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The Substance Abuse and Mental Health Services Administration presents the Road to Recovery. This programming aims to raise awareness about substance use and mental health problems, highlight the effectiveness of treatment and that people can and do recover. Today's program is: Research to Practice: How Advancements in Science Are Helping People With Mental and Substance Use Disorders.

Ivette A. Torres:

Hello. I'm Ivette Torres, and welcome to another edition of the Road to Recovery.

Today, we'll be talking about research to practice, how science is helping people with mental and substance use disorders.

Joining us in our panel today are Dr. H. Wesley Clark, director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland; Dr. Thomas McLellan, director, Center for Substance Abuse Solutions, Philadelphia, Pennsylvania; Dr. Alexandre Laudet, director, Center for the Study of Addictions and Recovery, National Development and Research Institutes, Incorporated, New York, New York; Dr. Candace Peterson, associate scientist, Evaluation Shared Service, University of Wisconsin Population Health Institute, Madison, Wisconsin.

Dr. Clark, what does research to practice mean and what does it mean for a methodology or a practice to be evidence-based?

H. Wesley Clark:

Research to practice is a concept that captures development in the research community with regard to various aspects of, in this case, substance abuse or mental health care in an effort to increase the ability to positively affect the individual who's affected by it.

So, evidence-based, then, is mobilizing administrative, clinical, and research information to enhance the quality of care and the effectiveness of care in order to produce the best outcomes associated with providing care, so when people present for care they're getting the best care possible.

Ivette A. Torres:

And, Tom, in the field, how much of this is going on? What is the percentage of people that actually do evidence-based practice?

Thomas McLellan:

Well, it's a good question. As Dr. Clark said, nobody can argue that you need more evidence for the things that you do. Every treatment provider can see that things are working and they really wonder why do we need researchers telling me. And the reason for that is they don't see people who don't show up again. They don't see people who have left treatment and relapsed. That's the kind of stuff that research can inform practice about. But it's equally important for practice to inform research.

Ivette A. Torres:

Dr. Laudet, why is the dissemination of research findings to practitioners in the field of behavioral health an issue of concern?

Alexandre Laudet:

It's an issue of concern because, generally speaking, as researchers, we've had a tendency to do this in a one-way street. We either design an intervention or we come into a treatment organization as experts. We tell them what we're going to do or what they should be doing without really consulting with them in terms of what they need, just like what Tom said. It really has to be a two-way street.

And so, I think what has happened so far, many times, is that it's really two different specialties, if you will, and what the researcher is doing is really not that relevant to what's going on in the field for a variety of reasons.

A lot of the clinical trials, for example, have very exclusive criteria, so that the majority of people that a treatment agency would see are not included. That's the first thing.

And also, a lot of these studies that produce the evidence-based are done in a sort of a cocoon environment that doesn't mirror, and then the research findings are reported in scientific studies that nobody reads or very few people read: a) because people don't have the time, b) because we almost purposely use language that nobody understands.

So, unfortunately, I think these are key limitations to the real translation of research to practice in the field, and not just in behavioral health.

Ivette A. Torres:

Dr. Peterson, is that true for prevention as well?

Candace Peterson:

Yes, I would say it is true for prevention as well. There are people who work in real-world settings who are interested in helping prevent problems from occurring—in this case, substance abuse or mental health issues—and they have a lot of constraints on their time. They have a lot of constraints on other resources—could be money, could be technology.

And, in terms of bringing research to practice, things that are done in a laboratory or academic setting, if you will, sometimes are not readily translatable into real-world settings with those constraints happening and with a variety of audiences that are in a community setting. So, yeah, I think the same is true in the prevention field as well as in the treatment arena.

Ivette A. Torres:

And, Dr. Clark, SAMHSA originally was founded or authorized to really take the science and develop methodologies or evaluate methodologies. How has that been undertaken in recent years?

H. Wesley Clark:

Well, what SAMHSA attempts to do is work in partnership with our colleagues at the National Institutes—National Institute of Mental Health, the National Institute of Drug Abuse, the National Institute of Alcoholism and Alcohol Abuse, and other NIH institutes—and that science that they developed, as was pointed out by Dr. Laudet, was very rigorous, but translating, as Dr. Peterson pointed out, into practice is complex.

