Evidence-Based Practices: How the Drivers of Addiction Influence Treatment Modalities

Many will tell you there isn't a big draw to the Midwest. Rolling corn and soybean fields and endless country roads lead to small towns with nothing more than a gas station and post office.

Our Midwestern communities are actually much more – yes, there are small towns everywhere, but in those towns, you can find the nicest, most down-to-earth people around. They often will give the shirt off their back to help someone out in a pinch and would never ask for a nickel in return.

Here in central Indiana, even if you live in the country, the city of Indy is a short drive away. Over the past few years, Indianapolis has been growing in every aspect – culture, diversity, food, and entertainment. **But what has also been growing is the number of fatal and nonfatal drug overdoses.** Addiction and mental health treatment has been lacking in the area, and strides need to be made to fill this need. (Protected client's name) is providing the leading option for substance use disorder care utilizing evidence-based practices. But how do we know these practices work? Through data tracking of patient outcomes, we are able to prove that evidence-based practices make the difference during treatment and aftercare. Let's take a look at how this will help Hoosier practitioners from all over the state as they approach addiction treatment.

Addiction in Indiana – What Is the True Scope?

The Hoosier state has been just as affected by the opioid crisis as the rest of the country. However, the true scope of addiction branches beyond just opioids. Around 1 in 12 Indiana residents fit the criteria for a substance use disorder. Many have been affected by addiction, whether through themselves, a loved one, or a friend. Some key highlights over the past 3 years include:

Alcohol

In 2021, approximately 43.4% of treatment admissions stated that alcohol was their primary, secondary, or tertiary substance of choice. 28.6% stated that alcohol was their primary only substance of choice.

11.3% of child removals in 2021 were attributed to parental alcohol misuse. Women specifically saw an increase in alcohol use, jumping to 44.2% in 2020. This was a 3.3% increase from the previous year.

Opioids

16.1% of Hoosiers reported that prescription opioids were their primary, secondary, or tertiary substance of choice, while 7% stated it was the primary substance of choice. These were obtained from treatment submissions during the 2021 period.

Surprisingly, 23.6% of treatment admissions reported that heroin was their primary, secondary, or tertiary substance of use. 16.9% of treatment admissions stated heroin was their primary substance of use.

These numbers may be shocking, as most Hoosiers have been taught the opioid crisis is coming from the overprescribing of medications such as hydrocodone or oxycodone. All in all, the opioid mortality rate in 2021 was 34.2 per 100,000 residents. This includes heroin, fentanyl, opium, and all other prescription and illicit opioids.

Cocaine

10.3% of Indiana residents in treatment reported cocaine as their primary, secondary, or tertiary substance of choice, while 3.4% reported it as their primary substance.

Methamphetamine

Another shocking statistic, 41.3% of Hoosiers admitted to treatment stated that meth was their primary, secondary, or tertiary substance of choice. 24% reported meth as their primary substance of choice. Despite this rise in meth use, seizures of illegal meth laboratories were down to only 38 in 2021. This is a drastic decrease, as in 2013, there were 1,808 seizures of laboratories in Indiana.

Mental Health in Indiana

In 2020, 21.8% of Hoosiers aged 18 and over reported being diagnosed with a mental health condition. It is easy to equate this number to the COVID-19 pandemic. However, in February of 2023, 32.9% of Hoosiers reported being diagnosed with an anxiety or depressive disorder. This is higher than the national average of 32.3%. This is in adults 18 and over, and while the pandemic did take its toll on mental health, the lack of resources for Indiana residents is the reason these numbers keep climbing.

Resources for Hoosiers Living with Opioid Use Disorder

For Indiana residents who are managing an opioid use disorder, it may not seem possible to stop using now. Clients who are not seeking treatment, or who have gone through and returned to use, have options to obtain lifesaving Narcan and fentanyl test strips here in Indianapolis. Overdose Lifeline is a nonprofit organization that works within the community to provide overdose kits. Started by Justin Phillips after the death of her youngest son, Aaron, who overdosed on heroin in 2014. She has been working to provide education and tools to prevent this from happening to any other Hoosier child, spouse, or loved one from this fate.

In Marion County, the Safe Syringe Access and Support Program works to provide a safe place to exchange used needles for new, unused syringes. The program began in 2019 and has been a staple within the community. Not only preventing accidental needle sticks in first responders, exchanging needles helps reduce the spread of new HIV and hepatitis C infections throughout our community.

Evidence-Based Practices: How Tracking and Metrics Make the Difference

Evidence-based medicine was originally developed as a method of teaching medicine to improve both patient and physician outcomes. Together with scientific data, the clinician could gain experience in treatment decisions while the patient benefited from the values. This has been in practice in the medical field for decades, but we don't see it implemented in behavioral health. The question is, why?

