



The Road to Recovery 2012

Research to Practice: How Advancements in Science Are Helping People With Mental and Substance Use Disorders

Discussion Guide

The show will be filmed in a panel format with free discussion between the show host and other panelists. This discussion guide is not to be considered as a script. The information and resources provided in this discussion guide are offered to assist panelists in show preparation.

The questions identified in each panel section will be asked by the show host. Panelists will respond not only to questions asked by the host but will also comment and add to information presented by other panelists in a discussion format. They will bring to the show their own keen anecdotal experiences as well as references from scientific studies from the field.

Show Description: Scientific research in the fields of prevention, treatment, and recovery—as related to both mental and substance use disorders—has led to many exciting discoveries and insights. The practice of prevention, treatment, and recovery in behavioral health is increasingly becoming evidence-based by incorporating these scientific advancements. What steps are being taken to shorten the time between significant research findings and their dissemination to the field? What programs and initiatives are in place to help move research to practice? How can practitioners ensure they are taking advantage of the latest findings in behavioral health science? How are mental health consumers and peers partnering with the scientific community? This show will highlight examples of research findings that impact practice across diverse topics such as stage-wise treatment, motivational interventions, cognitive behavioral techniques, brain science, recovery-oriented treatment and services, self-directed care, peer support, and the strong impact of trauma in people’s lives. The show will also focus on how practitioners contribute to science by generating data outcomes, participating in evaluation and services research, and sharing their experiences with others. Finally, this show will address how improvements in health information technology are supporting enhanced decisionmaking in behavioral health as well as the integration of behavioral and primary health care.

Panel 1: Research to Practice— What Is It and Why Is It an Important Issue?

Key Questions:

1. What is “research to practice” all about? What does it mean for a practice to be “evidence-based”?
2. Why is the dissemination of research findings to practitioners in the field of behavioral health an issue of concern?
3. In health care for mental and substance use disorders, is there a gap between what is known about effective care and what is actually practiced? Is there a similar gap with regard to prevention of mental, emotional, and behavioral problems in youth?
4. In both substance use and mental health, what are the major areas of focus for research in recent years?

Definition of “Evidence-Based Practice (EBP)”

Source: Morris, J. A., Day, S. A., & Schoenwald, S. K. (2010). *Turning knowledge into practice: A manual for human service administrators and practitioners about understanding and implementing evidence-based practices, 2nd edition (revised)*.

- EBPs are those clinical and administrative practices that have been proven to consistently produce specific, intended results. These practices have been studied in both research settings—such as in controlled, clinical trials—and in real world environments, such as community mental health programs, child welfare, or juvenile justice systems. In both formal research and *in vivo* settings, study of the practice has shown that it produces the defined, expected outcomes that it is intended to produce.
- EBP is about the process of changing the way we think about behavioral health and other human services. For a clinician to have an EBP, he or she must consider how to engage in evidence-based thinking.

Source: Schardt, C. & Mayer, J. What is Evidence-Based Practice (EBT)? Online tutorial from <http://www.hsl.unc.edu/services/tutorials/ebm/whatis.htm> (accessed November 28, 2011).

- The most common definition of EBP is taken from Dr. David Sackett, a pioneer in evidence-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, 1996).

Source: Substance Abuse and Mental Health Services Administration. (2009). *Integrated treatment for co-occurring disorders: How to use the evidence-based practices kits*. DHHS Pub. No. SMA-08-4366, Rockville, MD: U.S. Department of Health and Human Services.

- The emphasis on implementing EBPs stems from a consensus that a gap exists between what we know about effective treatments and the services currently offered.

Why EBP Is an Important Issue

Source: University of Minnesota Bio-Medical Library –Online Tutorial on Evidence-Based Practice. From <http://hsl.lib.umn.edu/learn/ebp/> (accessed November 28, 2011).

- EBP is a thoughtful integration of the best available evidence, coupled with clinical expertise. As such, it enables health practitioners of all varieties to address healthcare questions with an evaluative and qualitative approach. EBP allows the practitioner to assess current and past research, clinical guidelines, and other information resources in order to identify relevant literature while differentiating between high-quality and low-quality findings.
- Three reasons that EBP is an important issue are:
 - 1) Implementation delays—there is often a significant time lag between the research findings and implementation in clinical practice (Balas, 2001);
 - 2) Explosion of research literature—it is very difficult for practitioners to keep up with published research findings; and
 - 3) Unmet information needs—practitioners often have difficulty answering patient questions due to lack of time, lack of information resources, and weak research skills.