So, using our addiction technology transfer centers, we need to educate people about the science. We have to influence the behavior when we use our funding to, shall we say, prime the pump, allow community-based organizations, State authorities, county authorities, Tribal authorities to explore the implications of the science that's been developed by researchers for community practice.

Ivette A. Torres:

Well, when we come back, I want to touch upon the various types of treatment that are available and the research behind it. We'll be right back.

[MUSIC]

Male Narr:

For more information on National Recovery Month, to find out how to get involved, or to locate an event near you, visit the Recovery Month Web site at recoverymonth.gov.

Male Narr:

Robert N. Baldwin, Executive Vice President & General Counsel for the National Center for State Courts in Williamsburg, VA, describes his organization and the work they do.

Robert N. Baldwin:

The National Center for State Courts is a private, nonprofit corporation created to promote the rule of law and to work with the State courts in improving the administration of justice. We first conduct research of issues that affect the administration of justice. Hopefully, we develop some solutions. We pilot test those solutions, come up with best practices.

We have an educational arm that we use to produce training programs that we share what we've learned with the leaders in the court field.

Male Narr:

Dr. David Rottman, Principal Research Consultant for the National Center for State Courts, explains the importance of conducting and disseminating Substance use and Mental Health Research.

David Rottman:

The Translating Drug Court Research Into Practice Initiative is part of a general trend in recent years towards more and more emphasis on what does research have to say that can benefit the person who's on the ground? So instead of researchers talking to one another, they're really trying to take our research and make it available to people in ways that could improve the job that they do.

Male Narr:

Caroline S. Cooper, Associate Director & Research Professor for Justice Programs for the American University Office of the School of Public Affairs in Washington D.C., explains the importance of Substance use and Mental health Research dissemination.

Caroline S. Cooper:

There's so little information that's relevant to actual services quickly available that I think that by making this information available in a very practical way, to everyone that's involved, but particularly to the criminal justice practitioner that doesn't normally have access to this, this will help strengthen these programs.

[Music]

Ivette A. Torres:

Dr. Laudet, let's talk a little bit about integrated treatment for persons with cooccurring and substance use disorders.

Alexandre Laudet:

Well, the majority—by which I mean half or more of individuals who have a substance use problem, have a diagnosable mental health disorder and vice versa. And, historically, in the field, up until some 20 or so years ago, individuals who were dually diagnosed who were seeking help for one disorder but had the co-occurring disorder were essentially falling through the cracks because both of

the different professions, if you will, which have very different trainings and therapeutic ideologies, were not only not communicating but very often excluding the individuals who had the two problems.

And so, most recently—meaning the last two or three decades—integrated treatment has been recommended. It's been implemented. It's been evaluated as well. And when you think about it, it makes an enormous amount of sense, because, as professionals, whether it's researchers or clinicians, we have the luxury of looking at the mental health or the substance use disorder, but the affected individual is one person wrestling with both at the same time, and both of these problems are dynamically associated, if you will, so that the improvement in one area will effect improvement or deterioration in the other area.

Ivette A. Torres:

Dr. Clark, we have examples, however, of States that have, indeed, approached the subject in a very novel way, such as Connecticut. Shall we talk a little bit about what Thomas Kirk did and how he was able to bring together—or attempt to bring together the two fields?

H. Wesley Clark:

Well, that is happening, and SAMHSA is endorsing that. But we also have to step back and look at the larger environment, and that is making sure that whoever presents for whatever problem gets those problems addressed, and making sure

that we expand the reach of our intervention, so that we're dealing with people at various stages of the problem.

If we only wait until individuals' problems are so severe that they have to engage in treatment, they tend to be more complicated. They cost more, and the interventions tend to be more complicated.

Ivette A. Torres:

Yeah.

H. Wesley Clark:

So, the whole notion of how you best address this issue is dependent not only on demonstration grants that organizations like SAMHSA would pursue but also the research that the NIH would pursue and some of the services' strategies that AHRQ, the Agency for Healthcare Research and Quality, would pursue. So, we all operate together so that we produce the outcomes at the largest society as well as the individual.