One of the biggest reasons for the lack of implementable data is that there are limited descriptions of existing mental health care from clinical data. In other words, the standards for mental health services have never been steady or defined. While one practice may be seeing results by incorporating DBT within their CBT program, if they do not have the proper tools to examine the outcomes, there is no true way to know for sure what is working and what is not. Think about how we approach medicine; in order to understand if a vaccine is protecting patients from an illness, significant research must be conducted. The same principle needs to become an integral part of behavioral medicine. As professionals, we have all seen a patient who had a negative experience with mental health - whether they were ignored, ghosted, given the run-around, or any combination of these. Having an industry standard would hold everyone accountable, and results would be able to be seen. (Protected client's name) has been striving to push our team and lead the way for the implementation of evidence-based practices in the addiction and mental health treatment field. With constant training and assessments, our clinicians can see on paper the effects their treatments are having on patients, as well as what is working and producing results.

The term "evidence-based" has been around for quite some time, but what does it actually mean? According to the Oxford Dictionary, evidence-based is defined as "denoting an approach to medicine, education, and other disciplines that emphasizes the practical application of the findings of the best available current research." In other words, data must be collected to truly call a treatment evidence-based. In order to dive into this further, we really need to understand the true drivers of addiction and how they affect the way we provide treatment.

The Drivers of Addiction

There are three main drivers of addiction:

Biology: While there is no specific gene linked to addiction, genetics do play a role in how addiction can affect the person experiencing it. As we know, having a long line of lung cancer within a family does not guarantee every person in the lineage will develop the disease. However, if they smoke or misuse substances, their chances of lung cancer increase. The same

can be said for addiction – even if the person comes from a long lineage of family with substance use disorder, the fate is not guaranteed.

When it comes to substance use, cravings and withdrawal symptoms are biologically driven. As the body becomes dependent on the substance, the systemics of the body change to account for having the substance. Genes adapt to this environmental change, and the brain releases signals to indicate the substance is needed.

Social Environment: Family dynamics is a cause for addiction, we hear often. This can go either way – in the development of addiction or in the development of abstinence. Having family support in recovery can have a bigger impact on client recovery rates than individual and group therapy alone.

Life stressors such as finances, relationships, and jobs are one of the biggest drivers of addiction. As professionals, we often see these stressors reflected within the lower financial classes. However, we also know that addiction can affect anyone. Those with more stability within their careers and finances are more capable of seeking treatment than those who have more chaos in those departments.

Our relationships also have a large impact on substance use disorder. When our time is spent around those who frequently misuse substances, we are more likely to partake. While this does not always happen right away, the eventual outcome will be used. This is where aftercare plays a huge role in patient care, which we will discuss later on.

Psychological: When behavior becomes learned, it can become a habit. Think about when you are trying to learn something new, such as a language. The more repetition of the new language, the more the brain begins to retain it. Before you know it, you know how to speak the new language. The same can be said about addiction; the more someone uses a substance, the more it becomes a learned behavior.

Mental health is a big component of addiction treatment as well as addressing past trauma. Patients often find themselves self-medicating to treat their depression and anxiety, and turn to substances to do so. By being able to not only diagnose and treat the mental health condition but also focus on healthy coping skill development, providers should see better success rates overall.

When addressing addiction, solid, evidence-based practices will cover all three of these aspects. No two addiction stories are the same, and being able to pinpoint causes within these three categories will open the door to treating the patient both effectively and efficiently. We as professionals know that no book or user manual comes with patients, and understanding the tactics that are successful through data is the game-changer needed in the behavioral and mental health spaces.

What Are Evidence-Based Practices?

As we discussed above, there is no real way to have evidence-based practices without just that – evidence! Andrew Bordt, the executive director for The Institute for the Advancement of Group Therapy, shares what he sees when it comes to evidence-based practices:

“[What we see when we go into facilities] People believe they’re delivering evidence-based interventions and can deliver them properly, but what we see is something very, very different.

They may be delivering CBT, DBT, or another modality, all of which are evidence-based. But the methods with which they deliver them aren't effective for patients. Evidence-based practice is about understanding the concrete skills and actions that result in better patient outcomes, the skills and actions we know that work from replicable research in the field."

As professionals, it can be easy to become stagnant within our field. Turning our focus to continued learning and implementing new ways to provide our services will improve patient outcomes in both the short term and the long term. This can only be done through

Therapist Efficacy and Elements

The foundation for all good therapy is built upon trust between patient and therapist. Patients are already vulnerable in treatment, and in order to open up, they must feel safe. Some patients may need to try out different therapists to find one that aligns with their beliefs and values. As professionals, it is our responsibility to drive this process. Say a patient comes in and wants nothing to do with religion or faith in their treatment, but the therapist's whole practice is faith-based. This clash of viewpoints will hinder the trust-building process and create a negative impact on the patient.