Gap Between Research and Practice in Mental and Substance Use Health Care

Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders. (2006). *Improving the quality of healthcare for mental and substance-use conditions: Quality Chasm Series*. The National Academies Press, Washington, DC.

- As in the case of general health care, despite what is known about effective care for mental and substance use (M/SU) conditions, numerous studies have documented a discrepancy between M/SU care that is known to be effective and care that is actually delivered. A review of studies published from 1992 through 2000 assessing the quality of care for many different M/SU illnesses (including alcohol withdrawal, bipolar disorder, depression, panic disorder, psychosis, schizophrenia, and substance use) found that only 27 percent of the studies reported adequate rates of adherence to established clinical practice guidelines (Bauer, 2002).
- Later studies have continued to document departures from EBP guidelines for illnesses as varied as attention deficit hyperactivity disorder (Rushton, et al., 2004), anxiety disorders (Stein et al., 2004), co-morbid mental and substance-use illnesses (Watkins et al., 2001), depression in adults (Simon et al., 2001) and children (Richardson et al., 2004), opioid dependence (D’Aunno and Pollack, 2002), and schizophrenia (Buchanan et al., 2002).
- In a landmark study of the quality of a wide variety of health care received by U.S. citizens, people with alcohol dependence were found to receive care consistent with scientific knowledge only about 10.5 percent of the time (McGlynn et al., 2003).

Source: National Research Council and Institute of Medicine. O'Connell, M. E., Boat, T., & Warner, K. E., Eds. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

- Regarding the prevention of mental, emotional, and behavioral disorders in youth: The gap is substantial between what is known and what is actually being done. The Nation is now well positioned to equip young people with the skills, interests, assets, and health habits needed to live healthy, happy, and productive lives in caring relationships that strengthen the social fabric. This can be achieved by refining the science and by developing the infrastructure and large-scale collaborative systems that allow the equitable delivery of population-based preventive approaches. We call on the Nation to build on the extensive research now available by implementing EBP interventions, testing their effectiveness in specific communities, disseminating principles in support of prevention, addressing gaps in the available research, and monitoring progress at the national, State, and local levels.

Major Areas of Research Focus in Mental and Substance Use Health Care

Source: National Institute of Mental Health. (1999). *Mental health: A report of the Surgeon General—Executive summary*. Rockville, MD: National Institutes of Health, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

- The brain has emerged as the central focus for studies of mental health and mental illness. New scientific disciplines, technologies, and insights have begun to weave a seamless picture of the way in which the brain mediates the influence of biological, psychological, and social factors on human thought, behavior, and emotion in health and illness. Molecular and cellular biology and molecular genetics—which are complemented by sophisticated cognitive and behavioral science—are preeminent research disciplines in the contemporary neuroscience of mental health.

Source: Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders. (2006). *Improving the quality of healthcare for mental and substance-use conditions: Quality Chasm Series*. The National Academies Press, Washington, DC.

- The results of research to date have revealed our lifelong ability to influence the structure and functioning of our brains through manipulation of environmental and behavioral factors (our brains' "plasticity") and have enabled the development of improved psychotherapies ("talk" therapies), drug therapies, and psychosocial services. Effective mental health interventions range from the use of specific medications (such as clozapine) to treat schizophrenia better in some people (Essock et al., 2000; Rosenheck et al., 1999) to the application of specific models for treating depression in primary care (Pirraglia et al., 2004) and providing supported housing for homeless persons with mental illness (Rosenheck et al., 2003). Those and other mental health interventions have been demonstrated to be cost-effective.

- Similarly, advances in understanding the behavioral and social factors that lead to substance use and dependence, in identifying key neuropathways and chemical changes that generate the cravings characteristic of dependence, and in developing means to block these cravings have resulted in a spectrum of evidence-based pharmacologic and psychosocial treatments for people who have problems with or are dependent on substances—treatments that produce results similar to or better than those obtained with treatments for other chronic illnesses (McLellan et al., 2000). New medications, such as buprenorphine, are effective in reducing opioid use (Johnson et al., 2000) and can be prescribed routinely in physicians’ offices. Naltrexone and acamprosate show efficacy in treating alcohol dependence (Kranzler and Van Kirk, 2001; O’Malley et al., 2003).

