The Secret Ingredients in Evidence-Based Practices

By Nancy A. Piotrowski, PhD, MAC, NCC AP Commissioner

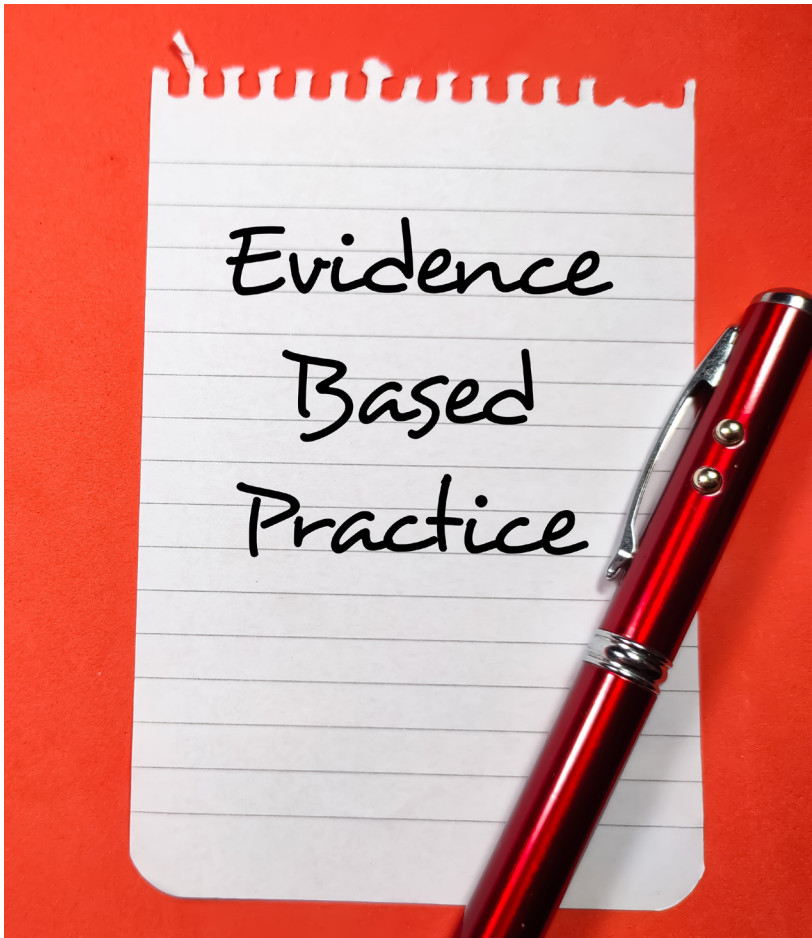
It is nearly impossible to do clinical work for addiction without running into the term *evidence-based* when referring to treatment. For people who are newer to the field, this can sometimes feel like swimming in alphabet soup. Terms that come up are things like *empirically-supported treatments, practice-based evidence, evidence-based relationships, evidence-based practice (EBP),* and more. Each of these different types of terms highlights a different dimension of how we talk about what works in treatment. Sometimes it can seem like a chicken or egg argument: which comes first? Insight from practice or insight from research? But the answer is clear: it is both.

What is perhaps some of the most refreshing information available in the literature is the accumulated evidence pointing to the importance of the patient-therapist relationship. Norcross and colleagues (Norcross, Hogan, & Koocher, 2008; Norcross & Lambert, 2018) have provided ample discussion on how the predictive power of technique versus the relationship is better at predicting treatment outcome. They specifically emphasize how the impact of specific intervention techniques often pale in comparison to the power of the therapeutic relationship.

In their reviews of contemporary approaches to EBP, Miller, Forcehimes, and Zweben (2019) and Beck (2020) both point out that therapeutic techniques are delivered in the context of a relationship. They describe the value of Rogerian counseling skills as being essential to positive and productive therapy, no matter the technique. Again, for those newer to using EBPs, delivering an EBP is not just about following a manual. Instead, it is about making sure that the basic clinical relationship with the patient is healthy above all else. Beck focuses on these issues in the application of cognitive therapy. Miller et al. provide an overview of various EBPs (medications, brief interventions, motivational interviewing, meditation and mindfulness, contingency management, etc.) while addressing the importance of how we engage patients into the process of change and implementing EBPs.