So, what happens when the therapist decides to take the patient anyway? It may not seem problematic to them because when looking at therapist efficacy, many are overestimating their abilities. Studies have shown that therapists who are only self-assessing their outcomes have a higher deterioration rate within their patients. But the problem is that because they are already overestimating their skills, they believe they can treat any patient at any time. While the therapist may see success in this patient, the truth of the matter is that the patient will be dissatisfied with the care and possibly never seek treatment again. We have all tried a new restaurant before, let's say a new Italian place. The first visit was okay, nothing spectacular, but being new, we often give the benefit of the doubt. Then, after two more visits with no improvement, we stopped going altogether. Maybe after a few months, we will give it one more try, and if the food and service are the same mediocre quality (or possibly worse), we will not go back again. The same concept can be applied to therapists who are taking every patient, no matter their values, goals, and beliefs.

We already know that the average patient will take 2-5 attempts to achieve stable recovery, and while this is mainly due to their own accord, having therapists in the field who are not providing the quality treatment needed is detrimental. This is why tracking patient outcomes is critical to implementing actual successful treatment, as opposed to perceived success.

Training and Ongoing Feedback

First and foremost, let's take a look at therapy or even more so, therapists. It is a proven fact that without continuous education and training, therapists can:

- Have plateaus in proficiency
- Obtain worse patient outcomes over time
- Becoming overconfident also leads to worse patient outcomes

In every profession, growth is always ongoing. Imagine if your doctor were treating you or your spouse for prostate cancer. The diagnosis came early, while in your mid-40s. In the 90s, the

treatment was simple: choose radiation or have the prostate removed. Yes, quality of life would be affected, but better to treat it now because cancer is unpredictable. Now, we understand that this type of cancer specifically can be monitored, and surveying the disease is an option until the cancer advances to the point of needing treatment. This is just one example of medical advancement and learning. Because we have continued to study, we have learned new ways to treat. The same applies to mental health, addiction treatment, and the therapists that patients put their trust in to provide help.

The way our professional practices can move forward is by implementing deliberate practice. What this means is we actually track on a clinical level the areas that our patients and colleagues see the need for improvement. By measuring the data and care metrics, we can add development to the concrete foundation of our skills.

Patient feedback is one of the best ways we can see what is working and what is not. The key here is simple:a not every patient is the same. By not only being able to provide different ways we treat, but also tracking what works by patient scenario, we as professionals can see on paper what is working for our patients. There are also data programs that can track therapist efficacy. When patients and therapists can view progress, the development of treatment methods for success can grow.

As mentioned above, therapists – like any career professional – can reach a plateau in their offerings. At (Protected client's name), we provide constant and ongoing training for our staff as well as session audits and feedback. The goal is to help professionals see realities – yes, CBT and DBT work. However, if not practiced engagingly, these practices will fall short. To ensure the success of our professionals, (Protected client's name) uses Owl Health to track patient outcomes.

It Starts with Action: Take the Practice Off the Paper

Patients' goals are one of the biggest drivers in developing successful treatment modalities. When placed in a setting surrounded by clinicians helping drive goal-setting, patients receive a foundation for their recovery. However, when surrounded by peers of like-mindedness and similar goals, patients are more likely to build on their foundation and strengthen their solidity in recovery. At (Protected client's name), we have compiled our patient data and created the three pathways to recovery. This method matches the patient's objective with the treatment objective and has shown more engagement within the treatment process as a whole.

Pathway 1: This is for first-time patients in a treatment setting. The patient explores all the drivers of their addiction and works with the dedicated staff to develop healthy coping and life skills. Education on return to use is provided.

Pathway 2: For those who are returning to treatment after returning to use. This is where we work to hone in on the gaps in their treatment and what coping skills they need to work on. Revisiting triggers and learning new ways for addressing them are an integral part of this pathway.

Pathway 3: Patients who have a co-occurring mental health condition. Here, we address mental health and how it coincides with substance use disorder. Addressing the separate triggers for both of these conditions and working to strategize life and coping skills is the core of this pathway.

These pathways help organize patients into the category that best fits their needs and surrounds them with peers who are experiencing similar situations. Each patient at RCA will work with a case manager and therapist on an individual level, which allows them to give and receive feedback about their progress.

Skill-Building: Practice Makes Perfect

By developing the skills needed to get through life without substances, patients are more likely to make healthier decisions. When it comes to patient data outcomes, patients have to be willing to report their progress, as well as therapists and clinicians. Together with both parties, this data shows what areas need improvement within the program, as well as areas patients would like to see addressed more.

