Evidence Based Practitioner

- Evidence Based Practitioner
  - Evidence Based Intervention (EBI): When there is information about its contextual application in actual practice that demonstrates its efficacy
  - Evidence Based Practitioner (EBP): Makes use of EBI intentionally rather than intuitively
  - Provide EBI with high degree of integrity or fidelity to the application specified as effective in the research
  - Seeks or follows ongoing evidence as methods evolve in order to maintain a high degree of skill

Advanced Application

- Intuitive Practitioner (guy in a diner)
  - Unsolicited advice – (Fixing-premature focus)
  - This is what’s wrong – (Deficit Based)
  - This is what you need to know – (Prescriptive)
  - You’ve gotta or else – (Dosing with reality)
  - Anxious to correct – (Righting Reflex)
  - Judgmental – (Shaming, authority)
  - Frustration and argument – (Compliance, authority)
Advanced Application

• Effects of Intuitive Practice
  – May or may not be effective
  – Uses common knowledge and experience
  – Teaches over what is already known
  – Creates dissonance
  – Creates errors of premature focus
  – May decrease readiness
  – Practitioner rates outcomes selectively

Advanced Application

• Effects of Intuitive Practice Continued
  – Focus’ on stopping abnormal behavior
  – Practitioner takes the active role
  – Recipient takes passive role
  – Limits communication
  – Fosters resistance
  – Decreases participation

“Institutional Memory”

Has characteristics of believing that people with disabilities, mental illness, substance use disorders, etc. must be dealt with for the “good of the community” which prompts a need or urge by the system or practitioner to “stop” a behavior rather than to begin a change that replaces or improves a behavior.
The lean is toward an approach that has activities like “Take – Place – Stabilize – Maintain”.

The urge is to “control” or “take over” as a central theme.

This norm puts the focus on the practitioner as being responsible for changing the person causing them to use various strategies for treating, rehabilitating or taking over undesirable behaviors, regardless of antecedent.

Hence, there is a need, even a reliance for knowledge and expertise on the part of the practitioner, who must be able to identify the problem and prescribe the remedies.

(Q.D.F.)

Question

Diagnosis
What people experience from others.
Culture Shift?

- Blame
- Shame
- Label
- Judge
- Punish
- Fix

Advanced Application

- Common Elements of EBPs
  - Recipient is expert and has absolute worth
  - Tool for Change is the Assistive/Collaborative Relationship
  - Recipient is in the Active Role
  - Practitioner is the assistive/collaborative partner
  - Avoid premature focus and unsolicited advice
  - Focus on engagement (strong accurate empathy skill)
Advanced Practice

• First focus is establishing rapport using advanced facilitation skills
  – Accurate Empathy
  – Genuine Care and Concern
  – Evocation
  – Levels of readiness guide practitioner approach

Advanced Practice

• Strength-Based has two characteristics
  1. The Practitioner’s approach
     • Belief in the absolute value of the person
     • Knows there is personal wisdom behind behaviors (Able to make sense out of resistance)
     • Uses advanced facilitation skills
     • Focus’ on rapport before facilitating a plan
     • Maintains recipients right to self-govern

Advanced Practice

2. The individual’s personal strengths and capabilities
   • Wisdom behind behaviors (Resistance makes sense)
   • Can identify what they are attempting to recover
   • Responds well when listened to and respected
   • Knows themselves and their situation
   • Has already tried things that have worked and not worked
   • Is ambivalent (stuck) not ignorant
   • Able to tell when they are interacting with a person who has genuine care and concern for them
### Advanced Practice

- Distinguish between deficit based, basic and advanced characteristics of a strength-based Practice
  - The person has strengths and you must find them and empower them to use them
  - A practitioner confronts manipulative behavior from the person
  - A practitioner engages a recipient by finding out what they are experiencing
  - A practitioner initiates treatment by diagnosing and prescribing treatment
  - A practitioner creates an unencumbered place where a person can say what they need to say, the way they need to say it.
  - A practitioner assumes the person knows a lot about their situation and tries to learn from them.

### Intuitive Practice

- The righting Response
  - Hypersensitive to anything the person says that is incorrect and attempts to fix or confront
  - Activates the protective functions of the brain
  - Limits responses

### Brain Based Efficacy

- How Many people have seen; “Meercat Manor”? 
  - What happens when something frightens the Meercats?
  - What happens when Something says its safe?
  - Practitioner’s approach (every utterance) impacts the recipient by activating processes in the brain
  - What are some practitioner utterances that activate the protective functions of the brain? (List as many as you can)
  - What are some practitioner utterances that activate the safe functions of the brain? (list as many as you can)
Practice - Rapport

• Evocation (leave the diagnosing of a problem out)
• Here are some key evocative questions to position the recipient in the active role and the practitioner in the collaborative role
  – What happened?
  – How did it happen?
  – What was it like to be in that situation?
  – What else?
  – What will you do now?
  – How do you see us helping you?

