

*RESEARCH AND DEVELOPMENT:
READY ON THE RUNWAY*

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“Evidence Based Practice is the integration of **best research evidence** with **clinical expertise** and **patient values**.” (IOM)

Weighing the Research Evidence

- Evidence for effectiveness
- Benefits > risks
- Benefits warrant costs
- Practicality and feasibility

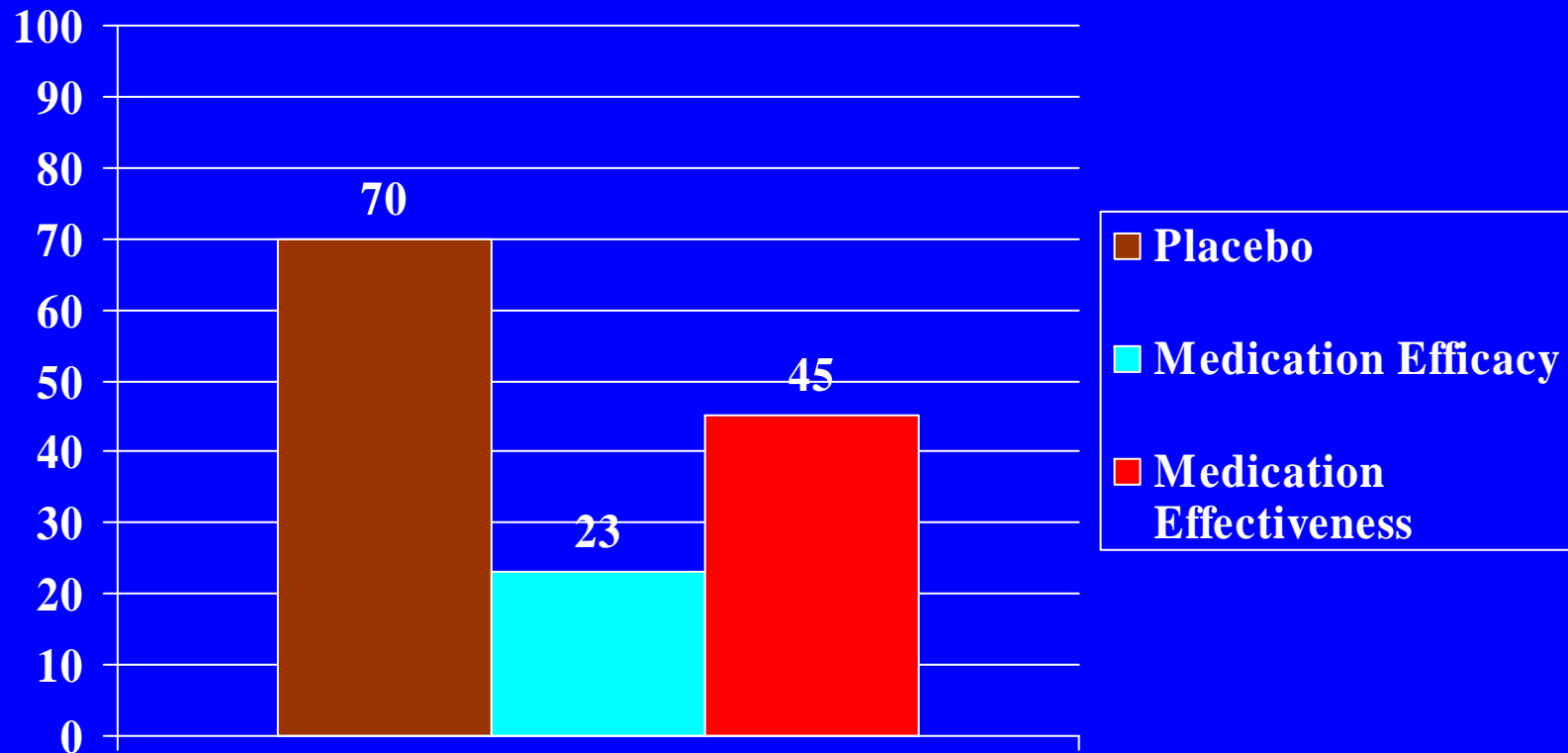
Examples of Effective Treatments

- For schizophrenia
 - Antipsychotic Medication
 - Family Education and Support
 - Assertive Community Treatment (ACT)
 - Supported Employment (IPS)
- For most types of depression
 - Medication management
 - Cognitive Behavioral Therapy (CBT)
 - Interpersonal Therapy (IPT)

