VETERANS HEALTH ADMINISTRATION

Implementing Clinical Practice Guidelines in Evidence-Based Practice With Diverse Populations

VA Boston Healthcare System

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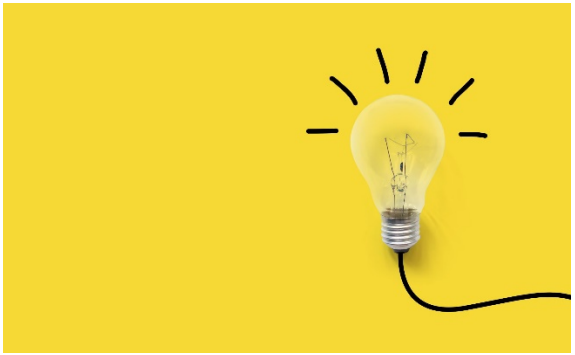
Learning Objectives

- The learner will become familiar with the principles and methodology underlying development of clinical practice guidelines for psychologists.
- The learner will be able to describe why psychologists must be aware of culture, diversity, and special populations factors for an individual patient when consulting clinical practice guidelines.
- The learner will be able to list components of a culturally responsive case formulation for evidence-based psychotherapies.



Who is in the Audience Today?

- Poll Question 1: What is your familiarity with evidence-based practice?
  - I am trained in at least one evidence-based practice,
  - I am currently in the training process for my first evidence-based practice
  - Evidence-based practice is a fairly new concept to me

Who is in the Audience Today?

- Poll Question 2: What is your familiarity with providing services to culturally diverse populations?
  - I consider myself to be very skilled at identifying the need for and providing culturally responsive services
  - I consider myself to be somewhat skilled in identifying the need for and providing culturally responsive services
  - I consider myself to be a novice in identifying the need for and providing culturally responsive services

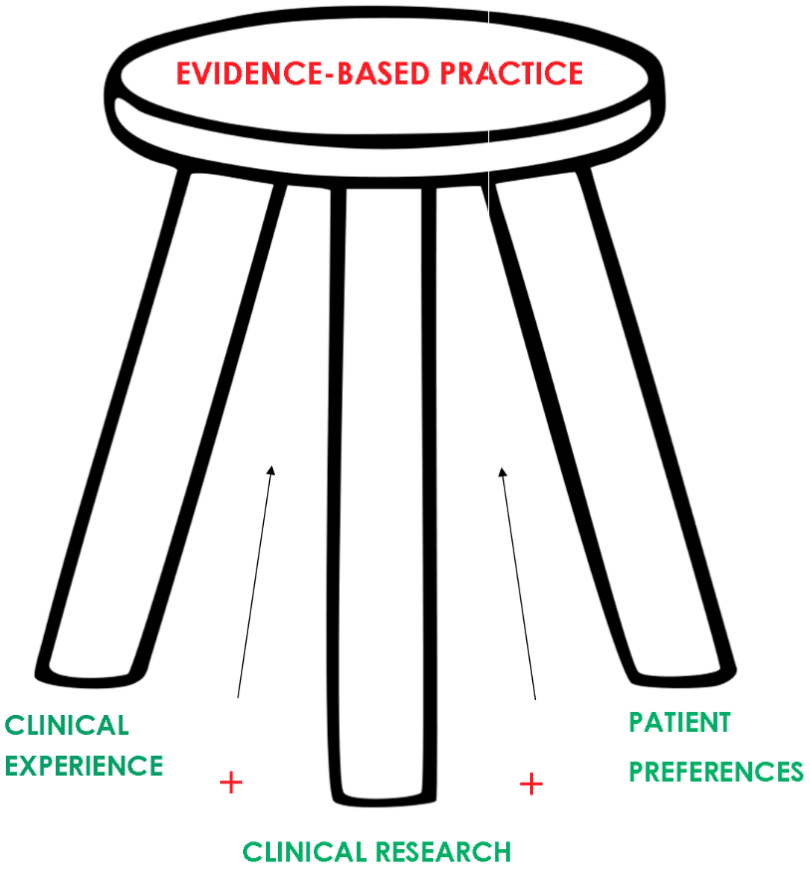
What is Evidence-Based Practice?

