Moving the Ivory Tower into the Swamp

Evidence-Based Trauma Treatments
(If you want to know the truth...)

The Preview Trailer

- Evidence Based Trauma Treatments have met scientific standards demonstrating that they have a significant effect.
- EBPs have been shown to be more effective than treatment as usual (TAU).
- When EBPs are compared to each other, they generally perform well and equally.
- Evidence-Based Practice is good quality care.
- Understanding “Evidence Based Practices” helps us practice in an evidence-based way.

The First Wave: Introducing the Evidence-Based Practices

- The Port Study(1992): A landmark scientific study drives home the message that there are effective treatments for schizophrenia and that, for the most part, people facing this serious brain disease aren’t getting them. Among the findings:
  - Only 29.1 percent of people with schizophrenia receive the appropriate dose of antipsychotic medication over the long term. Nearly one-third of these consumers get overdoses that put them at risk of serious side effects.
  - Only half of those suffering from serious side effects of medications receive appropriate and effective treatment to counteract these problems.
The First Wave: Introducing the Evidence-Based Practices

- Advocacy groups such as NAMI called for the availability of effective programs.
- National policy-makers and standard-setting organizations began to call for “evidence-based practice” analogous to “evidence-based medicine.”
- SAMHSA develops toolkits for the five (later six) “evidence-based practices.”

The First Wave: Introducing the Evidence-Based Practices

- The Trauma Informed Juggernaut: Trauma-Specific Treatments
- Remembering the original intent:
  - Researchers advocated that knowledge about what works in treatment should get down to the practitioner level.
  - Clients and family members want the best treatments available for themselves, their children, brothers and sisters, and parents.

The First Wave: Introducing the Evidence-Based Practices

- A health care delivery system characterized by disengaged and often dis-informed clinicians and patients must be transformed according to evidence-based medical standards. Routine assessment of the quality of care and outcomes is essential.
- The alternative is a system that makes up and offers treatments based on false assumptions and bedevils access to services.
The First Wave: Introducing the Evidence-Based Practices

In a system without EBPs, our trauma treatment system is characterized by individual practitioners making often idiosyncratic and often ill-informed judgments in which some practitioners are trauma informed and skilled at trauma treatments and some are completely ignorant of trauma and trauma treatments. Individual workers are left to identify which components are most effective and then to cobble them into a quality treatment.

With a well defined system of EBPs, researchers define effective treatments, purveyors of the treatments assist in dissemination and implementation, program leaders and practitioners can select a treatment platform that includes training elements, supervision, and quality standards.

The Evidence Based and Promising Trauma Treatments

1. Alternatives for Families CBT
2. Adapted DBT for Special Populations
3. Attachment, Self-Regulation, and Competence (ARC)
4. Child and Family Traumatic Stress Intervention
5. Child-Parent Psychotherapy
6. Cognitive-Behavioral Intervention for Trauma in Schools
7. Combined Parent Child Cognitive Behavioral Approach for Physical Abuse
8. Combined Trauma-Focused Cognitive Behavioral Therapy with SSRI Treatment
9. Culturally Modified Trauma Focused Treatment
10. Eye Movement Desensitization and Reprocessing
11. Family Treatment for Children Exposed to Domestic Violence
12. Group Treatment for Children Affected by Domestic Violence
13. Integrative Treatment of Complex Trauma (ITCT)
14. Life Skills/Life Stories
15. Multimodal Trauma Treatment Focused Coping
16. Multisystemic Treatment (MST)
17. Parent Child Interaction Therapy (PCIT)
18. Sanctuary Model
19. Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
20. Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents (TARGET-A)
21. Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
22. Trauma Focused Cognitive Behavioral Therapy for Childhood Traumatic Grief (TG-CBT)
23. Trauma Informed Brief Intervention Service
24. Trauma Systems Therapy (TST)
25. Trauma and Grief Component Therapy for Adolescents (TOCT-A)
26. Youth Dialectical Behavioral Therapy
27. Prolonged Exposure Therapy (PE)
28. Cognitive Processing Therapy (CPT)
The First Wave: Introducing the Evidence-Based Practices

- The first wave sometimes moved into orthodoxy:
  - "Any mental health professional who is employing a treatment that has not been scientifically validated is committing professional malpractice."
  - Policy Makers, Payers, and Regulators began developing narrow approved treatment lists and threatening to deny payment for services not on the list.
Orthodoxy

“We have found God, and he is on our side.”