Source: Addiction Technology Transfer Center (ATTC) Network Web site—Science of Addiction <http://www.nattc.org/explore/priorityareas/science/>

- Science is expanding knowledge of **what** happens when drug use transforms into addiction as an invaluable foundation to understanding **why**. For those in the addiction field, this is an enormously exciting time.
- Technological advances now allow scientists to “see” how the brain functions and explore the physical differences between the normal brain and the addicted brain. “Clinicians may one day—perhaps sooner rather than later—use brain imaging to assess addiction, to assign patients to appropriate care interventions, and to monitor response to therapy” (Fowler, et al., 2007).
- Each of the “five primary brain imaging techniques—structural magnetic resonance imaging (MRI), functional MRI, magnetic resonance spectroscopy (MRS), positron emission tomography (PET), and single photon emission computed tomography (SPECT)—reveal different aspects of brain structure or function” (Fowler, et al., 2007).
- “Studies employing neuroimaging technology paired with sophisticated behavioral measurement paradigms have led to extraordinary progress in elucidating many of the neurochemical and functional changes that occur in the brains of people who are addicted to drugs” (Volkow, n.d.).

Source: National Research Council and Institute of Medicine. O’Connell, M.E., Boat, T., & Warner, K.E., Eds. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

- The National Institutes of Health fund research related to the prevention of Mental, Emotional, and Behavioral disorders through multiple centers and institutes. A significant body of research now points to common trajectories across multiple disorders and highlights the potential for interventions to affect multiple disorders.

- A recent study by the National Research Council and the Institute of Medicine reviewed the research on the prevention of mental disorders and substance abuse among young people and recommended multiple strategies for enhancing the psychological and emotional well-being of young people. Research including meta-analyses and numerous randomized trials demonstrate the value of:
 - *Strengthening families* by targeting problems such as substance use or aggressive behavior; teaching effective parenting skills; improving communication; and helping families deal with disruptions (such as divorce) or adversities (such as parental mental illness or poverty).
 - *Strengthening individuals* by building resilience and skills and improving cognitive processes and behaviors.
 - *Preventing specific disorders*, such as anxiety or depression, by screening individuals at risk and offering cognitive training or other preventive interventions.
 - *Promoting mental health in schools* by offering support to children encountering serious stresses; modifying the school environment to promote prosocial behavior; developing students' skills at decisionmaking, self-awareness, and conducting relationships; and targeting violence, aggressive behavior, and substance use.
 - *Promoting mental health through health care and community programs* by promoting and supporting prosocial behavior, teaching coping skills, and targeting modifiable life-style factors that can affect behavior and emotional health, such as sleep, diet, activity and physical fitness, sunshine and light, and television viewing.

Panel 2: Specific Approaches and Therapies Resulting From Research

Key Questions:

- 1. What is “integrated treatment” for persons with co-occurring substance use and mental disorders?**
- 2. What is “stage-wise treatment” in treatment and recovery for those with mental and/or substance use disorders?**
- 3. What is “motivational intervention” and how does this work to help people with mental and/or substance disorders?**
- 4. What is meant by a “cognitive behavioral approach” in the treatment and recovery for people with mental and/or substance disorders?**
- 5. What is “trauma-informed care” for people with mental and/or substance use disorders?**

Integrated Treatment for Co-Occurring Disorders

Source: Center for Mental Health Services. (2009). *Integrated treatment for co-occurring disorders: Building your program*. DHHS Pub. No. SMA-08-4366, Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

- Principles of practice for integrated treatment
 - Mental health and substance abuse treatment are integrated to meet the needs of people with co-occurring disorders.
 - Integrated treatment specialists are trained to treat both substance use disorders and serious mental illnesses.
 - Co-occurring disorders are treated in a stage-wise fashion with different services provided at different stages.
 - Motivational interventions are used to treat consumers in all stages, but especially in the persuasion stage.
 - Substance abuse counseling, using a cognitive-behavioral approach, is used to treat consumers in the active treatment and relapse prevention stages.
 - Multiple formats for services are available, including individual, group, self-help, and family.
 - Medication services are integrated and coordinated with psychosocial services.