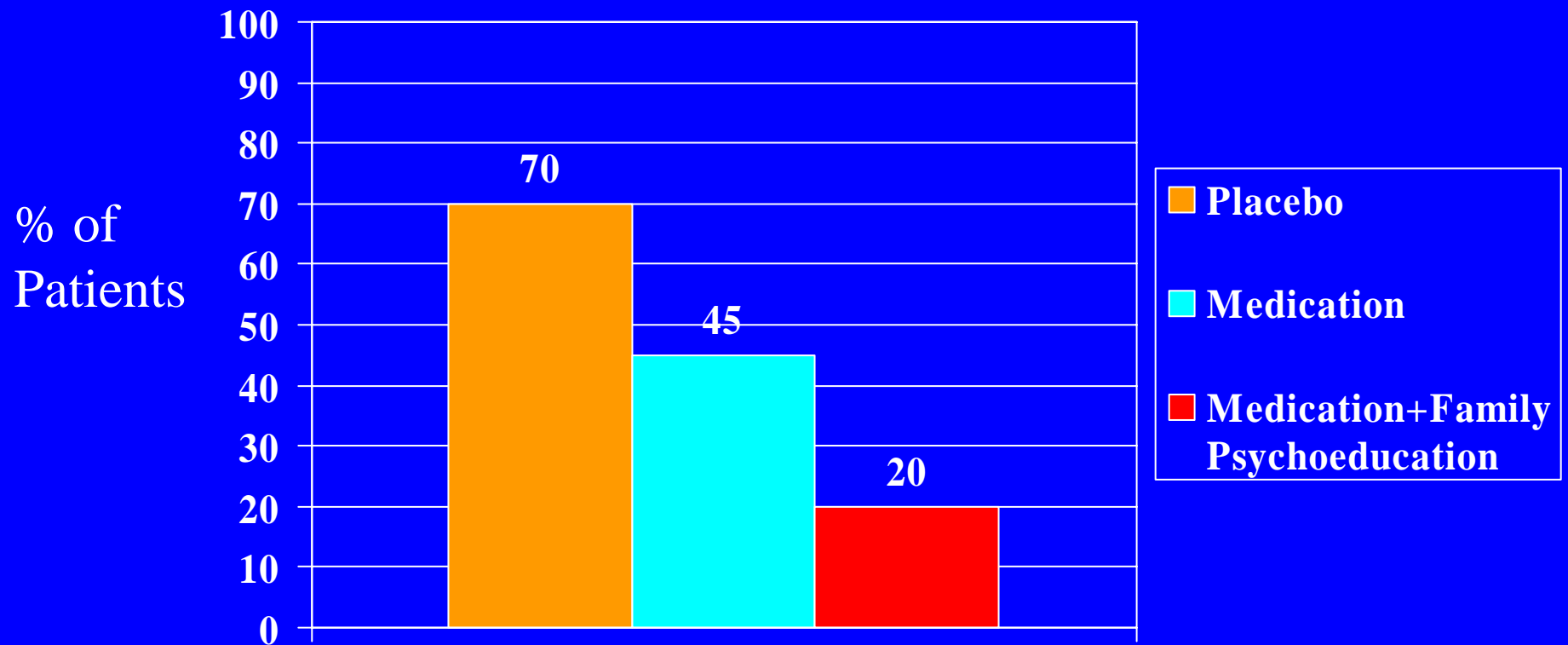
Examples: Treatments That Have Evidence of Non-Effectiveness or Harm

- Lobotomies, Hydrotherapy, Insulin coma
- Extended hospital stays for promoting rehabilitation and recovery
- Psychoanalysis for persons with psychotic disorders
- “Scared straight” for juvenile delinquency
- Post-crisis psychological debriefing to prevent post traumatic stress disorder

