Evidence-Based Practice and Recovery: Are They Compatible?

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Yes

Questions?
Recovery Principles and EBP: Essential Ingredients of Service Improvement

- “The two of the most commonly advocated service improvement proposals for adults with severe mental illnesses are to redesign services based on recovery principles and to increase the availability of services with strong research support…"

- “The two improvement strategies complement and inform each other much more than they conflict”.

W. Torrey et al, Community Mental Health Journal, 2005
Mental Health System “Transformation”

Mental Health & Health
(1)

Technology & Information
(6)

Recovery & Resilience

Consumer / Family Driven
(2)

Evidence-Based Practices
Training / Research
(5)

Eliminate Disparities
(3)

Early Intervention
(4)
From the Carter Commission to the New Freedom Commission

“The biggest change in mental health from 1978 to today is that...

...we now know that recovery is possible for any individual with a mental illness.”

Rosalyn Carter
“EBP” and “Recovery”: The Terms

- Both big “buzz” phrases
- Both relatively new concepts as applied to mental health
- Both currently driving a lot of mental health policy
- Both often misunderstood
Clarification of Terms

- “Recovery” in Mental Health
- “Evidence-Based Practice”

What are we talking about when we use these terms today?
Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities.

For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability.

For others, recovery implies the reduction or complete remission of symptoms.

Science has shown that having hope plays an integral role in an individual's recovery.
## “Mental Health Recovery Happens”?

<table>
<thead>
<tr>
<th>Study</th>
<th>Average Length in Years</th>
<th>Sample Size</th>
<th>Recovered/Improved Significantly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleuler 1972 Switzerland</td>
<td>23</td>
<td>208</td>
<td>53-68%</td>
</tr>
<tr>
<td>Huber et al 1975 Germany</td>
<td>22</td>
<td>502</td>
<td>57%</td>
</tr>
<tr>
<td>Ciompi 1976 Switzerland</td>
<td>37</td>
<td>289</td>
<td>53%</td>
</tr>
<tr>
<td>Tsung et al 1979 Iowa 500</td>
<td>35</td>
<td>186</td>
<td>46%</td>
</tr>
<tr>
<td>Harding et al 1987 Vermont</td>
<td>32</td>
<td>269</td>
<td>62-68%</td>
</tr>
<tr>
<td>Ogawa 1987 Japan</td>
<td>22.5</td>
<td>140</td>
<td>57%</td>
</tr>
<tr>
<td>DeSisto 1995 Maine</td>
<td>35</td>
<td>269</td>
<td>49%</td>
</tr>
</tbody>
</table>
Recovery – Other Perspectives

- “Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness”

Anthony, WA: Recovery from mental illness: the guiding vision of the mental health service system in the 1990’s.  
Psychosocial Rehabilitation Journal 16: 11-23, 1993
Recovery – Definition used in the “Illness Management and Recovery” Toolkit

- “Recovery occurs when people with mental illness discover, or rediscover, their strengths and abilities for pursuing personal goals and develop a sense of identity that allows them to grow beyond their mental illness”


Psychiatric Services 53: 1272-1284, 2002
Recovery – Other Perspectives

- “Recovery is a process, a way of life, an attitude and a way of approaching the day’s challenges”.

- It is not a perfectly linear process.

- “At times our course is erratic and we falter, slide back, regroup, and start again…”

*Patricia Deegan, 1998*
Recovery – Other Perspectives

- “The need is to re-establish a new and valued sense of integrity and purpose within and beyond the limits of the disability”
- “…the inspiration to live, work, and love in a community in which one makes a significant contribution.”

*Patricia Deegan, 1998*
“Recovery must be the common, recognized outcome of the services we support”

Charles G. Curie, M.A., A.C.S.W.
Director, SAMHSA
Evidence Based Practice (EBP): Evidence Based Practice (EBP): Selected Definitions in Mental Health

- Interventions for which there is consistent scientific evidence showing that they improve client outcomes.

Source: Drake RE et al, Psychiatric Services, 52:179-82, 2001
The Evidence Pyramid

Randomized Controlled Double Blind Studies
Cohort Studies
Case Control Studies
Case Series
Case Reports
Ideas, Editorials, Opinions
Animal research
In vitro ('test tube') research
Systematic Reviews and Meta-analyses
Evidence-Based Practice
Selected Definitions in Mental Health

- Intervention with a body of evidence:
  - rigorous research studies
  - specified target population
  - specified client outcomes

- Specific implementation criteria (e.g., treatment manual)

- A track record showing that the practice can be implemented in different settings

SAMHSA Evidence-Based Practices Initiative: 6 “Blessed” Practices for Adults with Serious Mental Illness

- Family Psycho-education
- Supported Employment
- Medication Management Approaches in Psychiatry (MedMAP)
- Assertive Community Treatment
- Integrated Treatment of Co-occurring Disorders
- Illness Management and Recovery
## Oregon DHS: Operational Matrix for Levels of Evidence