Stage-Wise Treatment

Source: Center for Mental Health Services. (2009). *Integrated treatment for co-occurring disorders: Building your program*. DHHS Pub. No. SMA-08-4366, Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

- Consumers recovering from substance use disorders and serious mental illnesses go through stages, each of which marks readiness for a specific treatment. Integrated treatment specialists must assess consumers' stage of treatment and tailor services accordingly. The four stages of treatment are engagement, persuasion, active treatment, and relapse prevention.

Source: Treatment Research Institute (TRI)—Center on the Continuum of Care Web site <http://www.tresearch.org/centers/ccc.htm>

- Addiction may present in many forms and levels of severity; however, contemporary treatments have not been conceptualized, structured, or delivered to meet the differing needs of individuals along that continuum. Treatment is typically not adapted over time to address the changing needs of patients as they move through periods in which their symptoms improve or worsen.
- TRI investigators are developing and evaluating practical, empirically suggested care options for individuals at all points in the severity continuum and recovery process:
 - Adaptive, stepped care models that adjust treatment over time on the basis of change in patient symptoms and status;
 - Affordable extended care models of continuous telephone and Internet-based monitoring; and

- User-friendly data collection systems that are clinically meaningful, reduce provider burden, and offer clinically and administratively useful reports.

Source: Center for Substance Abuse Treatment. (1999). Miller, W. R., Consensus Panel chair. *Enhancing motivation for change in substance abuse treatment*. Treatment Improvement Protocol (TIP) Series 35. DHHS Publication No. (SMA) 99-3354, Rockville, MD: Substance Abuse and Mental Health Services Administration, Public Health Service, U.S. Department of Health and Human Services.

- Individuals appear to need and use different kinds of help, depending on which stage of readiness for change they are currently in and to which stage they are moving. Clients who are in the early stages of readiness need and use different kinds of motivational support than do clients at later stages of the change cycle.
- To encourage change, individuals in the **precontemplation** stage must increase their awareness. To resolve their ambivalence, clients in the **contemplation** stage should choose positive change over the status quo. Clients in the **preparation** stage must identify potential change strategies and choose the most appropriate one for their circumstances. Clients in the **action** stage must carry out change strategies. This is the stage toward which most formal substance abuse treatment is directed. During the **maintenance** stage, clients may have to develop new skills that help maintain recovery and a healthy lifestyle. Moreover, if clients resume their problem substance use, they need help to recover as quickly as possible and reenter the change process. [Emphasis added]

Motivational Interventions

Source: Substance Abuse and Mental Health Services Administration. (2009). *Integrated treatment for co-occurring disorders: Building your program*. DHHS Pub. No. SMA-08-4366, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

- Typically, consumers reduce or abstain from using substances of abuse as they become motivated to reach their goals. These interventions often stimulate consumers to make a number of changes in their lives.
- Motivational interventions include motivational interviewing, motivational counseling, and motivational treatment. When providing the interventions, integrated treatment specialists use specific listening and counseling skills to help consumers who are demoralized or who are not ready to pursue abstinence.

Source: Walters, S., et al. (June 2007). *Motivating offenders to change: A guide for probation and parole*. NIC Accession Number 022253, developed through funding from the National Institute of Corrections, U.S. Department of Justice.

- **Motivation predicts action.** Motivation predicts how likely a person is to initiate and carry through with an action. Motivation is not a guarantee, but it does increase the likelihood of an action.
- **Motivation is behavior specific.** To talk about offenders as “unmotivated” in a global sense misses the point that people have different responses to different behaviors. For instance, an offender may be ready to attend marital counseling (because he thinks it would help his relationship) and pay fees (because it seems easy), but not be ready at all to attend a substance abuse evaluation (because he thinks he does not have a problem). Because people feel different about different behaviors, each behavior may need to be addressed separately.
- **Motivation is changeable.** Motivation is not a fixed trait like height or eye color; it can be increased or decreased. People frequently make changes after a significant event like a birth, marriage, or death of a loved one. Many young offenders simply mature out of criminal behavior. For others, even small events like a conversation with a friend or counselor can have an impact.
- **Motivation is interactive.** Talking with the agent can raise or lower the offender’s motivation and guide what the offender talks and thinks about.
- **Motivation can be affected by both internal and external factors, but internally motivated change usually lasts longer.** Internal factors include how actions fit with personal values or goals (“How important is this change to me?”) and beliefs about competence (“Am I going to be able to make this change?”).