Efficacy and Effectiveness of Antipsychotic Medications: Annual Relapse Rates



Combining Medication and Family Intervention in Schizophrenia: Relapse Rates



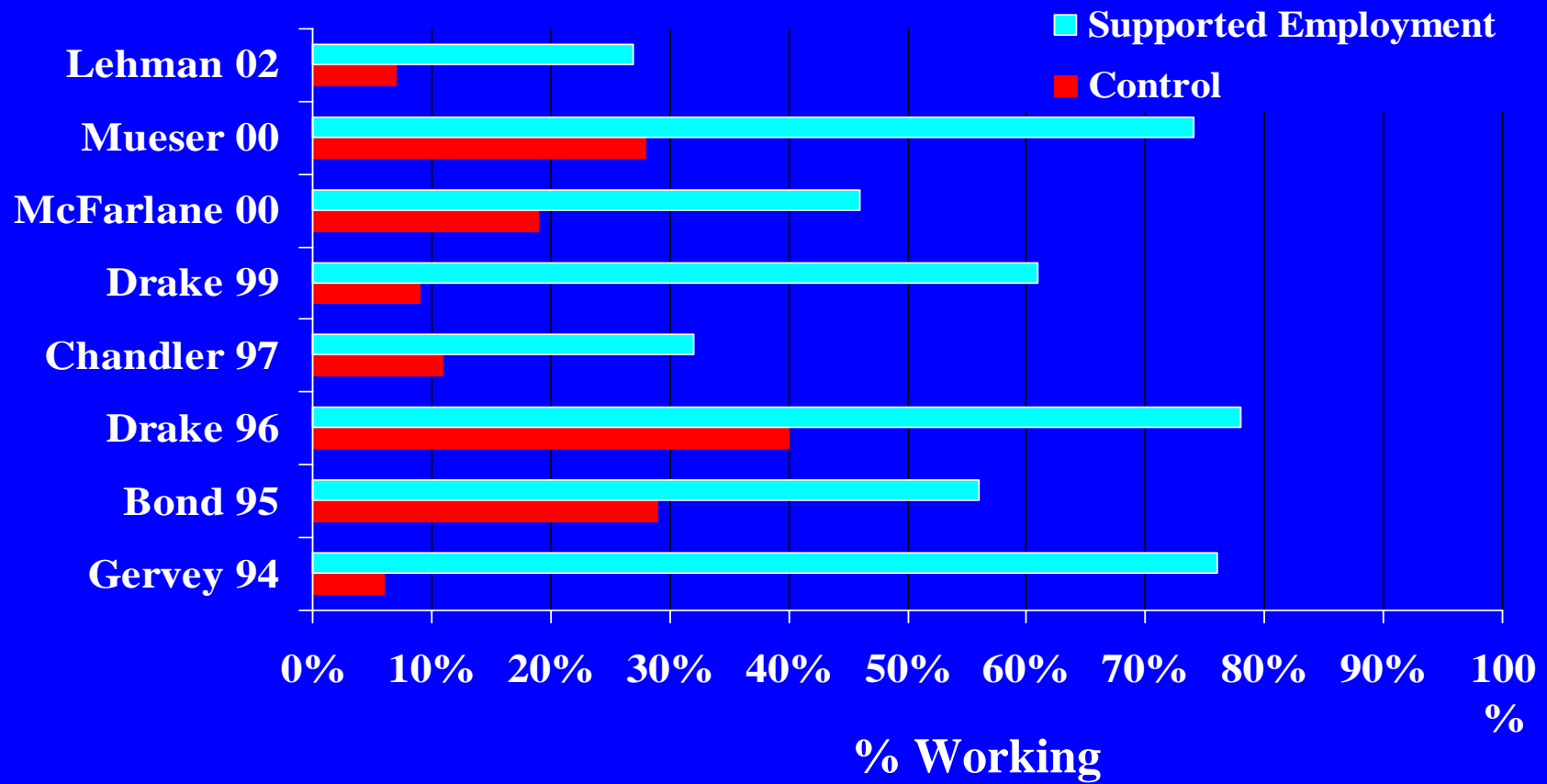


"I had the dream about meaningful employment again last night."

SUPPORTED EMPLOYMENT

- **Focus on competitive work**
- **Rapid job search**
- **De-emphasis on prevocational training and assessment**
- **Attention to client preferences**
- **Follow-along supports provided**

Supported Employment Studies



Key Elements of Assertive Community Treatment

“Hospital Without Walls”

- Multi-disciplinary team including a psychiatrist
- Shared caseload among team members
- Direct service provision by team members
- High frequency of patient contact
- Low patient to staff ratios
- Outreach in the community
- Focus on high-risk patients

ENHANCES OUTCOMES: Time in Hospital,
Housing Stability, Quality of Life, Consumer
Satisfaction