“We know from neuroscience that it is more difficult to unlearn something than it is to learn it initially, and the human brain automatically starts formulating patterns. And so that is why it is so important that when people are practicing skills, they are practicing the correct way. If you think about something like substance use, those pathways have been created in the brain already. If you think about it like walking to a destination in the forest, the first couple of times you’re just crunching over grass and leaves. But if you keep doing it over and over again, a groove is worn into the dirt. And eventually, that groove will become a trench. And so, that’s very easy to fall into, and that is why bad habits are so hard to break. But it is not impossible to form a new path. In neuroscience, it's ‘fire it to wire it’ in recovery, it's ‘fire it to rewire it.’ The more times you practice a skill, the easier it's going to be to do it. Habits are formed with time, dedication, and repetition, but skills are the same way. How much work are you going to put into it? If we can get those habits formed really well in treatment, then patients are going to be at an advantage when they leave,” Mr. Bordt continues.

In terms of group therapy, Mr. Bordt had this to say:

“Didactic instruction, just either talking at people or round robin instruction of one person talking at a time, it’s very disengaging for patients, for clients, for anyone. We as humans are designed to zone out if not actively engaged in the group.”

This principle is not just for group practices. How often have we seen patients drift and look out the window or stare at the carpet? While yes, sometimes these gestures indicate discomfort, recognizing when they signify disengagement is imperative to delivering on patient outcomes. By building engagement, the trust factor will be built. When it comes to data tracking, having patients who are engaged and trusting will lead to more solid data feedback.

How Length of Stay Correlates with Successful Recovery

Skill-building and therapy have to go beyond just during treatment, and having outlines for the length of treatment with room for patient needs is key. At RCA, we follow the following guidelines when it comes to the complete treatment and aftercare modalities:

- **Detox:** 3-11 days with 24-hour medical monitoring
- **Resident inpatient:** 30-40 days with 24/7 supervision
- **PHP or structured outpatient addictions program (SOAP):** 2-4 weeks, 5 days per week, 5 hours per day

- **IOP or SOAP:** 8-12 weeks, 3 days per week, 3 hours per day
- **General outpatient program (GOP):** length of treatment varies by patient, 1-2 days per week, 1-2 hours per visit

It is important to understand that each area of treatment needs to be built in progress. Detox is not a singular treatment - most patients feel “better” after detoxing and have a false sense of “being cured.” We know this is not true, and building a strong foundation through therapy and skill-building classes will establish patients in their recovery.

By being flexible with our treatment path, our staff is able to fully get to know each patient and address the biopsychological drivers of addiction within them. With a strong, dedicated, and educated team, we are able to gain trust and understanding from our patients. When patients feel their providers are contributing and supporting their recovery, they are more likely to respond to data surveys and tracking metrics.

MAT: What Role Does It Play?

One area where data-driven results are needed is when seen in medication-assisted treatment (MAT). The stigmas surrounding MAT can make it difficult for patients to seek this treatment. Phrases such as “it’s only subbing one addiction for another" cause more harm than good in every case. The truth behind MAT is beyond “taking a drug.” The medications used are FDA-approved and proven to be effective in those living with OUD and AUD.

As with therapy, data tracking surrounding MAT is what proves the stigmas incorrect. Those who do not adhere to the MAT program are 3.5 times more likely to experience an overdose. This creates a rise in the cost of healthcare for patients as well. After three months, of those who adhered fully to the program, only 3.6% experienced a nonfatal overdose; compared to those who did not adhere, 13.2% experienced a nonfatal overdose. These numbers are the key to understanding how effective MAT can be.

In Indiana, Medicaid began covering OUD services and treatments in 2018. At that time, 52,994 Medicaid enrollees were diagnosed with OUD or had an opioid-related event. However, only 5.41% received a form of treatment, including MAT. Between the stigmas surrounding MAT and the lack of resources (such as childcare, transportation, etc.), Hoosiers are not utilizing MAT to treat OUD. Patients at RCA receive MAT while enrolled in treatment, while clinics such as CleanSlate are serving Indiana communities with MAT program options.

Is Evidence-Based the Way of the Future?

When it comes to addiction treatment, we need to put more focus on the drivers behind it in order to understand what works for treatment modalities. Evidence-based is not just a term – it is a way to put our best foot forward and truly see the benefits of therapy, aftercare, and return to use prevention. (Protected client’s name) is at the forefront here in Indiana, working to encourage providers to look into their practices and strive for improvement every step of the way. We fully believe that to be successful in the substance use disorder field, we must push ourselves to keep learning and developing strategies for improving patient outcomes.

A successful patient outcome is the reason we do what we do. At (Protected client’s name), we tailor our programs to ensure each individual is set up to achieve the path of recovery. To learn

more about the mission of evidence-based treatment from (Protected client's name and phone number).