Cognitive Behavioral Approach

Source: Center for Mental Health Services. (2009). *Integrated treatment for co-occurring disorders: Building your program*. Pub. No. SMA-08-4366, Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

- Consumers may have difficulty managing unpleasant emotions and symptoms that lead to substance use disorders. Integrated treatment specialists with skills in cognitive-behavioral counseling can help consumers stop automatic patterns of thought that lead them to abusing substances. For example, one way to help consumers change their substance use behavior is to help them identify thoughts or feelings that trigger the urge to use and then help them change these thoughts and feelings. Learning to manage negative thoughts and emotions can dramatically help consumers to stay away from substances.

Source: Gengerich, S., & Mueser, K., development team co-leaders and Singer, P. W., project manager. (2003). *Illness management and recovery workbook*.

- Cognitive-based strategies include reinforcement, shaping, modeling, practice and role play, homework assignments, and cognitive restructuring. These techniques are used in behavioral tailoring, relapse prevention, and coping skills enhancement.

Trauma-Informed Care

Source: National Center for Trauma-Informed Care Web site

<http://www.samhsa.gov/nctic/>

- Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.
- The goal of trauma-informed care is to create trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support.
- When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services.
- Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid retraumatization.

Panel 3: Programs and Initiatives That Are Helping To Move Research to Practice

Key Questions:

- 1. What is the ATTC Network?**
- 2. What is the National Institute on Drug Abuse (NIDA)/SAMHSA Blending Initiative?**
- 3. What is the Service to Science Awards program?**
- 4. What is the NIATx Model for removing barriers to treatment and recovery?**
- 5. How are various organizations in the field of behavioral health working to disseminate important research findings to practitioners in their area of interest?**
- 6. What is the National Registry of Evidence-based Programs and Practices?**
- 7. How is SAMHSA's Strategic Initiative on Data, Outcomes, and Quality contributing to the goal of disseminating research findings to practitioners in behavioral health?**

ATTC Network

Source: ATTC Network Web site

<http://www.nattc.org/aboutus/index.asp>

- As a nationwide, multidisciplinary resource for professionals in the addictions treatment and recovery services field, the ATTC Network serves to:

- **Raise awareness** of evidence-based and promising treatment and recovery practices;
 - **Build skills** to prepare the workforce to deliver state-of-the-art addictions treatment and recovery services; and
 - **Change practice** by incorporating these new skills into everyday use for the purpose of improving addictions treatment and recovery outcomes.
- Established in 1993 by SAMHSA, the ATTC Network is comprised of 14 Regional Centers and a National Office, which serve the 50 U.S. States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and the Pacific Islands of Guam, American Samoa, Palau, the Marshal Islands, Micronesia, and the Mariana Islands.
 - Building on a rich history, **the ATTC Network continually strives to improve the quality of addictions treatment and recovery services** by facilitating alliances among frontline counselors, treatment and recovery services agency administrators, faith-based organizations, policymakers, the health and mental health communities, consumers, and other stakeholders. By connecting them to the latest research and information through activities such as skills training, academic education, online and distance education, conferences, workshops, and publications, the ATTC Network responds to the emerging needs of the field.

NIDA/SAMHSA Blending Initiative

Source: NIDA Web site

<http://drugabuse.gov/blending/>

- Accelerating the dissemination of research-based drug abuse treatment findings into community-based practice is a key priority for NIDA and represents the core mission of the NIDA/SAMHSA Blending Initiative. The Institute of Medicine reported that a 17-year gap exists between the publication of research results and its effect on treatment delivery. To reduce this gap, NIDA and SAMHSA have joined together to create the **Blending Initiative**. This initiative is NIDA's most recent and innovative effort to translate research into practice and to incorporate bidirectional feedback from multiple stakeholders to make the best drug abuse and addiction treatments available to those who need them.
- **Blending Teams** are composed of NIDA researchers and community-based substance abuse treatment practitioners and trainers from SAMHSA's ATTC Network, who work closely together to develop products (e.g., training curricula, supervisory manuals) from research conducted within NIDA's Clinical Trials Network as well as other research supported by NIDA.
- Blending Team members design dissemination products to give treatment providers the necessary tools to facilitate the adoption of science-based interventions to use in their communities. To date, six separate Blending Teams have been developed and include:
 - Buprenorphine Treatment for Young Adults;

- Buprenorphine Treatment: Training for Multi-Disciplinary Addiction Treatment Professionals;
- Short-Term Opioid Withdrawal Using Buprenorphine: Findings and Strategies from a NIDA Clinical Trials Network;
- Treatment Planning M.A.T.R.S.: Utilizing the Addiction Severity Index to Make Required Data Collection Useful;
- Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency; and
- Motivational Incentives Package: A Proven Approach Treatment.

