

# Mental Health Evidence-Based Programs and Practices on the Web

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The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services, recently launched two Web-based services to promote the implementation of evidence-based practice. The National Registry of Evidence-Based Programs and Practices (NREPP) ([www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)) is a searchable online database of mental health and substance abuse interventions that have been reviewed and rated by independent experts. The Guide to Evidence-Based Practices (EBP) on the Web ([www.samhsa.gov/ebpWebguide](http://www.samhsa.gov/ebpWebguide)) currently features 37 Web sites that contain evidence-based information about specific interventions or reviews of research findings.

Marian Scheinholtz, MS, OT/L, former practice associate at the American Occupational Therapy Association (AOTA) and current public health adviser for the Community Support Program at SAMHSA's Center for Mental Health Services, reminds us of the big picture—that “all areas of occupational therapy practice have a psychosocial component.” She continues, “the psychosocial interventions listed and evaluated in NREPP are especially valuable to occupational therapy practitioners who are interested in reflecting on the outcomes of their services and thinking about how to tailor these interventions to meet the preferences and needs of their own clients.”



As of this writing, the NREPP featured 66 interventions, with more than 200 in the pipeline for review. The registry is expected to add 5 to 10 interventions each month; new interventions may be submitted for review each year in response to an annual notice in the *Federal Register*. NREPP's review procedures were developed and refined according to recommendations from scientific communities, service providers, expert panels, and consumers. Two ratings are provided for each intervention: (1) the quality of research (summarizes and rates the strength of the evidence supporting the results of out-

comes of the intervention); and (2) the intervention's readiness for dissemination (summarizes and rates the quality of the resources available to support the use of the intervention). An important feature of the registry is that contact information for the developer of the intervention is provided, as is a set of questions to ask a developer while exploring the possible use of an intervention in clinical practice.

The NREPP can be searched by a checklist format based on topic, area of practice, population characteristics, and setting. SAMHSA's Guide to EBP on the Web also uses a checklist format for searches, based on age group and setting. Both Web-based resources are welcome additions to an occupational therapy practitioner's collection of “EBP favorites.”

## A BRIEF TOUR OF NREPP'S OT-RELEVANT INTERVENTIONS Incredible Years

This developmentally based curriculum for children age 2 to 12 years with early-onset conduct problems, and their parents and teachers, promotes a set of competencies for each target group: (1) children: emotional and social intelligence and appropriate behavior in the classroom; (2) parents: positive parenting and involvement in children's school experiences; and (3) teachers: enhanced pro-social behavior in the classroom and reduction of children's aggression and non-cooperation with peers and teachers. The “Quality of Research” ratings were

high (3.7 on a scale of 0 to 4) and the “Readiness for Dissemination” ratings were exceptional (4). This program may be of interest to occupational therapy practitioners working with children either diagnosed or at risk for early-onset conduct problems because it is activity based, and child and family centered. Further information about this intervention can be found at [www.incredibleyears.com](http://www.incredibleyears.com).

### Resources for Enhancing Alzheimer’s Caregiver Health II (REACH)

REACH II is designed for caregivers of people with Alzheimer’s disease or dementia to reduce their burden and depression, improve their ability to provide self-care, and manage difficult behaviors in the care recipients. Nine of the twelve individual sessions are delivered at home, and three occur via telephone, along with five structured support-group sessions by telephone. The “Quality of Research” ratings were high for symptoms of depression (4) and health-related quality of life (3.8). The

overall “Readiness for Dissemination” rating was very good (3.3). Although this program may not be specific to occupational therapy, an understanding of its components would be useful to occupational therapy practitioners working with patients with Alzheimer’s disease and their caregivers.

### Functional Adaptation Skills Training (FAST)

FAST improves the level of independence and quality of life among adults 40 years and older who have been diagnosed with schizophrenia or schizoaffective disorder and live in residential facilities, by developing skills in the areas of medication management, social and communication skills, organization and planning, transportation, and financial management. FAST is delivered in 2-hour weekly group sessions over 24 weeks. The “Quality of Research” ratings were good for everyday living skills outcome (3.4) and social and communication skills (3.4). Although implementation materials were clearly structured with session-by-session agen-

das, because training or support resources are not provided, the “Readiness for Dissemination” ratings were relatively low (1.8). Because this program focuses on participation in everyday life activities, occupational therapy practitioners working with adults who have schizophrenia would find it to be very useful. ■

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