MOVING TOWARD EVIDENCE-BASED PRACTICE FOR ADDICTION TREATMENT

June, 2014

Dean L. Babcock, LCAC, LCSW
Associate Vice President
Eskenazi Health
Midtown Community Mental Health Centers
Why is Evidence-Based Practice Critically Important?
ADDICTION:

ACUTE ILLNESS
OR
CHRONIC ILLNESS?
13 Principles of Effective Treatment
No Single Treatment Is Appropriate For All Individuals

Matching treatment setting, interventions and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
Treatment Needs To Be Readily Available

Individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial.

Potential treatment applications can be lost if treatment is not immediately available or is not readily accessible.
Effective Treatment Attends To Multiple Needs Of The Individual, Not Just His or Her Drug Use

To be effective:

- Treatment must address the individual’s drug use.
- AND -

- Any associated, medical, physiological, social, vocational, and legal problems.
Individual Treatment and Service Plans Must Be Assessed and Continually Modified As Necessary To Ensure The Plan Meets The Person’s Changing Needs

- Varying treatment components and other medical services.
- Family counseling, parenting, vocational rehabilitation, social and legal services.
- Medication.
- Appropriate to the individual’s age, gender, ethnicity, and culture.
Remaining In Treatment For An Adequate Period Of Time Is Critical For Treatment Effectiveness

- Duration depends on his/her problems/needs.
- Significant improvement is reached in about 3 months for most patients.
- Additional treatment is often needed.
- Include strategies to engage and keep patients in treatment.
Counseling and Behavioral Therapy

Critical Components Of Effective Treatment For Addiction:

- Address issues of motivation
- Build skills to resist use
- Replace with constructive activities
- Improve problem solving abilities

Behavior therapy facilitates interpersonal relationships and the individual's ability to function in the family and community.
Medication Is An Important Element Of Treatment For Many Patients Especially When Combined With Counseling And Other Behavioral Therapies
Addicted or Drug-Abusing Individuals With Coexisting Mental Disorders Should Have Both Disorders Treated In An Integrated Way

Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.
Medical Detoxification Is A Stage Of Addiction Treatment And By Itself Does Little To Change Long-Term Drug Use

Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use.

Detox alone is rarely sufficient to help achieve long-term abstinence. For some individuals it is a strongly indicated precursor to effective drug addiction treatment.
Treatment Does Not Need To Be Voluntary To Be Effective

Strong motivation can facilitate treatment process.

Sanctions or enticements in the family, employment setting or criminal justice system can significantly increase both treatment entry and retention rates and the success of drug treatment interventions.
Drug Use During Treatment Must Be Continually Monitored

Lapses to drug use can occur during treatment. Objective monitoring through urinalysis or other tests can help the patient withstand urges to use. Can also provide early evidence of drug use so the individuals treatment plan can be adjusted.
Treatment Programs Should Provide Assessment For HIV/AIDS, Hepatitis B & C, Tuberculosis, and Other Infectious Diseases
Recovery Can Be A Long-Term Process That Frequently Requires Multiple Episodes Of Treatment

- Relapses can occur during or after
- May require prolonged treatment
- Participation in self-help support programs
National Quality Forum (NQF)
Standards of Care
2007
National Standards for the Treatment of Substance Use Conditions: Evidence-Based Practices

FOUR sections are:

I. Identification of Substance Use Conditions
II. Initiation and Engagement in Treatment
III. Therapeutic Interventions to Treat Substance Use Illness
IV. Continuing Care Management of Substance Use illness
Section I

Identification of Substance Use Conditions
Screening and Case Finding

During new patient encounters and at least annually, patients in general and mental healthcare settings should be screened for at-risk drinking, alcohol use problems and illnesses, and any tobacco use.