Science to Service Awards

Source: SAMHSA Web site

<http://www.samhsa.gov/newsroom/advisories/1109215055.aspx>

- The Science to Service Awards program is part of SAMHSA’s strategic initiative on the prevention of substance abuse and mental illnesses. Now in its 5th year, this annual award program recognizes public- and private-sector organizations, as well as community-based coalitions, that have worked to improve their communities and the lives of individuals by providing the best services possible.
- In 2011, awardees were chosen in each of five categories: substance abuse prevention, treatment of substance abuse and recovery support services, mental health promotion, treatment of mental illness and recovery support services, and co-occurring disorders.

NIATx

Source: NIATx Web site

<http://www.niatx.net/Home/Home.aspx>

- NIATx serves people facing the challenge of addiction and mental health by making improvements to the cost and effectiveness of the care delivery system. Between patients and caring help lies a canyon of paperwork and burdensome processes. NIATx helps payers and behavioral healthcare providers remove those barriers to treatment and recovery. Designed specifically for behavioral health care, the NIATx Model allows payers and providers to make small changes that substantially affect outcomes.
- NIATx is a learning collaborative within the University of Wisconsin-Madison’s Center for Health Enhancement System Studies, providing research, promising practices, and innovative tools that encourage and support the use of the NIATx model of process improvement.

Drug Court Research-to-Practice (R2P) Project

Source: R2R Translating Drug Court Research into Practice Web site

<http://research2practice.org/>

- Rigorous research that has the potential to improve practice in drug courts is being generated at a steady rate from a variety of fields, including addiction science, substance abuse treatment, and studies of adult drug courts themselves. The purpose of the Drug Court R2P project is to promote the timely dissemination of the most relevant information derived from this growing body of research, in a manner that is easily understandable by and relevant to practitioners and policymakers.
- The Adult Drug Court Research to Practice Initiative is a joint partnership between the National Center for State Courts and the Justice Programs Office of the School of Public Affairs at American University with the purpose of disseminating information to drug court practitioners about current research relevant to the operations and services of adult courts.

Suicide Prevention Resource Center (SPRC) Training Institute R2P Webinars

Source: SPRC Web site

http://www.sprc.org/traininginstitute/disc_series/index.asp

- The SPRC R2P Webinar seeks to foster meaningful dialogue on suicide and suicide prevention among practitioners, researchers, and others working in the field. Each invitational teleconference is 90 minutes in length and moderated by an SPRC staff member.

What Works, Wisconsin—Effective Prevention Programs for Children, Youth, and Families

Source: What Works, Wisconsin Web site

<http://whatworks.uwex.edu/>

- *What Works, Wisconsin* is a project of the University of Wisconsin-Madison's School of Human Ecology and the University of Wisconsin-Extension's Family Living Program. Initiated in 2004, the *What Works* project focuses on distilling the latest scientific knowledge on effective policies, practices, and programs, including "evidence-based programs," for youth and their families, schools, and communities. In addition to disseminating this information to practitioners and policymakers, the *What Works* staff members provide technical assistance on program design, improvement, and evaluation. Through publications, presentations, workshops, and individualized technical assistance, the *What Works* team provides practitioners and policymakers with the tools to develop effective programs and evaluate and improve existing programming based on state-of-the-art knowledge of what makes programs effective.

National Registry of Evidence-based Programs and Practices (NREPP)

Source: NREPP Web site

<http://www.nrepp.samhsa.gov>

- **NREPP** is a searchable online registry of more than 210 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse

treatment. NREPP connect members of the public to intervention developers so they can learn how to implement these approaches in their communities.

SAMHSA's Strategic Initiative on Data, Outcomes, and Quality

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014*. HHS Publication No. (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. From <http://store.samhsa.gov/product/SMA11-4629> (accessed November 28, 2011).