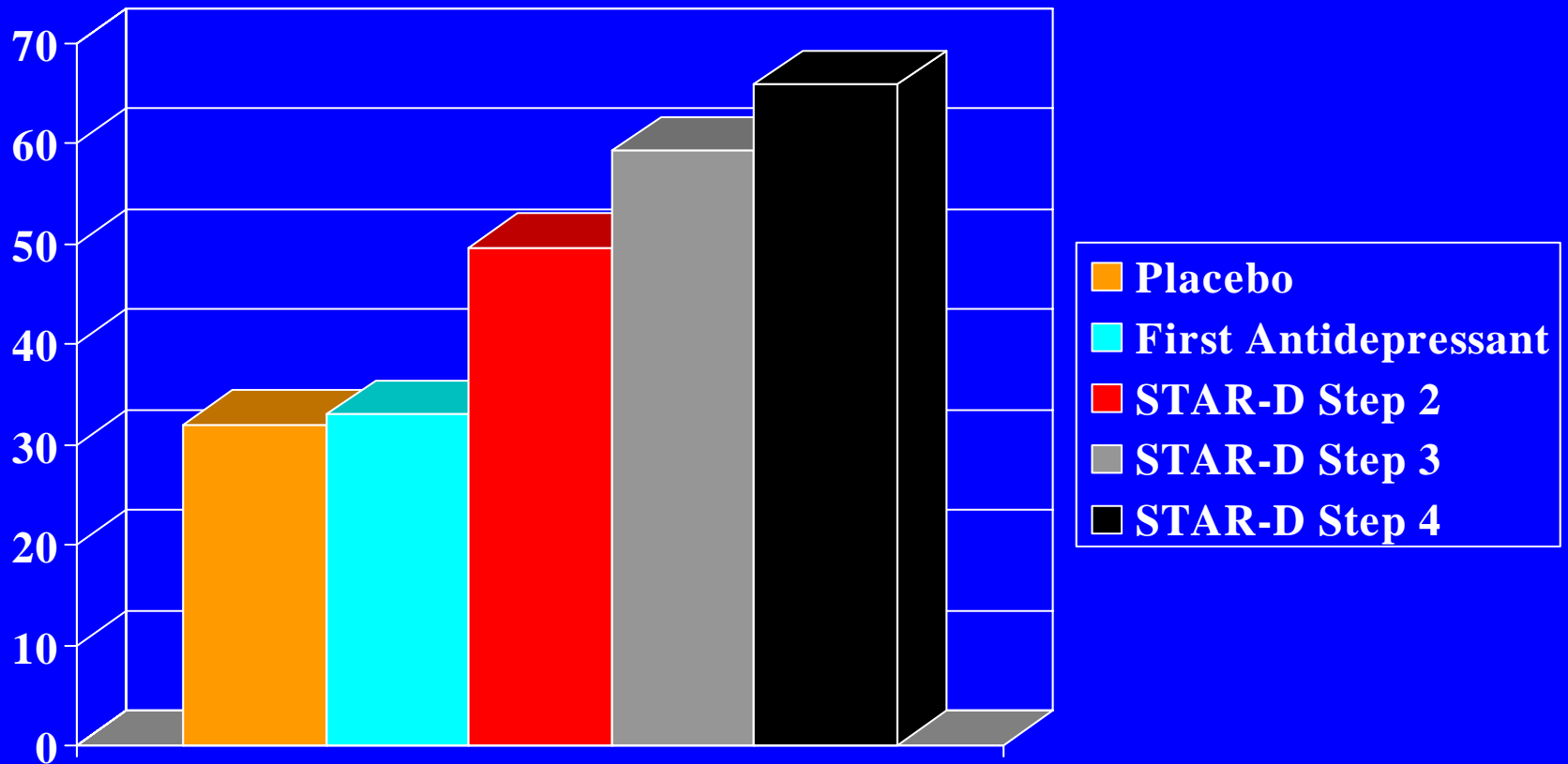
Issues Related to Assertive Community Treatment

- Success closely linked to program fidelity
- Need to focus on high-risk patients
- Funding arrangement (case rate or capitation)
- Stepping patients down to less intensive treatment

Effectiveness of Antidepressant Medications

(adapted from Surgeon General's Report and STAR-D)

% Remission



Evidence Based Treatments Also Available For:

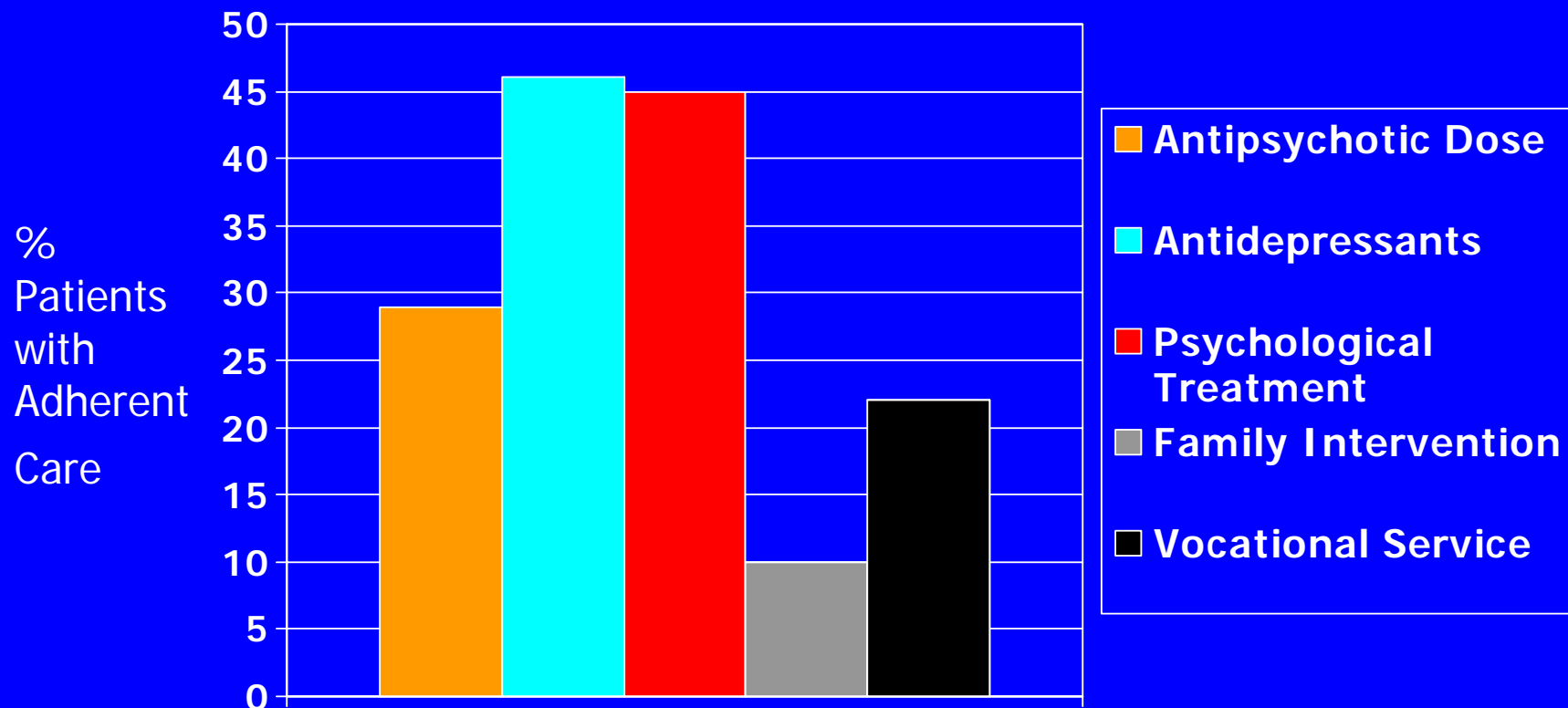
- Severe mood disorders, e.g., major depression and bipolar disorder in adults and children
- Conduct disorders and ADHD in children
- Anxiety disorders, e.g., obsessive-compulsive disorder and panic disorder
- Post-traumatic stress disorder
- Borderline personality disorder

Some Warning Signs about “Evidence-Based Practices”

- “I’m the expert and I care about people. I know that what I do works.”
- “This is nothing new. We’re already doing this.”
- “We don’t need to wait for research. We know from experience that what we do makes a difference.”
- “These approaches will not work with my patients because....”
- “We only reimburse for services that are evidence-based.”
- Vested interests (guilds, industry, etc.): redefining “evidence-based.”
- “Cookbook medicine”
 - What’s wrong with a good recipe?

SCHIZOPHRENIA PORT

Current Practices



Challenges Regarding Dissemination of Pharmacotherapies

- Relative costs of new versus generic medications
- Relative efficacy/effectiveness of new versus generic medications
- Formularies: How Open?
- Relative lack of efficacy for key outcomes, e.g., neurocognitive and functional impairments

Challenges Regarding Dissemination of Psychosocial Treatments

- Evidence base limited to certain treatments
- Require complex changes in personnel and system capabilities
- Who should pay?
- No industry to market

Some “disconnects” between Science and Needs?

- Science has focused on a *select range of treatments*, and hence evidence is not available for many treatments and services.
- Science has tended to focus on a *narrow range of outcomes* (mainly “clinical”), and hence information on impacts is limited (not person-centered or holistic).

SUMMARY

- An array of “equally effective” treatments makes it possible to find an effective and acceptable treatment for most individuals. However, not all treatments will work for every person. Thus, it is important to provide choices to patients and providers. **NO ONE IS AVERAGE**

A substantial body of evidence concludes:

- Many treatments and services are *effective*
- There is a *gap* between what science tells us to do and what we do in actual practice