Ivette A. Torres:

The real challenge is certainly with the individual who seeks treatment and where he or she presents, but there's also a whole host of issues in terms of policy and funding streams that really also—right, Tom? that also need to be addressed.

Thomas McLellan:

Yes. We talk a lot about evidence-based clinical practices. There's certainly a need for them. There's also a crying need for evidence-based policies, policies that take advantage of what we know now that we didn't know 40 years ago when many State and even Federal policies were written. Insurance is different. The state of the science is different. The population is different, and that's a place that's going to set the occasion for the kind of array of quality services that people deserve.

Ivette A. Torres:

And, Dr. Laudet, it's even more challenging, as we are seeing changes in the healthcare reform system and how that's going to play out in terms of how recovery services, in particular, are going to be offered. Can you speak a little bit about that?

Alexandre Laudet:

I actually see an enormous amount of promise from the standpoint of delivery—recovery support services in the context of healthcare reform as it's written right now. Several of the key points of healthcare reform are extremely consistent with the recovery-oriented systems of care goals and model that Dr. Clark and SAMHSA have been embracing and promoting for many years at SAMHSA, for example, screening, early intervention. You have person-centered or patient-centered in healthcare reform. You have integrated care, which for healthcare

reform is primary and behavioral healthcare, whereas, in SAMHSA it's mental health and substance use.

And then you have the continuum-of-care model, the chronic-care model, which would, in healthcare reform, be evidenced in the so-called Patient Integrated Care Health Homes for the people on Medicare with the definition of Medicare being enlarged in 2014.

And I really think that the way that healthcare reform is presenting as written right now is extremely friendly to the recovery support services model that I believe should be implemented.

Ivette A. Torres:

And, for prevention, Dr. Peterson, are there some similarities?

Candace Peterson:

Yeah. You know, with healthcare reform, one of the things that I'm really looking forward to is the coverage of screening and brief intervention in primary healthcare or other healthcare settings. If you think if you think of going to the doctor 50 years ago, you weren't typically routinely screened for high blood pressure, for example. Now, it's done routinely.

I think the same way of thinking about substance use disorders or mental health disorders in that they are something that can be screened for. If detected early, they can be effectively treated. And if you apply this kind of screening universally,

it's a really good avenue for us to catch problems early to get people education or brief intervention or refer them to the help that they need.

Ivette A. Torres:

And when we come back, we're going to continue to look at some other methodologies that are current and new and that we need to know about. We'll be right back.

[Music Break]

Ivette A. Torres:

Dr. Clark, let's go back and talk a little bit more about the whole issue of the parity legislation versus what the ACA brings forward.

H. Wesley Clark:

Well, one of the most important things for us to keep in mind is that both the Affordable Care Act and the Parity Act embraced the notion of dealing with mental health and substance abuse services, but also recognizing that cost is an issue.

The advantage of evidence-based practices or the promise of evidence-based practices is that we'll be able to produce acceptable outcomes at reasonable cost. And what we have to do is promote those strategies to service delivery systems, whether it's the integrated system or whether it's the specialty delivery system or it's the primary care system.

So that's the conundrum of the research community and the services communities, to making sure that whatever we promulgate is cost effective.

Ivette A. Torres:

Tom, in your view, what would the ideal scenario be in terms of what the ACA brings forward and the special between the system, the healthcare system and the specialty care? Should they all be available?

Thomas McLellan:

Yes, as far as I'm concerned, the stage is set for a true revolution in the way behavioral disorders, behavioral healthcare problems are addressed. I don't think there's anything in my lifetime that's got more promise than the combination of parity and ACA.

Imagine if we had purchased coverage for diabetes the way we've purchased coverage for addiction. The only people who would get diabetes care in this country are people who would have gone blind or lost one of their fingers

because that's the only kind of coverage we've ever had. You had to be at the most severe end of the spectrum in order to even get care, and that care was segregated from the rest of healthcare. You've heard many times about the other problems that are associated. Well, they're literally paid for separately with a workforce that's trained differently.