Healthcare providers should employ a systematic method to identify patients who use drugs that considers epidemiologic and community factors, and the potential health consequences of drug use for their specific population.
Diagnosis and Assessment

Patients who have a positive screen for or an indication of – a substance use problem or illness should receive further assessment to confirm that a problem exist and determine a diagnosis. Patients diagnosed with a substance use illness should receive a multidimensional, biopsychosocial assessment to guide patient-centered treatment planning and any coexisting conditions.
Section II

Initiation and Engagement in Treatment
Brief Intervention

All patients identified with alcohol use in excess of National Institute on Alcohol Abuse and Alcoholism guidelines and/or any tobacco use should receive a brief motivational counseling intervention by a healthcare worker trained in this technique.
Promotion Engagement in Treatment for Substance Use Illness

Healthcare providers should systematically promote patient initiation of care and engagement in ongoing treatment for substance use illness. Patients with substance use illness should receive supportive services to facilitate their participation in ongoing treatment.
Withdrawal Management

Supportive pharmacotherapy should be available and provided to manage the symptoms and adverse consequences of withdrawal.

Withdrawal management alone does not constitute treatment for dependance and should be linked with ongoing treatment for substance use illness.
Section III

Therapeutic Interventions to Treat Substance Use Illness
Psychological Interventions

Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illness.
Pharmacotherapy should be recommended and available to all adult patients diagnosed with:

- **opioid**
- **alcohol**
- **nicotine**

dependence and without medical contradictions. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.
Section IV

Continuing Care Management of Substance Use Illness
Patients with substance use illness should be offered long-term care.

Coordinated management of their care for substance use illness and any coexisting conditions.

Care management should be adapted ongoing monitoring for their progress.
INEFFECTIVE TREATMENTS

The following practices or treatment approaches are generally ineffective and should not be provided as a routine component of treatment:

Any of the following as a stand alone treatment for SUD’s

- Acupuncture
- Relationship therapy
- Didactic group education, or
- Biological monitoring of substance use
Detoxification as a stand alone treatment for substance dependence syndromes
Individual psychodynamic therapy
Unstructured group therapy
Confrontation as a principle treatment approach
Discharge from a treatment program in response to relapse
Evidence Based Approaches to Addiction and Mental Illness Treatment for Adults

- Cognitive Behavioral Interventions
- Community Reinforcement
- Motivational Enhancement Therapy
- 12-Step Facilitation
- Contingency Management
- Pharmacological Therapy
- Systems Treatment
- Integrated Dual Disorders Treatment
Evidence Based Approaches to Addiction and Mental Illness Treatment for Adults (con’t)

- Illness Management and Recovery
- Assertive Community Treatment (ACT), Intensive Care Management (ICM)
- Family Psycho-education
- Supported Employment
- Trauma Services
Evidence Based Practices for Children and Adolescents

- Evidence-Based Prescribing Practices
- Family Education and Support Services
- Functional Family Therapy (FFT)
- Home-Based Crisis Intervention (HBCI)
- Home and Community-Based Services (HCBS)
- Intensive Care Management (ICM)
- School-Based Mental Health Services
- Post Traumatic Stress Disorder (PTSD) Treatment
1. Generations of Clinical Care

- No diagnosis
  - Treatment of complications care
    - No continuing
      - Relapse

David Mee-Lee, MD
Senior VP, The Change Companies, VP, Institute for Wellness Education
2. Generations of Clinical Care

Diagnosis → Program → Aftercare

Relapse

David Mee-Lee, MD
Senior VP, The Change Companies, VP, Institute for Wellness Education
3. Individualized, Clinically-driven Treatment

Patient/Participant Assessment
BIOPSYCHOSOCIAL Dimensions

Progress
Severity of Illness/LOF

Problems/Priorities
Severity of Illness/LOF

Plan
INTENSITY OF SERVICE - Modalities and Levels of Service

David Mee-Lee, MD
Senior VP, The Change Companies, VP, Institute for Wellness Education
4. Client-directed, Outcome-informed

**Patient/Participant Assessment**
- BIOPSYCHOSOCIAL Dimensions

**Problems/Priorities**
- Build alliance working with Multidimensional Assessment

**Plan**
- INTENSITY OF SERVICE - Modalities and Levels of Service (Clinical and wrap-around services)

**Progress**
- Treatment Response
  - Proximal Outcomes e.g., Session Rating Scale (SRS)
  - Outcome Rating Scale (ORS)

**David Mee-Lee, MD**
Senior VP, The Change Companies, VP, Institute for Wellness Education