<table>
<thead>
<tr>
<th>Evidence-Based Practices</th>
<th>Level</th>
<th>Transparency</th>
<th>Research</th>
<th>Standardization</th>
<th>Replication</th>
<th>Fidelity Scale</th>
<th>Meaningful Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I</td>
<td>Yes</td>
<td>&gt;=3 studies in peer reviewed journal. Minimum of one study should be based on a randomized control trial.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>Yes</td>
<td>&gt;=3 studies in peer reviewed journal. Studies should be at least quasi-experimental.</td>
<td>Yes</td>
<td>Yes</td>
<td>In development or no</td>
<td>Yes*</td>
</tr>
<tr>
<td></td>
<td>III</td>
<td>Yes</td>
<td>&gt;=3 studies in peer reviewed journals. Less rigorously controlled studies will be considered.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes*</td>
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<tr>
<td>Non Evidence-Based Practices</td>
<td>IV</td>
<td>Yes</td>
<td>None</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>V</td>
<td>No</td>
<td>None</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>VI</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Oregon DHS: Operational Criteria Definitions

- **Transparency**: Both the criteria (e.g., how to find evidence, what qualifies as evidence, how to judge quality of evidence) and the process (e.g., who reviews the evidence) of review should be open for observation by public description. For example, results should be published in peer reviewed journals.

- **Research**: Accumulated scientific evidence based on randomized controlled trials, quasi-experimental studies, and in some cases less rigorously controlled studies. Research should be published in appropriate peer reviewed journals and available for review.

- **Standardization**: An intervention must be standardized so that it can be reliably replicated elsewhere by others. Standardization typically involves a description that clearly defines the essential elements of the practice, as evidenced in a manual or toolkit.

- **Replication**: Replication of research findings means that more than one study and more than one group of researchers has found similar positive effects resulting from the practice.

- **Fidelity Scale**: A fidelity scale is used to verify that an intervention is being implemented in a manner consistent with the treatment model – or the research that produced the practice. The scale has been shown to be reliable and valid.

- **Meaningful Outcomes**: Effective interventions must show that they can help consumers to achieve important goals or outcomes related to impairments and/or risk factors.
Is “Evidence-Based” a Newly Popularized Term in Health Care? Medline Search Results

EBP = “Evidence-Based Practice (s)”
EBT = “Evidence-Based Treatment (s)”
EBM = “Evidence-Based Medicine”

<table>
<thead>
<tr>
<th>Years</th>
<th>EBP or EBT</th>
<th>EBM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to 1990</td>
<td>0</td>
<td>0</td>
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<tr>
<td>1990 - 1994</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>1995 - 1999</td>
<td>328</td>
<td>3,521</td>
</tr>
<tr>
<td>2000 - 2005*</td>
<td>1,331</td>
<td>13,989</td>
</tr>
</tbody>
</table>

*Last updated August (week 1), 2005
“Evidence-based medicine”
Selected definitions

- A set of strategies derived from developments in information technology and clinical epidemiology designed to assist the clinician in keeping up to date with the best available evidence.

  Source: Geddes, 2000

- Evidence-based medicine is a mixture of clinical research, expert consensus and practitioner experience.

  Source: SAMSHA’s MedMAP Resource Kit
Evidence-based medicine

Selected definitions (2)

- EBM recognizes that health care is individualized and ever changing and involves uncertainties and probabilities.

- Ultimately EBP is the formalization of the care process that the best clinicians have practiced for generations".

“Evidence-based medicine”
Selected definitions (3)

- "Evidence-based medicine involves evaluating rigorously the effectiveness of healthcare interventions, disseminating the results of evaluation and using those findings to influence clinical practice.

- It can be a complex task, in which the production of evidence, its dissemination to the right audiences, and the implementation of change can all present problems".

The Evidence Based Practice Cycle

1. Specify Core Components of Practice
2. Optimize Priority Outcomes
3. Quantify and Review Outcomes Regularly
4. Modify Core Components of Practice
5. Consensus on Priority Outcomes
Research on “Recovery”

- An Analysis of the Definitions and Elements of Recovery: A Review of the Literature
  - Steven J. Onken, Catherine M. Craig, Priscilla Ridgway, Ruth O. Ralph, Judith A. Cook

  - Steven J. Onken, Jeanne M. Dumont, Priscilla Ridgway, Douglas H. Dornan, Ruth O. Ralph
SAMHSA Consensus: 10 Fundamental Components of Mental Health Recovery

- Self-Direction
- Individualized and Person-Centered
- Empowerment
- Holistic
- Non-Linear

- Strengths-Based
- Peer Support
- Respect
- Responsibility
- Hope
10 Fundamental Components or Recovery

SAMHSA Consensus Statement
Self-Direction

- Consumers determine their own path of recovery with their autonomy, independence, and control of resources.
Individualized and Person-Centered

- There are multiple pathways to recovery based on an individual's unique strengths as well as his or her needs, preferences, experiences, and cultural background.
Empowerment

- Consumers have the authority to participate in all decisions that will affect their lives, and they are educated and supported in this process.
Holistic

- Recovery encompasses an individual's whole life, including mind, body, spirit, and community.
- Recovery embraces all aspects of life, including housing, social networks, employment, education, mental health and health care treatment, and family supports.
Non-Linear

- Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience.
Strengths-Based

- Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.

