Evidence-based Practices Learning Series

Introduction
June 21, 2016

AGENDA

• Evidence-based practices integral to PBHCI
  • Wellness related to weight management, physical activity and nutrition
  • Tobacco use reduction/cessation
  • Chronic Disease Self-Management

• Core characteristics of best practices
  • Using a brief organizational self-assessment to support quality

• To adapt or not to adapt: what is the answer?

• Next steps, presenters, and timeframes
What is an Evidence-based Practice?

A Really Good Practice: Intersection of evidence + practitioner + client

Evidence-based Practices (EBPs)

Person's perspectives, felt need for change, self-identified and personally meaningful health goals

Practitioner's skill and knowledge to engage and activate clients at different stages of readiness
The Evidence Informed Health Promoting Programs

Basic Wellness: Nutrition/Physical Activity
- Nutrition and Exercise for Wellness and Recovery (NEW-R)
- Diabetes Awareness and Rehabilitation Training (DART)
- Achieving Healthy Lifestyles in Psychiatric Rehabilitation (ACHIEVE)
- Solutions for Wellness
- InSHAPE

Tobacco Cessation
- DIMENSIONS Tobacco Free Program
- Learning About Healthy Living
- Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness: Manual for Nurses

Chronic Disease Self-Management (encouraged)
- Whole Health Action Management (WHAM)
- Health and Recovery Peer (HARP) Program
- Stanford CDSM model

Common Elements:
Education: Principles of Adult Learning

Personal Relevance "Why should I care?"
- Identification of benefits based on client’s felt need

Practical Application "Is this really something I can accomplish? How will I know?"
- Small steps that are self selected and monitored to build confidence and provide feedback

Multi-sensory learning "How can I remember this stuff?"
- Written and spoken Information that is clear and understandable, personalized worksheets, demonstrations, and active practice

Self direction "Who is in charge anyway?"
- Maximize self selection of action steps

Context specific "How do I make this work for me in my day-to-day experience?"
- Ensure clients select goals and action steps that make sense in light of living situation, finances, access to resources, social connections
Common Elements: 
Right staff with the right skills and mindset

Foundational skills related to engagement, knowledge of and skills to implement the EBP, group facilitation skills, teaching strategies, motivation supporting approaches.

Common Element: 
Engagement and informed decision making

• Starting with the person not the practice 
• Engage clients in making informed decisions 
  • Decisional balance (pros and cons of change and not change)
• Explore benefits from client’s perspective 
• Assess readiness and align approach accordingly 
• Explain the service (show materials, describe the content and activities related to the practice, reinforce the idea that one may use the initial meetings to make an informed decision (shopping)
• Low pressure about staying or leaving
Fidelity vs. Practice Adaptations

Key steps:
• Importance of fidelity: plan, implement, and evaluate with the goal of adhering to practice fidelity standards.

• Have a way to check on fidelity - meet to review how the practice is being implemented with respect to fidelity.

• If some adaptation of the EBP is needed, identify which dimension of the practice is being modified and the rationale for the change.
  • Structure (who, when, where, how often, how long)
  • Content (what topics are addressed)
  • Process (how do we deliver the service, what steps are involved)

• Closely monitor service utilization and outcomes to ensure that the active ingredients of the practice were not discarded.

Measure Outcomes
Collect information

Vertical Bar Graph

Group 1  Group 2  Group 3
Next Steps: Details about the upcoming EBP specific webinars

Each evidence-based practice technical assistance will include:

- 90 minute webinar presented by a subject matter expert followed the next day with
- An open office hour for participants to call in to ask additional questions of the presenter.
- Participants may also be invited to complete a practice specific self-assessment prior to the related webinar.
Presenter: Nutrition and Physical Activity

Peggy Swarbrick, PhD, OT, CPRP  
Director, Collaborative Support Programs of New Jersey  
Institute for Wellness and Recovery Initiatives  
Rutgers – School of Health Related Professions  
Department of Psychiatric Rehabilitation and Counseling Professions

Dr. Swarbrick is a part time assistant faculty in the Rutgers - School of Health Related Professions, Department of Psychiatric Rehabilitation and Counseling Professions. She also has worked for many years at a large peer operated agency in New Jersey (Collaborative Support Programs of New Jersey). She earned a doctorate in Occupational Therapy from New York University. She completed a postdoctoral fellowship, Advanced Training and Research, National Institute on Disability and Rehabilitation Research, Department of Psychiatric Rehabilitation and Counseling Professions. She has been a leader, author, and advocate within the mental health system and consumer survivor movement. She has published and lectured nationally and internationally on wellness, peer operated services, employment, and recovery..

