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Evidence Based Practices in Mental Health: Advantages, Disadvantages, and Research Considerations

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One widely accepted definition of Evidence Based Practices (EBPs) is that they are interventions for which scientific evidence consistently shows that the practice improves client outcomes.[1] EBPs rely on the classifications of research studies and findings according to a variety of evidence. In general, the highest standard requires evidence from several Randomized Clinical Trials (RCTs) by multiple teams of investigators comparing the practice to alternative practices or to no intervention. EBPs provide evidence of effective treatments or services based on rigorous research approaches that include randomization, control groups, studies with matched participants, blinding of service providers (so they are unaware of study participants or the treatment each individual receives), statistical analysis (often meta-analysis), and drawing accurate conclusions from study results.[2]

A panel convened by the Robert Wood Johnson Foundation in 1998 identified six program models providing services to adults with serious mental illness (SMI) as EBPs. The six models are illness management and recovery, medication management, assertive community treatment, family psycho-education, supported employment, and integrated dual diagnosis treatment.[3] There are other models serving persons with SMI that produce beneficial outcomes and accrue varying levels of evidentiary support that includes RCTs, non-experimental research designs, and other systematic methods. However, these practices have not been reviewed or summarized with intensity and rigor, or research designs sufficient to achieve a generalized consensus in the research community, to label them EBPs.

EBP Reviews Conducted within SPARC

Recently, the Program for Clubhouse Research at SPARC conducted a review of the evidence base for the Clubhouse Model of Psychosocial Rehabilitation. The review targeted research on outcomes in a variety of domains associated with the clubhouse model including employment, education, social relationships, quality of life, health promotion activities, and hospitalization.[4] This review indicated higher levels of evidence for the clubhouse model including at least one RCT in the domains of hospitalization, quality of life, or employment.

Evidence for other domains appeared promising as there was evidence from multiple observational studies that suggested the clubhouse model had a positive impact. However, additional studies including RCTs or controlled studies are needed to evaluate programs with fidelity to the clubhouse model as it exists today. Efforts such as these are important steps in examining services that have not been labeled as EBPs.

Advantages & Disadvantages of Evidence Based Practices

There are several advantages to identifying services as EBPs:

- EBPs identify effective interventions based on reviews of multiple rigorous studies rather than on subjective interpretations of the reviewer, clinician, or stakeholder(s).
- EBP services receive support from a broader research base that includes psychological, biological research, and sociological evidence from multiple studies.

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EBP Registries/Databases

A number of EBP registries and databases are available on the internet. Many of these include a range of evidence from EBPs to promising practices. For more information see:

- The Substance Abuse and Mental Health Service's Administration's (SAMHSA's) National Registry of Evidence-based Programs and Practices (NREPP) at http://www.nrepp.samhsa.gov/

A variety of information is available at http://library.umassmed.edu/ebpph/

▶ Identification of EBPs may allow funders to direct limited resources to programs and areas where they will have the greatest impact.

▶ Many EBPs have corresponding manuals and guidelines to assist with service implementation and fidelity to a particular model.

While identifying services as EBPs has advantages, over reliance on EBPs also has some distinct disadvantages:

▶ Limiting services to EBPs may fail to incorporate models supported by consumer advocates (e.g. recovery models).[5] Such models may not be identified as EBPs or offered within a system of care because of a lack of empirical research as opposed to a lack of effectiveness.

▶ Restricting EBP research to RCTs may limit participation to individuals with specific diagnostic criteria in order to enhance effect sizes. While serving the immediate research needs, addressing the effectiveness for the broader population is beyond the scope of most RCTs.[6]

▶ Many existing services or programs have yet to be included in research, making it impossible to know which have the best outcomes. We have no scientific way of knowing how these programs compare to EBPs unless we include these programs in our research.

▶ Evidence that examines the long-term effects of some EBPs does not exist. A service proven effective at one point in time does not mean that particular service may be as effective five or ten years later.

▶ Issues of adequate funding and fidelity to a particular model may affect the generalizability of study findings. Funding for services is often inadequate making full implementation of EBPs difficult. Therefore, the fidelity to a particular EBP model may be compromised.

Recommendations for Policy Makers, Researchers, & Service Providers

EBPs have implications for policy makers, researchers, and service providers based on the identified advantages and disadvantages:

1. Consider a range of evidence as an alternative means of classifying and assessing EBPs. The extent to which there is evidence from qualitative studies, case studies, or testimony from program participants may be useful in evaluating services. Consider designing studies that examine a wider variety of programs and services located in prevalent systems of care in order to move from services to science.

2. Devote resources to examine services that have not undergone rigorous scrutiny to determine their effectiveness. In order to make viable comparisons between different program models we must provide tests that allow us to draw fair conclusions.[7] Comprehensive research examining a wider variety of existing and innovative services, particularly those with fidelity to their respective models, will increase the quantity and quality of the evidence base.

3. Consider the needs of the "consumer voice." There is considerable support for a variety of services from consumer advocates and the recovery movement.[5, 8] Studies or reviews of the effectiveness of mental health services readily adopted by consumers and stakeholders and EBPs may be beneficial.

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