- The process of recovery moves forward through interaction with others in supportive, trust-based relationships.
Peer Support

- Mutual support plays an invaluable role in recovery.

- Consumers encourage and engage others in recovery and provide each other with a sense of belonging.
Respect

- Eliminating discrimination and stigma are crucial in achieving recovery.
- Self-acceptance and regaining belief in oneself are particularly vital.
Responsibility

- Consumers have a personal responsibility for their own self-care and journeys of recovery.
- Consumers identify coping strategies and healing processes to promote their own wellness.
Hope

- Hope is the catalyst of the recovery process and provides the essential and motivating message of a positive future.
- Peers, families, friends, providers, and others can help foster hope.
Study of Recovery and EBP Compatibility

- Core ingredients of two EBP’s systematically assessed for their compatibility with each item in “What Helps, What Hinders”

- Interpersonal Psychotherapy
  - Consistent with 64 of 89 (80%) of “recovery facilitating” factors
  - 3 of 86 (3%) “recovery – hindering” factors

- Family Psycho-Education:
  - Consistent with 71 of 89 (80%) of “recovery facilitating” factors
  - No (0 of 86) “recovery – hindering” factors

Bledsoe et al, 2006
What are Recovery Oriented Outcomes?
National Outcome Measures (NOMs)

- Employment / Education
- Housing stability
- Crime / Criminal justice
- Social connectedness
- Decreased symptoms
- Perception of Care
- Access / Capacity
- Decreased hospitalization
- Cost effectiveness
- Use of EBP’s
“Recovery – Oriented” Outcomes

“...a decent job, a place called home and a date on Saturday night…”

Charles G. Curie
SAMHSA Evidence-Based Practices Initiative:
6 “Blessed” Practices for Adults with Serious Mental Illness

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- Illness Management and Recovery
Is “recovery” a part of any one model?

- Family Psycho-education and Recovery
- Supported Employment and Recovery
- Medication Management Approaches in Psychiatry (MedMAP) and Recovery
- Assertive Community Treatment and Recovery
- Integrated Treatment of Co-occurring Disorders and Recovery
- Illness Management and Recovery
“I am the evidence”

On a tee-shirt, worn by a consumer at a recent mental health conference
“To improve, the field needs the insights of people who have personally experienced severe mental illnesses and it needs the scientific process. “

Applied together, the two strategies can guide the development of an optimal service system: The kind of service system that most people would want for themselves or their family should they have the need.

W. Torrey et al, Community Mental Health Journal, 2005
Changing Paradigms and Models of Mental Illness and Treatment

1950’s: Asylum, Psychodynamic
1960’s: De-institutionalization
1970’s: Comm. Mental Health, Bio-psychosocial
1980’s: Revolving Door, Neurobiological
1990’s: Managed Care
2000’s: Recovery?, Holistic?
The Cynic’s Concern

- Recovery is all about reducing costs
- Recovery as a “…pull yourself up by the bootstraps” approach
- Recovery as a return to denial of MI
- Failure to recover is the fault of the individual, not the service system
- *Does time have to stop before the pendulum stays in the middle?*
The Message: Prior to Deinstitutionalization

- Either pull yourself up by the bootstraps and get with it, or, if you can’t, and no one in your family can, we have a place you can spend your life.

- It’s your fault – it’s your family’s fault
The message – 70’s and 80’s

- You have a mental illness.
- These are medical illnesses that affect the brain, and have to be managed as such.
- It is not your fault – it is not your family’s fault.
The Message: 80’s and 90’s

- It’s not your fault; it’s not your family’s fault. You have an incurable mental illness.

- It’s a chemical imbalance. The only thing that will help that is the right chemicals.

- Whatever you do, don’t work. It’s way too stressful, and may interfere with your taking medications and making appointments. Your career from now on is to be a psychiatric patient.

- It is our responsibility to take care of you. Just do what we say, and we’ll make sure you have almost enough money to survive.
The Message Now?

- You’ve got a mental illness.
- Lots of us do – some more severe, others less
- Now, let’s move on – together.
- What will it take for you to thrive?
“Transformation”

- A conversion, revolution, makeover, alteration or renovation
- An act, process or instance of change in structure appearance or character

*Webster’s Dictionary*
The overall mission of the Iowa Consortium for Mental Health is to enhance mutually beneficial collaboration between Iowa's universities and its public mental health system.

Quote of the month: "The introduction of recovery into our national mental health dialogue is nothing short of revolutionary."

A. Kathryn Power, M.Ed.
Director, Center for Mental Health Services, SAMHSA
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- michael-flaum@uiowa.edu
- www.icmentalhealth.org

  (Put “Iowa consortium mental health” in search engine)