Practice - Rapport

• With Evocation comes Reflective Listening
• Basic understanding of reflective listening is
  – Repeat what they say so they know you are listening
  – Say, “So, what I hear you saying is…”
• Advanced understanding of reflective listening:
  – Demonstrate that you get what it’s like for them from what they are saying
  – Never say “So what I hear you saying is…”
  – Avoid the righting response
  – Make sense out of resistance

Practice – Advanced Facilitation

• Once Rapport is achieved get good agreement on direction.
• What is the focus or goal of this discussion
• Identify the person’s goal for treatment
• Get good agreement on the behavior necessary for achieving the goal of treatment
• The goal is always the recovery of a critical life function that was lost to disability
• Its never the stopping or starting of a behavior
Practice Facilitation

- I want to get my driver's license
  - So that
- I can get a job
  - So that
- I can get my own place
  - So that
- I can get my kids back

Practice – Advanced Facilitation

- From the list below, identify a recovery goal versus a behavior

<table>
<thead>
<tr>
<th>Cease use of drugs</th>
<th>Lose weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get and keep a job</td>
<td>Attend group</td>
</tr>
<tr>
<td>Attend a support group</td>
<td>Get a diploma</td>
</tr>
<tr>
<td>Take medication in compliance</td>
<td>Study</td>
</tr>
<tr>
<td>Get my driver’s license</td>
<td>Eat less</td>
</tr>
<tr>
<td>Get custody of my kids</td>
<td>Exercise</td>
</tr>
<tr>
<td>Get my own home</td>
<td>Go to school</td>
</tr>
</tbody>
</table>

Practice Advanced facilitation

- What are you here to get help with?
  - I need to get a job
- Things would be better if you had a paycheck
  - Yeah. Cuz then I could get a house
- So the real goal is to have a house of your own
  - Well, yeah but I need to get a house because then I could get my kids back
- Ah! The goal is to get your kids back. To do that though, you have to get a job that would allow you to buy a house. Where you live now isn’t a place where PS will let your kids come home to.
  - Right
**Stage Matched Treatment (Readiness Matched)**

- Maintenance → Pre-contemplation
  - Focus on the relationship using empathy
  - Begin to use the relationship to think deeper
- Action → Contemplation
  - Emphasize choice and control
  - Explore the decisional balance
- Preparation/Planning → Action
  - Identify what’s been tried/worked/not worked
  - Develop a plan with incremental characteristics
- Action → Implementation
  - Negotiate and Adjust
- Maintenance
  - Normalize and inventory gains
  - Prevention of regression and relapse

**Trans-Theoretical Model**

- Pre-contemplation
  - Focus on the relationship using empathy
  - Begin to use the relationship to think deeper
- Contemplation
  - Emphasize choice and control
  - Explore the decisional balance
- Preparation and Planning
  - Identify what’s been tried/worked/not worked
  - Develop a plan with incremental characteristics
- Action
  - Implement plan steps
  - Negotiate and Adjust
- Maintenance
  - Normalize and inventory gains
  - Prevention of regression and relapse

**SAMSHA Definition:**

- Recovery from Mental Disorders and/or Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
Exercise

• In your group:
  – Identify 3 critical life functions that a person needs to be able to perform
  – Identify some specific symptoms or conditions that could interfere with their ability to perform those functions

Facilitation

• The writing of a treatment plan is not intended to be separate from the person center planning process or discussion with the individual receiving supports and services
• Neither is it intended to be prescribed or documented according to diagnostic standards
• It is a facilitated discussion that results in a consensus on how to begin the change process for achieving the recovery of critical life functions
• The facilitation begins with a discussion to achieve direction

Targeted Issue/Medical Necessity

Biff is unable get and keep a job because an income is a fierce trigger for buying and using cocaine which results in relapse and return to chronic using. This eventually eliminates his ability to go to work and remain there while handling urges and cravings to leave and get high. Comorbidities with depression, including suicidal ideation and attempts become high risk symptoms brought on by relapsing and losing his job.
Documentation

• Demonstrate practice through documentation
• Meet Accreditation Standards
• Meet practice standards
• Tie treatment to plan
• Adjust the plan from evidence garnered from progress
• Adjust approach from evidence

Documentation

• The recipient on paper
  – Funders, licensing and accrediting bodies rarely see you practice
  – Documentation is the recipient and their treatment on paper
  – Documentation is used to make decisions about the quality and standards of practice for licensing, accreditation and reimbursement
  – Poor understanding of how treatment and documentation go together leads to emphasis on jargon for administrative needs

Documentation of Practice

• A recovery-oriented treatment plan that is matched for readiness aims the process for subsequent contacts with the person.
• Given the plans list of objectives that are matched to readiness the practitioner determines what assistive strategies will be used to help complete each objective
• As a result contacts are better planned with regard to necessity and purpose (desired outcome)
Documentation of Practice

- Key Documentation Requirements of Practice Activities
  - Level of readiness at time of Plan
  - Level of readiness at time of contact
  - Focus of session connected to plan objectives
  - Recipient discussion, concerns, reports
  - Practitioner interventions
  - Outcome of sessions (include level of readiness if changed)
  - Plan for next session

Documentation

- Level of readiness at the time of the plan should be documented on the plan because objectives and interventions were developed for the goal from that
- Level of readiness at the time of the contact is recorded after the session and is intended to show progress as well as assist in adjusting the plan when reviewed and amended

Documentation

- Get Agreement on the focus of the session
- Determine the recipient’s reasons for the focus
- What is the recipient’s experiences, beliefs about change, motivation, ambivalence, confidence etc.
- What specific interventions were used? i.e.: Asked for comparison of cocaine use with and without marijuana, as well as alcohol. Affirmed realization that effects on judgement decreases ability to manage urges and cravings for cocaine
Document the response to the intervention i.e.: Recipient remains ambivalent about completely stopping use of marijuana but identified that he is more likely to use cocaine if he smokes or drinks. Main concern is that if they do contribute to his cocaine use, and his cocaine use interferes with his ability to keep a job, he is going to have to decide

Document the plan for the next session based on the outcome of this session i.e.:
– The recipient agreed that it is up to him to make changes in his use of marijuana. The plan for the next session is explore with the decisional balance the pros and cons of smoking weed as it effects his goal for keeping his job.