Presenter: Tobacco Treatment

Jill M. Williams, MD  
Professor of Psychiatry  
Director, Division of Addiction Psychiatry  
Rutgers - Robert Wood Johnson Medical School  
New Brunswick, New Jersey

Dr. Williams received her medical degree from UMDNJ-Robert Wood Johnson Medical School in Piscataway and completed her residency training at Duke University Medical Center in Durham, North Carolina. Dr. Williams also completed a fellowship in Addiction Psychiatry at Robert Wood Johnson Medical School. The focus of her work has been in addressing tobacco in individuals with mental illness. She is a member of the Association for the Treatment of Tobacco Use and Dependence, the American Psychiatric Association, the Society for Research on Nicotine and Tobacco, and the American Association of Community Psychiatrists. The CHOICES Program (Consumers Helping Others Improve their Condition by Ending Smoking) she co-founded has won numerous awards for innovative programming. Dr Williams has developed training curricula for behavioral health professionals and manualized treatments for treating tobacco in mental health settings.
Presenters: Chronic Disease Self-management

Larry Fricks
Deputy Director
SAMHSA-HRSA Center for Integrated Health Solutions

Larry Fricks is the Director of the Appalachian Consulting Group (ACG) and Deputy Director of the SAMHSA-HRSA Center for Integrated Health Solutions operated by the National Council for Behavioral Health. Mr. Fricks played a leadership role in Georgia becoming the first state in the country able to bill Medicaid for peer support services delivered by a peer workforce and developing a peer specialist curriculum. He has provided consulting for implementing peer support services that are Medicaid-billable nationwide. As Deputy Director of the SAMHSA-HRSA Center for Integrated Health Solutions, Mr. Fricks led the team to create the Whole Health Action Management (WHAM) Peer Support Training and has trained over 1,000 WHAM facilitators across the country.

Anthony Salerno PhD
Senior Integrated Health and Trauma Informed Care Consultant,
National Council for Behavioral Healthcare, Washington D.C.
Practice and Policy Scholar, McSilver Institute for Poverty Policy and Research, NYU
Assistant Research Professor, Child and Adolescent Psychiatry,
Langone Medical Center, NYU

• New York State licensed psychologist
• 30 years working in outpatient and inpatient settings
• Co-Director of Evidence Based Practices with the New York State Office of Mental Health
• Designing rehabilitation programs, working with families and consumer advocacy organizations
• Lead author of the Wellness Self-Management; Wellness Self-Management Plus and Knowledge Empowers You (KEY) workbooks.
• Consultant to numerous organizations implementing integrated care models for individuals with serious mental health problems through the Center for Integrated Health Solutions
• Consultant with the National Council for Behavioral Health to design and facilitate learning communities on trauma informed care with behavioral health agencies across the United States.
• Dr. Salerno assists organizations serving impoverished communities to systematically adopt and sustain practice innovations as a faculty and senior research scientist at the McSilver Institute at NYU
**Timeframe**

**Nutrition & Physical Activity**  
**Webinar:** June 29, 2016 • 3:00 – 4:30 PM EDT  
**Follow up Q&A Discussion:** June 30, 2016 • 3:00 – 4:00 PM EDT

**Tobacco Treatment**  
**Webinar:** July 14, 2016 • 3:00 – 4:30 PM EDT  
**Follow up Q&A Discussion:** July 15, 2016 • 3:00 – 4:00 PM EDT

**Chronic Disease Self-Management**  
**Webinar:** July 25, 2016 • 3:00 – 4:30 PM EDT  
**Follow up Q&A Discussion:** July 26, 2016 • 3:00 – 4:00 PM EDT

**Poll Question:** What best describes your interest in participating in this TA support on EBP Implementation?  
A. Definitely participate  
B. Likely to participate  
C. Not sure  
D. Probably not
Poll Question: What EBP topic area(s) are you most likely to participate in?

A. Wellness focused on nutrition and physical activity
B. Tobacco reduction/cessation
C. Chronic disease self-management
D. At least two topic areas
E. All three topics