Definition and Competencies for Evidence-Based Behavioral Practice

Council for Training in Evidence-Based Behavioral Practice

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DEFINITION

Behavioral health practice (here abbreviated behavioral practice) is an interdisciplinary field that promotes optimal mental and physical health by maximizing biopsychosocial functioning. Evidence-based behavioral practice (EBBP) entails making decisions about behavioral health by integrating the best available research evidence with practitioner expertise and, the characteristics of those who will be affected, and doing so in a manner that is compatible with the environmental and organizational context. The Institute of Medicine identifies evidence-based practice as a core competence for health professionals in the 21st century (Greiner & Knebel, 2003). The diagram below illustrates the elements that need to be integrated in EBBP.

Evidence-Based Behavioral Practice

(Adapted from Institute of Medicine, 2001; Sackett 2000; Gibbs, 2003)

Behavioral interventions are non-pharmacological, non-surgical procedures that may be used in conjunction with medical treatments or substituted for them. They range from
intensive treatments with techniques whose mastery requires considerable professional training (e.g., psychotherapy, behavior analysis) to less intensive interventions that use simpler procedures and require less professional training (psychosocial support, patient education, brief behavioral counseling/advice). Those who will be affected by the behavioral health care decision can include individuals, families, organizations, and communities. Collaborative decision-making incorporates the characteristics, values, and preferences of care recipients in order to best serve them. Stakeholders include patients, consumers, providers, payers, insurers, and policy-makers.

Behavioral health decision-making involves making choices about assessment, prevention, diagnosis, treatment, and rehabilitation. Best evidence is high-quality, relevant research from the fields of psychology, medicine, nursing, social work, public health, and other related health professions. Practitioner expertise entails three categories of skills:

*Assessment skills* pertain to the appraisal of clinical and community characteristics, problems, resources, values and expectations. Competency in assessment also applies to the practitioner’s ability to assess in an unbiased manner his or her own level of expertise to implement behavioral techniques.

*Communication skills* entail the ability to convey information clearly and appropriately, and to listen, observe, and adjust as needed to achieve understanding.

*Engagement and intervention skills* involve proficiency at motivating interest, constructive involvement, and positive change from individuals and/or communities.

**Core Assumptions**

EBBP rests upon a foundation of professionalism. Practitioners of EBBP possess a curiosity and a sense of inquiry that defines them as life-long learners. They are motivated to continually learn and apply ways to integrate research into practice. They embrace the use of information technology to support the learning process. At the same time, they are open-minded. They recognize and understand the limits of science, their own knowledge, and their own skills. They are critically self-reflective and aware of the personal and cultural biases that each practitioner carries. They practice in an ethical, responsible manner, consider historical and cultural factors that influence care, communicate well, and work well in interdisciplinary teams. They pay close attention to the environmental context and systems within which they work, and are sensitive to the many types of interpersonal and community-level differences that exist.
**EBBP Process**

Carrying out the EBBP process involves five steps:

*Step 1* Ask important questions about the care of individuals, communities, or populations.

*Step 2* Acquire the best available evidence regarding the question.

*Step 3* Critically appraise the evidence for validity and applicability to the problem at hand.

*Step 4* Apply the evidence by engaging in collaborative health decision-making with the affected individual(s) and/or group(s). Appropriate decision-making integrates the context, values and preferences of the care recipient, as well as available resources, including professional expertise.

*Step 5* Assess the outcome and disseminate the results.

Engaging in EBBP entails a process of lifelong learning, as the evidence about best practices continues to evolve.

**COMPETENCIES**

**Asking Questions**

Evidence-based behavioral health practitioners formulate practical, answerable questions. They:

- Identify information needs that arise during practice
- Distinguish between background and foreground questions
- Formulate well-built, answerable foreground questions using a structured framework (such as PICO: Patient/Population characteristics, Intervention, Comparison condition, Outcome)
- Prioritize questions by importance/significance of problem
- Distinguish between different types of questions (e.g. assessment, intervention, prognosis, harm, cost-effectiveness)
- Know the type of evidence needed to answer each kind of question

**Acquisition of Evidence**

Practitioners of evidence-based behavioral health care effectively and efficiently search for the best available evidence to answer their practical questions. They:

- Know the difference between primary and secondary (synthesized) research evidence
- Know sources of primary and secondary evidence
• Understand how to access and use systematic reviews of research on behavioral health procedures
• Articulate an efficient search plan that that incorporates appropriate controlled vocabulary, limits, and methodological filters

Critical Appraisal

Evidence-based behavioral health practitioners critically appraise evidence for validity and for applicability to their patient/client, or community. They:

• Know the strengths and weaknesses of different kinds of research evidence for answering different kinds of behavioral health questions.
• Identify and use available critical appraisal tools
• Understand the methodologies used in synthesizing research evidence
• Evaluate the quality and strength of evidence in systematic reviews or practice guidelines.
• Determine the applicability and utility of the evidence for a particular patient, client, or population.

Decision-Making and Action

In collaboration with those who will be affected by the decision, evidence-based behavioral practitioners create action plans that integrate research evidence, expertise and an understanding of the intended care recipient’s characteristics, values, preferences, and context. They:

• List and prioritize best possible evidence-based courses of action to achieve most important outcomes
• Appraise characteristics, preferences, and values of the individual patient, client, or community, as these bear upon a choice of action
• Appraise available expertise in relation to the skill level needed to implement behavioral assessments and interventions, including self-assessment, as these influence planning
• Identify system or contextual factors that may impact the fit and feasibility of carrying out possible course(s) of action
• Re-prioritize possible courses of action to achieve the target outcome(s) based upon integrating the body of evidence, values/preferences, expertise, and context
• Engage the individual or community affected by the decision to participate collaboratively in choosing and implementing an action plan
Evaluation and Dissemination

Practitioners of evidence-based behavioral health engage in practice-based research that is called quality improvement. They assess outcomes, adjust course(s) of action as appropriate, re-assess, and share lessons learned with others. They:

- Know about best qualitative and quantitative assessment methods to evaluate outcome goals
- Enlist participation of the patient, client, or community in designing and carrying out an evaluation and quality improvement plan
- Analyze and interpret data with respect to initial outcome goals
- Adjust behavioral practice as needed and then reassess
- Summarize outcome information in a way that is accessible and meaningful to the stakeholders
- Share lessons learned with a variety of stakeholders
- Evaluate and improve the quality, efficiency, and utility of the completed quality improvement process

REFERENCES


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