The purpose of this paper is to provide guidance for understanding evidence-based practices in the context of community behavioral health. There are a number of considerations that a clinician needs to address:

- Evidence of efficacy;
- Target population;
- Clinician experience; and
- Circumstances that the practice has demonstrated effectiveness.

Discussion

Clinicians sit with patients who present with specific complaints, a range of symptoms, and a [sic] historical narrative. Influenced by education, training, supervision, the setting within which the clinician works, intuition, economics, and experience. Within that constellation, clinicians conduct assessments and make diagnoses and treatment decisions about particular patients. This reflects clinical experience and scientific evidence, derived from the clinician’s experience with similar patients.¹

A term that has been a common part of the lexicon for behavioral health training and services is ‘evidence-based practice.’ This is a term used by both federal and State agencies—and is often included in grant requirements, or contracts. What this means, however, has been defined in a variety of ways.² Researchers note that this was a term first used in medicine in the 1990s,³ and on review, has crystallized around two major themes:

1. Interventions for which there is consistent scientific evidence showing that they improve clinical outcomes;⁴ and
2. The analysis of published research forming the basis for clinical decision making, essentially integrating individual expertise and the best external research.⁵

Another factor to consider is the impact of mandating particular practices that effectively substitute a standardized model for clinical judgment.⁶ Behavioral health disorders are

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⁶ See e.g., T. Rieckmann, L. Begmann, and C. Rasplica, Legislating Clinical Practice: Counselor Responses to an Evidence Based Practice Mandate, JOURNAL OF PSYCHOACTIVE DRUGS 7, 27-39 (Sept. 2011); R. Raghavan, C. Bright, and
heterogeneous, and the evidence based practice may have demonstrated utility in a very narrow context, which may limit transferability. Supporting a clinician’s judgment is critical to a successful outcome for a client.

There have been a number of reviews of the implementation of evidence based practices in behavioral health – both in the context of a system, and also for specific populations. The reviews are equivocal as to evidence-based practices, noting that there are both positive and elements, and concerns.

<table>
<thead>
<tr>
<th>Positive Elements</th>
<th>Concerns</th>
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<tr>
<td>The identification of a core set of interventions for a specific disorder.</td>
<td>The research related to the implementation of evidence-based practices in clinical behavioral health settings remains limited.</td>
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<tr>
<td>Professionalizing behavioral health treatment practices, especially substance use disorder treatment.</td>
<td>A gap between the research and application in clinical practice exists.</td>
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<tr>
<td>Demonstration of treatment efficacy.</td>
<td>Standardization of service delivery supports</td>
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14 B. Frueh, *supra* note 9. *See also*, A GUIDE TO TREATMENTS THAT WORK (P. Nathan, and J. Gorman, eds., Oxford University Press, 2002) (According to the authors, efficacy addresses the internal validity, and repeatability of an approach, whereas effectiveness speaks to external validity, and the ability to generalize results to a larger
neither clinical decision making, nor individualized care.\textsuperscript{15}

Clinical innovation for the use of such practices, driven by private sector agencies.\textsuperscript{16} Implementation has been neither consistent, nor sustainable.\textsuperscript{17}

On review of the research, an approach that focused on developing the clinical expertise of a system of care, supported by an administrative framework that encouraged innovation, rather than mandating the use of a particular intervention strategy, was more likely to have a longer term impact.\textsuperscript{18}

There are a variety of evaluative methodologies that have been developed to determine the efficacy of a specific approach.\textsuperscript{19} This is not to say that a clinician nor policy maker needs to become an expert in research design and evaluation, however, it is important to engage with what is presented as evidence of effectiveness.

It is important to ask the following questions:

- How is this treatment being implemented as a program?
  - How is this treatment appropriate for the population we serve, or intend to use this with?
  - What were the skill and education levels of the clinicians who participated in the study?
  - What was the setting in which the program was studied?
  - How will we demonstrate fidelity to the program?
  - What was the stated duration of the treatment?
- Where was the evidence published?
- Have there been any studies that question the use of this?
- How does this treatment add to a clinician’s skill set?
  - What are the qualifications necessary to use this treatment?
- Which diagnoses were included as a part of the study?
- What diagnoses were excluded as part of the study?

\textsuperscript{15} T. Rieckmann, \textit{supra} note 6; M. McGovern, \textit{supra} note 1.

\textsuperscript{16} G. Aarons, \textit{supra} note 9.

\textsuperscript{17} R. Raghavan, \textit{supra} note 6.

\textsuperscript{18} \textit{Id.}; J. Magnabosco, \textit{supra} note 9.

\textsuperscript{19} \textit{See, e.g.}, M. McGovern, \textit{supra} note 1.
Research suggests that this kind of engagement, and also the degree to which a clinician can maintain fidelity to a specific intervention, are important.\textsuperscript{20} This approach, however, alters the application of evidence-based practice from a decision making model for clinician, to determine their ability to remain within the parameters of a program or practice that has been determined as evidence based.\textsuperscript{21}

\textsuperscript{20} J. Magnabosco, \textit{supra} note 16.
\textsuperscript{21} The Florida Certification Board (FCB) certifies prevention specialists in Florida, and in the Role Delineation Study completed in 2007, a job task identified for a prevention specialist was to “maintain program fidelity when implementing evidence-based programs.” [http://www.flcertificationboard.org/upload_documents/preventionrdsfinal.pdf](http://www.flcertificationboard.org/upload_documents/preventionrdsfinal.pdf) (site accessed December 12, 2013). In Technical Assistance Protocol (TAP) 21, Addiction Counsellor Competencies, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), noted as a knowledge domain, the importance of theory, research, and evidence-based literature to engage the client in recovery, and that an appropriate attitude for a counselor is to be open to the use of new evidence based practices in treatment – such as medication assisted therapy. [http://store.samhsa.gov/shin/content//SMA12-4171/SMA12-4171.pdf](http://store.samhsa.gov/shin/content//SMA12-4171/SMA12-4171.pdf) (site accessed December 12, 2013).