- Through this initiative, SAMHSA will formulate an integrated data strategy for informing policy, measuring program impacts, and disseminating results. This data strategy will improve the quality of services provided through SAMHSA, Medicaid, and other public and private funding, and, therefore, improve outcomes for individuals, families, and communities.
- In recent years, SAMHSA has promoted the coordinated use of data for the formulation of policy and programming. This strategy has focused on:
 - Collecting information both to inform national, State, Territorial, and Tribal mental health and substance abuse policy decisions and increase the effectiveness of SAMHSA programs and activities;
 - Managing programs and monitoring performance; and
 - Advancing activities to promote the interoperability of data systems and the uptake of electronic health records (EHRs).

Panel 4: What the Future Holds—The Current Research Agenda and How It Will Impact Practice

Key Questions:

- 1. What are the priority policy research priorities being pursued by researchers for the treatment of alcohol and drug use?**
- 2. How does a shift to viewing addiction as a chronic disease affect the practice of treatment and recovery?**
- 3. What are the key research issues being pursued in mental health?**
- 4. How will advancement in health information technology influence practice in behavioral healthcare?**

Priorities for Policy Research on Alcohol and Drug Use Treatments

Source: McCarty, D., et al. (2010). *Priorities for policy research on treatments for alcohol and drug use disorders*. *Journal of Substance Abuse Treatment*, 39(87–95).

In this article commissioned by the Robert Wood Johnson Foundation's Substance Abuse Policy Research Program, policy research priorities for alcohol and drug use disorders were summarized as follows.

Organization and delivery of care:

- Which policies foster better integration of addiction treatment into primary care?
- Does integration of medical and behavioral care improve treatment outcomes?
- Can modifications of the Federal regulations for the confidentiality of patient addiction treatment records enhance integration of addiction screening, intervention, and treatment services in healthcare settings?
- What organizational factors promote implementation of medication-assisted treatment and recovery?
- How will policy influence variation in services to address the needs of ethnically and culturally diverse patient populations, individuals with co-occurring disorders, and adolescents and elders with alcohol and drug use disorders?
- Can emerging technologies for computer-assisted and Web-enabled treatment be developed and implemented in the addiction treatment field?
- What does a chronic system of care look like for addiction treatment and recovery?
- How do enhanced management and business practices affect the stability and viability of treatment centers?
- How can we improve and strengthen the current data infrastructure to study and track changes in the management of care?
- How can health information technologies and EMRs be integrated into the management of addiction treatment, and with what effects?

Quality of care:

- How will policymakers and providers operationalize and specify measures of treatment processes and quality of care?
- Can contemporary data systems support linkages between measures of treatment process and measures of treatment outcome?
- Will the development and implementation of electronic medical records facilitate or inhibit the construction of performance measures and quality indicators?

- Are quality and performance measures collected during treatment related to patient status at discharge and post treatment outcomes?
- What strategies facilitate State and national implementation of performance measurement and application to systems of care?
- What systems and policy factors contribute to healthcare disparities and reductions in healthcare disparities?
- How can treatment systems and practitioners use performance measures more effectively?
- Do credentialed and licensed counselors provide higher quality care?
- How does the quality of care provided in healthcare settings and primary care offices compare to that provided in specialty addiction treatment settings?

Access to care:

- How will healthcare reform affect financing for addiction treatment services and strategies to blend funding streams?
- Is documentation of cost-effectiveness and improvements in quality of life measures sufficient to justify expansion of spending for addiction treatment?
- Is addiction treatment associated with cost-savings in other sectors of the economy and where do the savings accrue?
- What are the long-term costs of pharmacotherapy and is there a continuing cost-benefit over time?
- How do policymakers control the costs of addiction treatment, and how do the controls affect treatment quality and effectiveness?

Viewing Addiction as a Chronic Disease—Implications for Research

Source: Laudet, A. B. (July 2011). The case for considering quality of life in addiction research and clinical practice addiction. *Science & Clinical Practice*, July 2011.

- Substance use disorders are increasingly viewed as chronic conditions, and addiction treatment services are beginning to adopt models that were developed to address other chronic conditions. These models address the impact of disease and services on the patient's overall well-being. From this perspective, treatment for addiction aims for the broad goal of recovery, which is defined as abstinence plus improved quality of life. However, the addiction field has come late to the chronic disease perspective, and the concept of quality of life in addiction is relatively undeveloped. This article reviews the evidence for the relevance of quality of life in substance use disorder treatment and

recovery and discusses the importance of incorporating quality-of-life indexes into research and services.