- **The Institute of Medicine** (2001) defines evidence-based medicine as *the integration of best researched evidence and clinical expertise with patient values* (p. 147).

- **The American Psychological Association's** Policy Statement on Evidence-Based Practice in Psychology closely parallels IOM's definition*: Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.*

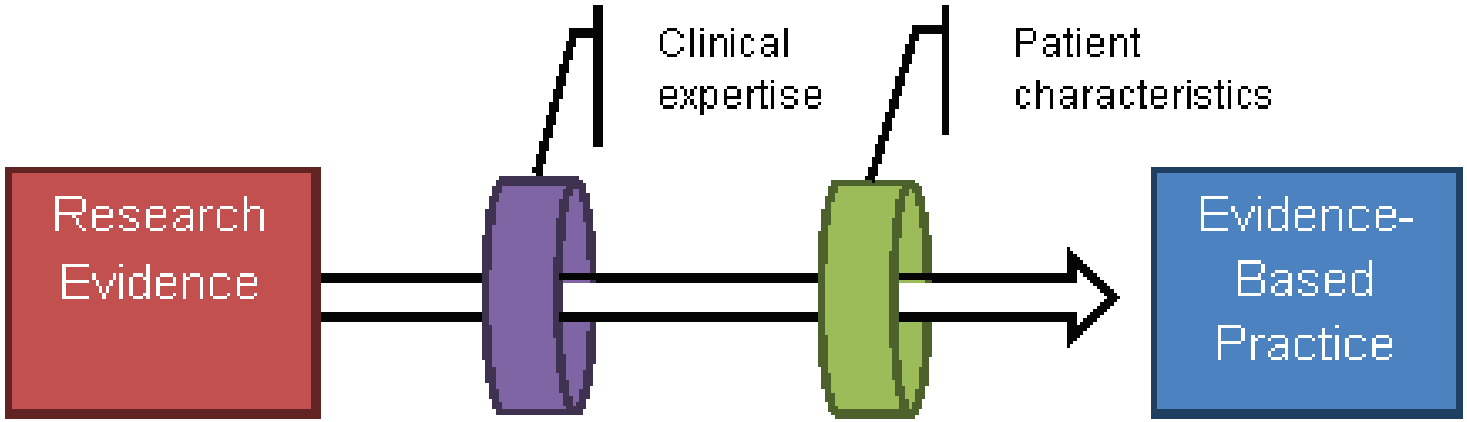
- **The National Association of Social Workers** defines evidence-based practice as: *a process in which the practitioner combines well-researched interventions with clinical experience, ethics, client preferences, and culture to guide and inform the delivery of treatments and services.*

Three-Legged Stool Model of Evidence-Based Practice



Sackett, D. L., & Rosenberg, W. M. (1995). On the need for evidence-based medicine. *Journal of Public Health, 17*, 330-334.

Model of Evidence-Based Practice as a Filter System



Tolin, D. (2014). Evidence-based practice: Three-legged stool or filter system? *The Clinical Psychologist, 67*(3), 1-3.

Benefits of Evidence-Based Practice

- Increases the probability that patients receive effective treatment and decreases the likelihood they will receive a treatment that is ineffective or possibly harmful.
- Maximizes patient choice among effective alternative interventions.
- Can help reduce errors in clinical inference and unintended bias.
- Promotes effective practice. Enhances public health and the perception of psychotherapy through the application of sound science.

Clinical Practice Guidelines and Evidence-Based Practice

- CPGs are compatible with and support evidence-based practice.
- CPGs summarize the best available research and provide recommendations (describing the strength of the evidence for each recommendation).
- CPGs identify gaps in research and provide opportunity to advocate for future research needed to inform practice.
- CPGs inform patients and families, providers, and other stakeholders (e.g., policy makers, administrators, etc.) about recommended treatments with empirical support.