Now, as healthcare reform and parity roll out, people at all parts of that continuum ought to be able to get care from being screened early, as Candace says, through interventions in the office of their primary care doctors to specialty care that they already have and beyond.

I think it's going to be really quite an important benefit for people that are affected, but for the rest of medicine as well, going to see better quality care and far-reduced costs.

Ivette A. Torres:

And you've brought in a very good dimension in terms of how we train individuals. Obviously, if we're looking for more people to adopt evidence-based practices, right, Dr. Laudet?, wouldn't we really pay attention to how we're training the new people so that to make sure that they really have all the tools that are available in order for them to begin a new practice or in order for them to be begin a new inclusion into a healthcare system of the mental health and the addiction treatment methodologies?

Alexandre Laudet:

You make a very good point, and there's two issues there. There's the fact that

within behavioral health care, historically, social workers, for example, and

mental health professionals had very different thinking paradigms, different ways

of approaching the disorder, and so we need an integration at that level.

We also need integration, and Tom has done some nice, interesting work about

that or looked at that. Primary care physicians have to be made aware of the fact

that the folks who come into their practice may have other problems. So, people

come in treatment, whether it's substance use treatment or mental health

treatment or primary care treatment, they're one person with a whole lot of

problems. And all of the providers who are professionally in a situation where

they're likely to encounter and be called upon to treat these individuals have to

be at least more than peripherally aware of the fact that this is going on, and

currently in the training this is not happening.

And there's also a hierarchy of diseases, if I may, where a person treating

someone with diabetes or any chronic condition has a behavioral component. So

it's fair to say that even someone with diabetes, the behavior may not be

stigmatized, but they may be eating too much, you know, so —but that's not as

stigmatized as doing drugs.

Ivette A. Torres:

Dr. Peterson?

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Candace Peterson:

I would add, if I may, for people with other chronic conditions—asthma, hypertension, diabetes, what have you—if there is also an existing condition that's a mental health concern or a substance use disorder, untreated, those behaviors affect the successful treatment of the diabetes or what have you because of compliance to medications, lifestyle changes, whatever. The other thing I would want to add is that in the screening brief intervention referral to treatment area, grants that SAMHSA gave to the States for demonstration of SBIRT, in Wisconsin, we elected to do that in primary healthcare settings.

Ivette A. Torres:

Dr. Clark, I want to move on to what is SAMHSA currently doing in terms of workforce development to really begin to get practitioners to understand and to adopt evidence-based practices?

H. Wesley Clark:

Well, as was mentioned, we are working with organized medicine through our SBIRT efforts, through our ATTCs. We also have a medical residency component of our screening brief intervention referrals to treatment strategy, but we are also working with our colleagues at HRSA and the NIH and ONDCP, so that we can diffuse that information.

So, what we're promoting is education at all levels, counselors, social workers, psychologists, psychiatrists, working with organized medicine, organized social work, organized psychology, using strategies to help educate existing professionals because, remember, the overwhelming number of existing professionals exceed those who are in training. So you have to deal with those people who are in training as well as those people who are in existing practice.

Ivette A. Torres:

When we come back, I want to continue to talk about some of the other initiatives that SAMHSA has, such as the ATTC Network and everything else that we're doing to promote evidence-based practices. We'll be right back.

Female NARR:

Before, addiction and depression kept me from living my life. Now, every step I take in recovery benefits everyone. Join the voices for recovery. For information and treatment referral for you or someone you love, call 1-800-662-HELP. That's 1-800-662-4357. Brought to you by the U.S. Department of Health and Human Services.

Ivette A. Torres:

Dr. Peterson, I want to go to you to mention some of the issues that the physicians are facing in terms of when they do their screening and so on, and

you also mentioned off camera that you were attempting to work with them on motivational interviewing skills. You want to talk a little bit about that?

Candace Peterson:

Yeah, and I'm speaking from my experience working with trying to implement SBIRT into primary healthcare settings and emergency departments or emergency room settings in Wisconsin. One of the things that was very difficult in terms of the implementation, busy physicians, it's very difficult for them to find time.

