

5. Evidence-Based Individual, Group, and Family Treatment

Evidenced Based Practice (EBP) is “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.” (Sackett D, 1996). EBP is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician’s cumulated experience, education, and clinical skills. The patient brings to the encounter his or her own personal preferences and unique concerns, expectations, and values. The best research evidence is usually found in clinically relevant research that has been conducted using sound methodology. (Sackett D, 2002)

Skill	Knowledge	Resources/ Sources of Information
<p>5.1. Able to identify core elements of successful treatment for individuals with co-occurring disorders.</p>	<ul style="list-style-type: none"> • Per Minkoff, understand that for each person, the correct integrated treatment intervention must be individualized according to diagnosis, phase of recovery/treatment, level of functioning and/or disability associated with each disorder, and level of acuity, dangerousness, motivation, capacity for treatment adherence, and availability of continuing empathic treatment relationships and other recovery supports. • Understand that effective programs incorporate the following: <ul style="list-style-type: none"> ○ <u>Integrated treatment</u>: one disorder does not present as “primary”, both conditions are addressed. ○ <u>Stage-wise treatment</u>: Different services offered at different stages of treatment. ○ <u>Assertive Outreach</u>: remove obstacles to accessing treatment through outreach efforts, often meeting individuals in their own homes or community settings. ○ <u>Motivational Interventions</u>: interventions that help clients become ready for change. 	<p>Dual Diagnosis: An Integrated Model for the Treatment of People with Co-occurring Psychiatric and Substance Disorders in Managed Care Systems http://www.mentalhealth-media.org/uploads/3/0/1/9/30196951/dual_diagnosis.pdf</p> <p>The Evidence: Integrated Treatment for Co-Occurring Disorders p 5-6 https://www.integration.samhsa.gov/integrated-care-models/Co_Occ_Disorders_04.pdf</p>

	<ul style="list-style-type: none"> ○ <u>Counseling</u>: once individuals are motivated to manage their own illness, they address skills and supports to control the symptoms. ○ <u>Social Support</u>: strengthen social networks ○ <u>Long-term perspective</u>: recognize that long term stability may not be achieved quickly and incorporates contingency plans that address and prevent relapse. ○ <u>Comprehensive</u>: address multiple factors including medication, benefits, housing, and employment and allow for other levels of treatment when appropriate. ○ <u>Cultural Sensitivity and Competence</u>: implement modifications for cultural and other local circumstances. 	
<p>5.2. Able to inform others of the evidenced based treatment options available to children and adults with Co-occurring disorders</p>	<ul style="list-style-type: none"> ● Familiarity with widely used Evidence Based Practices for Children and Adolescents with co-occurring disorders such as: <ul style="list-style-type: none"> ○ Functional Family therapy (FFT) ○ Multi-systemic Therapy (MST) ○ Therapeutic Foster Care (TFC) and Multidimensional Treatment Foster Care (MTFC) ○ Parent- Child Interaction Therapy (PCIT) ● Familiarity with widely used Evidence Based Practices for Adults with Co-occurring disorders such as: <ul style="list-style-type: none"> ○ Assertive Community Treatment ○ Family Psychoeducation ○ Illness Management and Recovery ○ Integrated Dual Disorders Treatment ○ Motivational Enhancement Therapy 	<p>Alaska Department of Health and Human Services-Evidence Based Practice Continuum Guidelines http://dhss.alaska.gov/dbh/Documents/Resources/initiatives/ebp/EBP.pdf</p> <p>What are the Treatments for Comorbid Substance Use Disorders and Mental Health Conditions? https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/what-are-treatments-comorbid-substance-use-disorder-mental-health-conditions</p> <p>Integrated Systems and Services for People with Co-Occurring Mental Health and Substance Use Conditions: What’s Known, What’s New, and What’s Now? August 2019-Interventions that Work pages 12-21 https://www.nasmhpd.org/sites/default/files/TAC_Paper_8_508C.pdf</p>

	<ul style="list-style-type: none"> ○ Cognitive Behavioral Therapy (CBT) ○ Medication Management ○ Medication Assisted Treatment ○ Eye Movement Desensitization and Reprocessing (EMDR) ○ Dialectal Behavioral Therapy ○ Seeking Safety ○ Trauma Recovery Empowerment Model (TREM) ○ Supported Employment ○ Permanent supportive housing ○ Self-help and peer support services 	
<p>5.3. Able to incorporate evidenced based interventions into practice.</p>	<ul style="list-style-type: none"> ● Knowledge of evidenced based interventions that are frequently used in the treatment of client’s with co-occurring disorders. <ul style="list-style-type: none"> ○ Co-Occurring Psychoeducation for clients, families and concerned others that is comprehensive, diversity sensitive, and provided at a time and location that is easily accessible. ○ Group treatment designed to teach life enhancement skills such as identifying life goals, drug refusal, stress management, relaxation training, recreation, health, social skills, assertiveness training, problem solving, anger management, employment, self-help and peer support, etc. ○ Cognitive Behavioral Interventions specific to recognizing and altering thoughts associated with internal and external cues that trigger craving and lead to use. ○ Cognitive Behavioral Interventions and other intervention models aimed at overcoming barriers to relationship 	<p>Alaska Department of Health and Human Services-Evidence Based Practice Continuum Guidelines http://dhss.alaska.gov/dbh/Documents/Resources/initiatives/ebp/EBP.pdf</p>

	<p>and other social involvement; e.g., teaching and coaching social and other needed coping skills in both an individual and group format.</p> <ul style="list-style-type: none"> ○ Relaxation techniques and other stress reduction methods. ○ 12-step facilitation and other peer support groups like Double Trouble ○ Trauma Informed Approach to Treatment. 	
<p>5.4. Able to promote interventions that address overall positive health outcomes.</p>	<ul style="list-style-type: none"> ● Understand the importance of ensuring individuals are linked to routine disease screening and scheduled immunizations to encourage health. ● Understand the importance of promoting health interventions such as smoking cessation, weight control, regular exercise, and blood pressure monitoring. ● Understand the importance of incorporating harm-reduction strategies to minimize risk of STI transmissions and overdoses. 	<p>Familiar with health indicators https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Clinical-Preventive-Services</p> <p>Clinical Preventive Services Across the Life Stages https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Clinical-Preventive-Services/determinants</p> <p>Physical Health and Mental Wellbeing https://nswmentalhealthcommission.com.au/sites/default/files/publication-documents/Physical%20health%20and%20wellbeing%20-%20final%208%20Apr%202016%20WEB.pdf</p> <p>Harm Reduction Approach https://harmreduction.org/wp-content/uploads/2017/07/Webinar-HReduxn_092716.pdf</p>