- The nature of Substance Use Disorders makes consideration of quality of life, particularly overall quality of Life, highly relevant. First, active substance abuse affects nearly all areas of functioning—vocational, social/familial, physical and mental health, residential status, and access to services (American Psychiatric Association, 1994). Commenting on findings from a study of individuals’ reasons for seeking treatment for alcohol abuse, researchers noted that “the most striking aspect...was the sheer number of problems that people were experiencing” (Orford et al., 2006, p. 167).

Source: McKay, J. R., et al. (2009). Extending the Benefits of Addiction Treatment: Practical Strategies for Continuing Care and Recovery. Special Section: The Betty Ford Institute Consensus Research Conference on Extending the Continuum of Care, Special Article, *Journal of Substance Abuse Treatment* 36(127–130).

- The conference participants agreed that a number of issues and questions on continuing care still need to be addressed through additional research. These include questions about monitoring, appropriate participants, social support for recovery, economic factors, staffing of programs, development of new interventions, and long-term recovery rates.

Source: Treatment Research Institute Web site—Research
<http://www.tresearch.org/research/research1.htm#adapt>

- TRI researchers are evaluating aftercare and other extended care models in public and private treatment settings. Ultimately, the goal is to develop affordable protocols promoting long-term recovery through continuous care and monitoring of patients.

Key Research Issues for Mental Health

Source: Centers for Disease Control and Prevention. (2011). *Public health action plan to integrate mental health promotion and mental illness prevention with chronic disease prevention, 2011–2015*. Atlanta: U.S. Department of Health and Human Services.

- Health promotion and disease prevention research focuses on the effectiveness and costs of promotion and prevention programs and services. For mental health (MH), mental illness (MI), and chronic diseases, such research could examine current and new interventions, including community-based programs that can integrate chronic disease, MH and MI activities. A priority for these programs is the emphasis on preventing MI, as well as on reducing barriers to treatment, such as stigma and access to behavioral health care. The research should assess the effect of policy changes on outcomes or services and make the case for cost-effectiveness of these policies when appropriate. MH promotion and MI prevention research also should examine the role of nonprofessional support systems, such as community, spiritual, family, and peer networks and other established resilience factors in protecting health and reducing illness.

- MH promotion and protection are equal in importance to prevention and treatment of MI. Perhaps most critical, research into the integration of programs for chronic diseases and MH and MI should stress the importance of MH in promoting overall health and preventing or reducing disability and death from chronic disease.

Advancements in Health Information Technology

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014*. HHS Publication No. (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. From <http://store.samhsa.gov/product/SMA11-4629> (accessed November 28, 2011).

- Both the American Recovery and Reinvestment Act and the Affordable Care Act are driving health systems toward the use of information technology for service delivery, quality improvement, cost containment, and increased patient control of personal health care and related information.
- In the past, the specialty behavioral health system has often operated independently from the broader health system and differed in the type and scope of information technology used. Through this Strategic Initiative on Health Information Technology, SAMHSA will work to increase access to health information technology (HIT) so that Americans with behavioral health conditions can benefit from these innovations. SAMHSA will support the use of interoperable EHRs by the behavioral health system, focus on integrating information systems with the broader health systems, and work through its programs to drive innovation and the adoption of HIT and EHRs.
- In the current health care system, general practitioners are supported by various specialty areas. Professionals in pediatrics, cardiology, oncology, orthopedics, and behavioral health (mental health and substance use disorder services) need to be able to exchange critical information with primary care practitioners. Emergency and urgent care centers, often unfamiliar with a presenting patient, need accurate and timely information quickly. EHRs linked across clinical practice areas allow the transfer of information seamlessly; improve patient care; and provide complete, accurate, and searchable health information at the point of diagnosis and care.

Source: McCarty, D., et al. (2010). Priorities for policy research on treatments for alcohol and drug use disorders. *Journal of Substance Abuse Treatment*, 39(87–95).

- In a rapidly changing economic environment, efficient treatment centers will rely more strongly on technology to deliver and support the delivery of treatment services. EHRs, performance monitoring, and the use of computerized assessment and treatment require substantial investments in system development and staff training. Federal health reform, combined with parity legislation, is likely to expand population demand for substance abuse treatment, placing further strains on the system.

A link check was run on all the external Web sites listed in the discussion guide to identify and fix any broken links as of 11/28/11. However, we acknowledge that Web site URLs change frequently and may require ongoing link checks for accuracy.