The very brief screening itself, however, you can do universally to everybody who walks in the office in a very short period of time. Pencil and paper are up on a kiosk. That will give you enough information to know what to do with that person next. That, in itself, doesn't take the time, but talking to patients does.

In Wisconsin, we used paraprofessionals that we trained very intensively to work with people, and that was very effective. They took the time. They were very skilled in motivational approaches, and the thing that was also difficult is that there's a lot of stigma around both mental health issues and substance abuse. This affects not only the individual, but it also affects everybody else who grew up in our society, including providers.

Ivette A. Torres:

Well, I tend to be an optimist, so I'm going to say that once people learn that there are other resources out there that they can learn from that we will begin to change a little bit some of the minds that need to be changed. Tom?

Thomas McLellan:

I'd like to comment, because I'm—have the advantage of being old, and I've heard this stigma argument for a very long time, and it keeps going on, and the kind of behaviors you describe, Candace, just keep happening.

I am not sure that educating physicians and nurses and pharmacists about addiction is the way to go. I think when they understand just how profoundly even subdiagnostic levels of alcohol and other drug use affect the rest of the conditions that they're trying to treat and how they've been ignoring that to their own peril.

They're not treating the diabetic, the asthmatic, the hypertensive patient, in a professional or comprehensive way if they haven't even asked about their alcohol and other drug use. I think that's the kind of thing that's going to make stigma go away.

Ivette A. Torres:

And, how do we do that?

Thomas McLellan:

You show them that it is in their interest, and Dr. Clark correctly said this is our chance to show real value to the rest of medicine. If we can show improved outcomes in general health by showing that when you do it with the kind of innovative programs that Candace is talking about you get better cost savings, you get better access, you get better adherence to treatment, now, you've got something.

Candace Peterson:

I would add to what Tom is saying is it's also a matter of really helping people understand on a very deep level that addiction is not about a failure of the will. It's a brain disease, and it must be treated as a medical condition on parity with other kinds of chronic conditions.

Ivette A. Torres:

Absolutely. And, Dr. Clark, talk a little bit to us about the addiction technology transfer centers and the wealth of information that they can provide.

H. Wesley Clark:

Well, our addiction technology transfer centers work with community providers, State authorities, Tribes and peers, so that they would have access to information. So, you go to our Web site and you can find information about a wide range of strategies and issues. And the theme that keeps surfacing here is

that as behavioral health is part of health, you can't deal with health without dealing with behavioral health, and our ATTCs help get that information.

So our link with the NIH is an essential one. We have a blending initiative with the National Institute of Drug Abuse where we're promoting effective evidencebased practices, and training materials are available, so that providers and consumers can get that information.

We want to make sure that consumers, peers, families, as well as providers and policymakers are aware of the wide range of information.

Alexandre Laudet:

If I may add to what Dr. Clark just said we're giving people information in terms of the behaviors, which they have some power to alter in order to improve. At the same time, we're kind of blaming them for not taking care of it if they're not.

So, historically, even though the public seems to be increasingly buying into the addiction is a disease concept, most people, I think, in the back of their mind, thinks it's a moral weakness. So, that's what underlies the stigma. And who's going to want to cop to the fact that they may have a stigmatized problem and they've been doing bad things?

If we were really able to make the same move we've had with, say, cancer, which, when I was a child, if somebody had cancer, you whispered it, and it was

like a death sentence, but, now, people are walking down the street with ribbons and walking and giving money and it has been somewhat destigmatized.

And, there's a whole host of other issues we could have touched on related to research to practice, but before the end of the show, I want to remind our audience of National Recovery Month celebrated every September. You can get more information at our Web site www.recoverymonth.gov. Thank you for being here. It was a great panel.

[Music]

Male NARR:

The Road to Recovery Television and Radio series educates the public about the benefits of treatment for substance use and mental health problems as well as recovery programs for individuals, families, and communities. Each program engages a panel of experts in a lively discussion of recovery issues and successful initiatives from across the country. To view or listen to the Road to Recovery Television and Radio Series from this season or previous seasons, visit recoverymonth.gov and click on the Multimedia tab.