Rogerian skills do not automatically come with time on the job. While many experienced counselors know the ways of being in clinical relationships, if the counselor is not taking care of themself, feels burned out from overwork, or has become disenchanted with a patient, it can be problematic for the therapeutic alliance and treatment outcomes (Reyre et al., 2017). In addition, the relationship of using EBPs needs one other ingredient: the provider needs to believe that the treatment approach works. If they do not, this can be detrimental for the implementation of the approach and can also trickle into the relationship. Cowie (2019) found that providers who believed the clinical experience was more important than use of an EBP were more likely to have fewer positive beliefs about using contingency contracting, a well-supported EBP, and were more likely to report more general barriers to using it. Further, providers in recovery often reported the greater barriers to adopting contingency management. In context, this shows how the provider relationship to both the patient and the EBP matters to clinical outcome.

Relationship difficulties can also have an impact on treatment, depending on who is being treated. Van Benthem et al. (2020) reported on how a therapeutic alliance for youth in mental health and addiction treatment has been shown to be substantially stronger than previously assumed. In their study of 147 adolescents, they found that an early



therapeutic alliance had a robust, medium-sized association with treatment outcomes. Interestingly, they found this was true when you asked both the therapist and the patient. It is possible for one party to think the relationship is positive while the other does not. In their study, both perspectives contributed to the predictive power of the relationship.

Teletherapy is another element in the mix of how relationship issues can affect our work with EBPs. Right now, many people have criticisms of teletherapy compared to face-to-face therapy. This can be another bias that a therapist might bring to the therapeutic relationship and is something that needs to be monitored. Ask yourself: *How am I biased in this area? How am I assessing my relationship with patients during teletherapy?* Henson, Wisniewski, Hollis, Keshavan, and Torous (2019) raised this issue in a discussion on digital mental health apps and the therapeutic alliance, pointing out the need for additional measures. As van Benthem et al. (2020) noted, we certainly need to have measures that assess more than one perspective. Everyone could use a reminder that the secret ingredient of what you bring to the relationship – including your views on EBPs and even how we may deliver them (teletherapy, anyone?) – may make a difference in treatment outcomes for your clients. Where possible, seek additional education to ensure that you feel confident in the methods you are using. Your clients will notice your efforts within the relationship – and you both will benefit!

References

Beck, J.S. (2020). Cognitive behavior therapy, Third edition. New York, NY: The Guilford Press.

Cowie, M. E. (2019). Attitudes toward evidence-based practices and their Influence on beliefs about contingency management: A survey of addiction treatment providers across Canada (Unpublished master's thesis). University of Calgary, Calgary, AB.

Miller, W.R., Forcehimes, A.A., & Zweben, A. (2019). Treating addiction: A guide for professionals, Second Edition. New York, NY: The Guilford Press.

Norcross, J.C., Hogan, T.P., & Koocher, G.P. (2008). Clinician's guide to evidence-based practices: Mental health and the addictions. New York, NY: Oxford University Press.

Norcross, J.C., & Lambert, M.J. (Eds.) (2018). Psychotherapy relationships that work. Volume 1: Evidence-based therapist contributions, Third Edition. New York, NY: Oxford University Press.

Reyre, A., Jeannin, R., Largueche, M., Moro, M.R., Baubet, T., & Taieb, O. (2017). Overcoming professionals' challenging experiences to promote a trustful therapeutic alliance in addiction treatment: A qualitative study. Drug and Alcohol Dependence, 174, 30-38. https://doi.org/10.1016/j.drugalcdep.2017.01.015

van Benthem, P., Spijkerman, R., Blanken, P., Kleinjan, M., Vermeiren, R.R.J.M., & Hendrika, V.M. (2020). A dual perspective on first-session therapeutic alliance: Strong predictor of youth mental health and addiction treatment outcome. European Child & Adolescent Psychiatry, 29(11), 1593-1601.

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