavior (over emphasis on diagnosis)
- Unsolicited advice giving
- Rushing the conversation
What the developers of MI have to say.....

“... MI is not a series of techniques ... but a way of being with clients.”

“Whenever you are in doubt about what to do, listen.”

- Miller & Rollnick, 1991
Imparting Information

You're confusing me!
Problem Solving

The Problem-Solving Process

Identify

Explore

Set goals

Evaluate

Implement

Select the correct alternative

Look for alternative
Shared and Informed Decision Making
Mobilizing Resources
Advocacy

- **Respect Confidentiality...**
  All discussions must occur in private, without family members present. This is essential to building trust and ensuring her safety.

- **Believe and Validate Her Experiences...**
  Listen to her and believe her. Acknowledge her feelings and let her know she is not alone. Many women have similar experiences.

- **Promote Access to Community Services...**
  Know the resources in your community. Is there a hotline and shelter for battered women?

- **Help Her Plan for Future Safety...**
  What has she tried in the past to keep herself safe? Is it working? Does she have a place to go if she needs to escape?

- **Acknowledge Injustice...**
  The violence perpetrated against her is not her fault. No one deserves to be abused.

- **Respect Her Autonomy...**
  Respect her right to make decisions in her own life, when she is ready. She is the expert in her life.
Teaching skills vs Traditional Psychotherapy
The Evidence-Based Practitioner perspective suggests we need more research and support in these areas...

- Understanding client characteristics as moderators of treatment response in naturalistic settings
- Effectiveness of interventions that have been widely studied in the majority population with other populations
- Examination of the nature of implicit stereotypes held by both practitioners and clients and successful interventions for minimizing their activation or impact.
- Ways to make information about culture and psychotherapy more accessible to practitioners
- Maximizing the practitioner’s cognitive, emotional, and role competence with diverse patients
- Identifying successful models of treatment decision making in light of client preferences.
Healing and Persuasion: How people experience effective therapists

- Feeling understood
- Being respected
- Having someone be interested
- Being encouraged to face the difficulties and overcome them.
- Being accepted
- Being forgiven

“You shook my hand...”
Final Thoughts…

- Is Being Unfaithful to an EBP really a sin? It depends
- Pay a great deal of attention to the basics: the core foundational skills without which EBP’s are not likely to have the expected impact.
- The practice is not the treatment (The tool is not the carpenter; The instrument is not the musician)
- The treatment is always us!
The recording & presentation slides will be uploaded to ctacny.org within 2-3 business days.
References

Upcoming CTAC Events

Applications of Play Therapy
Thursday, 1/23 at 12 PM

Kinship Care 101
Tuesday, 1/28 at 12:30 PM

Please fill out the feedback survey that will pop up upon closing this webinar.

Thank you!