Clinical Practice Guidelines and Evidence-Based Practice

- CPGs are not a standard of care. They are a resource.
- CPGs are not the sole determinant of treatment selection (i.e., clinical expertise and patient characteristics, culture, and preferences).
- CPGs are not intended to stifle treatment innovation.
  - VA/DoD CPGs are updated every 5 years
  - Absence of evidence is not evidence of absence (untested ≠ ineffective)

Clinical Practice Guideline Limitations and Challenges

- Different organizations' guidelines may differ with respect to recommendations
- Widely used practices may be less researched
- Do guideline methods allow us to address our clinical questions?
- Potential for misuse
- Limited research on diverse populations, comorbidities, etc.

Strengths and Limitations of Basing CPGs on Well-Controlled Research Studies (e.g., RCTs)

Strengths	Limitations
Confidence that observed results are more likely due to the treatment effects than extraneous factors.	RCTs can tell you which treatment is most efficacious for an average patient that met selection criteria. But can't fully tell you which treatment is most effective for the specific patient in your office (who may not fit the study criteria).
Use of NASM standards for independent systematic reviews gives credibility to guideline development process.	Typically evaluate changes in symptoms or diagnostic status, and often do not address specific functional goals.
Minimizes the impact of unintentional bias when selecting a treatment.	RCT design emphasizes treatment efficacy and does not test underlying mechanisms of change (i.e., which treatment components produce the effects).
Informs busy clinicians and patients about what has already been shown to work for hundreds or thousands of patients with that condition.	The effects of non-specific or "common" factors are rarely separated from specific factors (this does not mean they aren't important or should be ignored).

CPG Practice Implications

- Provide recommendations regarding *efficacious* interventions
- Applied in context of culture, patient preferences and values, and the therapy relationship
- Guidelines are aspirational, not a requirement
- Not intended to limit scope of practice or coverage determinations
- Guide best practice and facilitate decision making
- Important to discern what are quality guidelines

What Does This Mean for Clinicians?

- Know your clinical population
  - YOU need to be aware of matters related to culture, diversity, special populations
- Familiarize yourself with developments related to frequently seen problems (e.g., co-morbidities)
- Engage patients in informed consent and shared decision making
  - Discuss treatment options and possible benefits and harms
  - Elicit and seek to understand how patient preferences and values inform treatment decisions
- Document your treatment rationale
- Assess and monitor symptoms and other outcomes regularly, share and discuss with patients, and use outcomes to inform treatment planning and care decisions

VA/DoD Mental Health CPGs

Patients at Risk for Suicide

Major Depressive Disorder

Post-Traumatic Stress Disorder

Substance Use Disorders

Other VA/DoD CPGs Recommending Psychotherapy

The Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea

Diagnosis and Treatment of Low Back Pain

VA/DoD CPG Resources

- **Guideline Links**
  - Full Guideline
  - Clinician Summary
  - Pocket Guides
    - An algorithm to guide clinicians through assessment/diagnosis, treatment planning, outcome monitoring, and treatment plan modification (if needed) is included in the different guideline versions.
- **Patient and Provider Tools**
  - Patient Summary
  - Education Materials and Tools
  - Fact Sheets
- **Webinars**
- **Links to Related Guidelines**

VA/DoD CPGs in Development

- Bipolar Disorder (new guideline)
- Schizophrenia (new guideline)
- Major Depressive Disorder (update underway)
- PTSD (update planned for 2022)

Working With Culturally Diverse Populations

All clinicians do this!

- Key components:
  - Your level of awareness about your client's culture
  - Your level of self-awareness as a cultural being
  - Your willingness to learn
    - Interest in others and their story
    - Interest in understanding how your own culture impacts you
    - Enhance knowledge level about other cultures in general
    - Enhance therapy skills

Defining Culture

- The customary beliefs, social forms, and material traits of a racial, religious, or social group
- Shared attitudes, values, goals and practices of a group
- Integrated pattern of human knowledge, belief, and behavior that is transmitted to succeeding generations

Cultural Competence (The Joint Commission, 2010)

"The ability of health care providers and health care organizations to **understand and respond effectively to the cultural and language needs brought by the patient** to the health care encounter."

Cultural competence requires organizations and their personnel to do the following:

(1) **value diversity**;

(2) **assess themselves**;

(3) **manage the dynamics** of difference;

(4) acquire and **institutionalize cultural knowledge**; and

(5) **adapt** to diversity and the cultural contexts of individuals and communities served.

