Evidence Based Practices – Resources for Implementation and Assessing Fidelity

As a requirement of the Marin County DMC-ODS, each provider must implement at least two of the following Evidenced Based Practices:

> *Evidenced Based Practices: Providers will implement at least two of the following evidenced based treatment practices (EBPs) based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. Counties will ensure the providers have implemented EBPs. The State will monitor the implementation of EBP's during reviews. The required EBP include:*
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> - ***Motivational Interviewing***: *A client-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on clients' past successes.*
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> - ***Cognitive-Behavioral Therapy***: *Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.*
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> - ***Relapse Prevention***: *A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.*
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> - ***Trauma-Informed Treatment:*** *Services must take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.*
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> - ***Psycho-Education:*** *Psycho-educational groups are designed to educate clients about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to clients' lives; to instill self- awareness, suggest options for growth and change, identify community resources that can assist clients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.*

Two required components of assuring that a program is following this requirement are:
1. Assessing implementation of EBP; and
2. Assessing whether the program is ensuring fidelity of EBP.

Overview of Potential Activities to Assess Implementation of and Fidelity to EBPs

Assessing Implementation of EBPs: *Questions to Consider and Best Practices*
Who in the program is trained by a certified trainer and how often are they trained? (I.E. providing documentation of current continuing education, certification, re-certification, etc.). Each of these EBP's has "core concepts." These core concepts help define the skill necessary to employ said EBP and, training in all methods is required to build competency.

- MI Best Practices: According to the Motivational Interviewing Network of Trainers (MINT) and numerous studies, proficiency in this EBP requires an MI immersion workshop that includes

hands on skill-building activities, support for learning transfer, and assessment of a recorded sample of practitioner-patient encounters (telephonic or face-to-face) using a validated, standardized MI assessment tool and feedback and coaching with a MINT professional. The therapist must know how to utilize the four general processes of engagement, focusing, evoking and planning in order to facilitate and engage intrinsic motivation with the client.

- CBT Best Practices: According to the standards set forth by the Academy of Cognitive Therapy, proficiency requires demonstrable skill in case formulation, conceptualization and treatment plan design. Also, within the context of a therapy session, the therapist must demonstrate effectiveness in the following areas: agenda-setting, proper elicitation of feedback, empathy and understanding, interpersonal effectiveness, patient-therapist collaboration, pacing and appropriate use of time, use of guided discovery, focus on key cognitions and/or behaviors, development of a strategy for change, application of cognitive behavioral techniques, and homework assignments.

- Relapse Prevention Best Practices: According to George A. Parks, co-founder of the treatment model, successful application of Relapse Prevention Therapy requires a therapist be knowledgeable about relapse prevention principals and familiar with the cognitive social learning model of addictive and compulsive behaviors so the therapist may anticipate problems the client is likely to encounter on the path to abstinence and help the client identify effective relapse prevention strategies for avoiding or confronting such problems.

- Trauma Informed Treatment Best Practices: According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed: 1) *Realizes* the widespread impact of trauma and understands potential paths for recovery; 2) *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; 3) *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and 4)Seeks to actively resist *re-traumatization*."

- Psycho-education Best Practices: Basic-level competency is the ability to administer education and training for program participants that include individual and group behavioral therapy, self-assertiveness training, problem-solving training, communication training, and further family therapy interventions can be built. Psycho-education looks to combine the factor of empowerment of the client (usually through CBP) with scientifically founded treatment expertise.

Question's to consider when assuring the program is implementing their Evidenced Based Practice(s):
1. Are the "Core Concept's" being used in service delivery? (Assessment Tool)
2. Are those individuals providing the service delivery trained and knowledgeable in their practice? (Assessment Tool)

3. Are the intervention tools (curriculum and assignments) used individualized and not a one size fits all approach? [provide a case study and ask what tools (curriculum and assignments) they would use]

Ensuring Fidelity of EBPs
Does the program have an EBP treatment fidelity plan? The plan should include:
- A method for ensuring that treatment "dose" (intensity, frequency, length of contact) is consistent among clients with similar diagnoses.
- A protocol for the delivery of EBP that outlines accurate and consistent delivery.
- A method for determining that the clinicians are adhering to the protocol.
- A method for identifying areas for course correction (drift) and provide an outline for implementation of course correction.
- A training schedule and description of the training for clinicians (through documentation). Required elements to ensure they have been satisfactorily trained to deliver the intervention are:
  o Standardization of training upon hire: ensuring all clinicians are trained in the same manner.
  o Skill acquisition: should include didactic sessions, modeling, use of video materials, training manuals, role plays.
  o Measurement of clinician skill: determining performance criteria that include a rating for a "demonstrated understanding of key concepts" and documentation of review.
  o Maintenance of skill over time: continued training and EBP documented with performance reviews.

Are regularly and randomly performed, documented, assessments kept by the program and made available to auditors? The assessment should include:
- A list of current scripted intervention protocols.
- A list of current treatment manuals that are utilized.
- A list of current staff training for each EBP implemented.
- A Performance review rating(s) for each clinician's understanding of EBP (self-assessment tool).
- A Self-report anonymous questionnaire from client's (a way to measure a client's comprehension: understand and perform treatment related behavioral skills and cognitive strategies) also referred to as "Treatment Receipt."
- Qualitative interviews with clinician and clients alike.
- Direct observation of a clinician from a performance reviewer.