The Second Wave: Payback’s a Bitch

The Swamp

- Practitioners, Program Managers, and Some Researchers began to identify the failures of the EBP orthodoxy:
  - There are huge gaps in our research. Effective models are those that are researched.
  - The EBP research and meta-analyses are flawed - may not represent our clientele, need "cleans one owners"
  - Most studied models are the proprietary models or models with a research arm (cognitive-behavioral)
  - Few models show superiority to other well-designed, well-implemented models (MATCH study)

- Funding, supervision, documentation and implementation models are difficult in settings requiring high productivity
- Cost-Effectiveness of some models is in dispute
- Even the most effective EBPs fail for some clients
- Narrowing practice to a limited set of EBPs stifles practice and stifles innovation
- Manualized approaches minimize relationship and individual client factors
- EBPs place emphasis on the model rather than the outcome
- An emergence of the concept of treatment components as an alternative to EBPs
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Sure, he looks like a nice enough guy…

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Alliance, Allegiance, and Adherence
(Wampold, 2015)

- Alliance = 60%
- Allegiance = 30% of Outcome
- Adherence = <1%

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The Second Wave

- **Common Factors**
  - Alliance, Empathy, Expectations, Cultural Adaptation
- **Common Elements**
  - Safety, psychoeducation, relaxation, cognitive coping, exposure (imaginal and in vivo), cognitive restructuring, behavioral activation, problem solving
Orthodoxy

The second wave also moved towards orthodoxy:

“ We have found God, and he is on our side.”

The Second Wave: Payback’s a Bitch

- The orthodoxy of the second wave:
  - “Indeed, available evidence indicates that the particular approach employed accounts for 1% or less of the variance in treatment outcome.”
    —Miller, Mee-Lee, Plum and Hubble, 2005 (citing Wampold, 1997)
  - An unintended consequence of Anti-EBP positions is the failure to acknowledge differences in program quality.

The Third Wave: Bringing the Ivory Towers to the Swamp

“The test of a first-rate intelligence is the ability to hold two opposed ideas in mind at the same time and still retain the ability to function. One should, for example, be able to see that things are hopeless and yet be determined to make them otherwise.”
—F. Scott Fitzgerald
Q. Recently I’ve been thinking of piece-mealing a car (aka creating a Frankenshiny car) from the best parts of all the cars I can identify, the goal being that day, should be the most efficient, least maintenance, most fun to drive vehicle ever to grace the surface of the planet. I do believe that such an endeavor would entail a great deal of fabrication and modification of components, but hopefully these risks will be overcome by my optimism and determination. I’ve been Googling to find the best components and so far I’ve decided that the engine of the Volvo B18/20, which apparently powered some of the world’s highest-mileage cars, is a good choice. So, do you have any other advice for me, as far as components or anything else?

TOM: Well, I’d suggest that you go back and watch “Frankenstein” again and take note of what happens to the “vehicle” in the end. But keep in mind that there’s a 99 percent chance that if you do produce a vehicle in the end, it’s going to be unsafe, unreliable, unpredictable and un driveable.

RAY: Manufacturers spend a lot of time and effort matching their components so they all work well together — to that end, they spend a lot of time ensuring that the engines work well with the transmissions and the computer software ties everything together, including the safety equipment. You’re just going to throw a bunch of parts together and hope for the best. The result is likely to be a mess, even if all of the individual pieces are good ones.
TOM: Actually, while you're at it, you might just want to buy a whole Honda Civic and be done with this crazy idea. We know it's already full of great components. And then you could concentrate on modifying the body panels and interior. That way, you might end up with something you could actually drive.

The “Givens” of the Third Wave
- The Third Wave recognizes three truths simultaneously:
  - Programs are not developed linearly from research into practice, but rather, are an amalgam of personal preference, funding realities, and legacy.
  - The current state of program effectiveness research is deeply flawed and our populations are complex.
  - BUT: EBPs help us know the difference between high quality care and poor quality care.

Three Legged Stools (APA)
- Evidence Based Practice
- Practitioner Expertise
- Patient Preference/Culture

Evidence Supported Treatments

Evidence Supported
Supportive Evidence
The Third Wave: Practicing in an Evidence-Based Way

1. Selecting an “Evidence Supported Treatment”
   A. Identifying the treatment population
   B. Identifying the most evidence supported treatment for that population
   C. NREPP (www.samhsa.gov/nrepp) ; California Evidence Based Clearinghouse for Child Welfare (www.cebc4cw.org)

2. Implementation (The Swamp)
   A. Commitment to fidelity
   B. Adjustments are add-ins, not modifications
   C. Added elements must also have fidelity indicators

Practicing in an Evidence-Based Way
- Employs effectiveness research AND allows for adaptations for best fit to clientele AND employs practice based evidence (assessing outcomes and adjusting)
- It must retain emphasis upon program fidelity
- Fidelity measures = quality indicators
- Quality indicators are assessed and linked to outcomes
- Additions/Modifications are applied with intentionality.
Third Wave Implementation

- **Program Phases:**
  - **Phase 1:** Define Key Elements of Treatment Population
  - **Phase 2:** Identify Best Programs, Program Components, and Program Characteristics
  - **Phase 3:** Define Quality Indicators for All Programs
  - **Phase 4:** Implement Quality Processes: Metrics/Supervision

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You are not stupid. I do not hate you. You don’t have to shut up.