Cultural Responsiveness (HHS.gov Think Cultural Health)

Provide **effective**, **equitable**, **understandable**, and **respectful quality** care and services that are responsive to **diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs**.

– *Principle Standard of National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (2013), US Department of Health and Human Services*

Cultural Humility (Hook, Davis, Owen, Worthington & Utsey, 2013)

"ability to **maintain an interpersonal stance that is other-oriented** (or open to the other) in relation to aspects of **cultural identity that are most important to the [person]**" (p. 2).

- lifelong commitment to **self-evaluation** and **self-critique**
- desire to **fix power imbalances** where none ought to exist
- aspiring to develop **partnerships with people and groups who advocate for others**

Putting it All Together

Evidence-based practice

+ Clinical Practice Guidelines

+ Cultural Humility

=

Cultural Responsiveness and Competence
And Better Results

Implementation

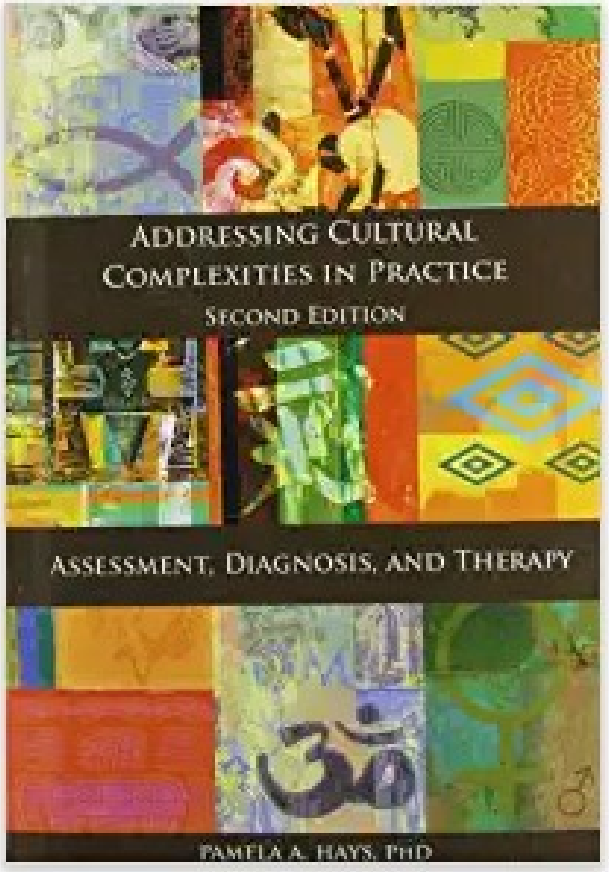
- Establish rapport
  - Cultural dynamics of client-provider relationship
- Develop an accurate case formulation
  - Assessment
- Collaborate on treatment goals
- Implement culturally consistent interventions

Using Cultural Knowledge in EBPs

- Culturally Responsive Case Formulation
  - Culturally Informed Functional Assessment (CIFA) Interview (Tanaka-Matsumi, Seiden & Lam, 1996)
  - Cognitive Behavioral Case Conceptualization (Wenzel, Dobson & Hays, 2016)
  - DSM-5 Cultural Formulation (American Psychiatric Association, 2013)

Key Components of Culture

- **ADDRESSING** (Hays, 2016)
  - **A**ge and generational status,
  - **D**evelopment,
  - **D**isability status,
  - **R**eligious/spiritual values,
  - **E**thnic and racial identity,
  - **S**ocioeconomic status,
  - **S**exual orientation,
  - **I**ndigenous heritage,
  - **N**ational origin, and
  - **G**ender identity.



Other Factors to Incorporate

- Client's level of motivation
  - Preferences for types of treatment
- Client's conceptualization of distress
- Ability to pivot quickly using client feedback
  - Measurement based care
- Understand client's current context
  - Supports, especially others
  - Chronic v. acute stressors
  - Identify potential barriers
- Client's strengths

Finally,

Ongoing awareness of yourself as a cultural being and how your cultural beliefs, values and experiences impact your work with each client