

Update on Mental Health Evidence-Based Programs Online

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The Substance Abuse and Mental Health Services Administration (SAMHSA), at www.samhsa.gov, is a U.S. Department of Health and Human Services agency that provides direction and support for national mental health policy and services. SAMHSA's vision is "A Life in the Community for Everyone," based on the premise that people of all ages, with or at risk for mental or substance abuse disorders, should have the opportunity for a fulfilling life that includes a job, education, a home, and meaningful personal relationships with friends and family. Through federal grants and contracts, SAMHSA promotes recovery and resilience of children, youth, adults, and older adults.

SAMHSA recently updated its resources for helping those in mental health provide quality, evidence-based care. One such resource is SAMHSA's series of Knowledge Informing Transformation publications (KITs) on evidence-based practice (EBP), including such topics as supported employment, permanent supportive housing, family psychoeducation, integrated treatment for co-occurring disorders, illness management recovery, and assertive community treatment, with more topics to come next year. The KITs incorporate information, tools, and resources to help states, communities, and organizations select, implement, and evaluate evidence-based and promising programs and interventions. Included in each KIT is a summary of scientific literature on the effectiveness of the intervention; materials to introduce the practice to a wide variety of stakeholders, including consumers and family members; and training and evaluation tools. To access a KIT from



the SAMHSA home page, click on Publications, then Professional & Research Topics, and then Training & Continuing Education. The KITs are available both for immediate download as PDF files or for free on CD/DVD (there may be a charge for shipping).

The second component of SAMHSA's EBP resources is the National Registry of Evidence-Based Programs and Practices (NREPP), at www.nrepp.samhsa.gov, which is a searchable online database of mental health and substance abuse interventions that have been reviewed and rated by independent experts. The recent update of NREPP makes searching the 167 interventions by keyword easier. Each citation contains a description of the program, information on how the program can be implemented in clinical practice, and contact information for the developers of the intervention. The information in NREPP intervention summaries is provided to help you determine whether a

particular intervention may meet your needs. Entries are rated on the quality of the research (with a summary and rating of the strength of the evidence provided) and the intervention's readiness for dissemination (with a rating of the quality of the resources available to support the use of the intervention). NREPP intervention topics of interest to occupational therapy practitioners include *Reconnecting Youth: A Peer Group Approach to Building Skills*, *Resources for Enhancing Alzheimer Caregiver Health II (REACH II)*, and *Clinician-Based Cognitive Psychoeducational Intervention for Families*.

Individuals who develop and research specific interventions may want to consider submitting them to NREPP, which on its Web site posts a link to the *Federal Register* that describes the criteria and process for screening and selecting interventions. New interventions are being consid-

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COOL Opportunity for COP Volunteers

Debbie Amini

Q I am interested in volunteering for AOTA—in particular, for AOTA's Commission on Practice (COP). How do I begin the process of becoming involved?

A For practitioners interested in becoming volunteers for AOTA, the recent launch of the Association's Coordinated Online Opportunities for Leadership (COOL) database is exciting news. COOL offers all members the opportunity to create an online profile highlighting their area(s) of practice, years of experience, and volunteer area(s) of interest. The COOL information page, at www.aota.org/governance/leadership, also provides a listing of currently open volunteer opportunities. Indicating interest in a particular volunteer opportunity identifies members as candidates for involvement in specific types of activities based upon personal preference, time commitment, and travel requirements.

For practitioners interested in becoming part of the COP, the COOL database is the place to start. The current COP completes its 3-year term in June 2011, at which time a newly formed commission will begin its charge of continuing the important work of monitoring practice trends and developing and critically reviewing official AOTA documents, such as standards, guidelines, and position papers that inform and guide occupational therapy practice. As the current chairperson-elect of COP, I will be creating the 2011 to 2014 COP this spring. The COOL database should help draw individuals to COP who offer a breadth of experience and diverse voices. The 2011 COP will be composed of 10 individuals who represent a wide range of practice areas and regions throughout the United States. Three of the 10 members serve as liaisons for related AOTA organizations—one from the Assembly of Student Delegates, one from the Special Interest

Section Council, and one from AOTA headquarters.

COOL lists the time commitment for COP volunteers as approximately 10 hours per month, with no travel requirements. Practitioners interested in being COP volunteers must have 1 to 3 years of experience, be willing to commit to 3 years of service, and be able to participate in monthly conference calls that include a live Internet component. In addition, COP volunteers must have a well-rounded view of the profession and an interest in and knack for writing, as writing is a large portion of the work done by the commission. Beyond the standing 10 members, the COP also relies on the work of additional volunteers to assist with reviewing and writing specialized papers and may call on practitioners in the COOL database to form ad hoc committees as needed.

The position of COP chairperson can also be found on COOL. It is an elected position that requires some travel, a willingness to commit to 4 years of service (the first as chairperson-elect), and general knowledge of all areas of practice. Interested individuals should have 6 to 15 years of experience and the ability to devote 10-plus hours to COP each month. The next election for COP chairperson will be in 2012 for the 2014 to 2017 commission. Practitioners should indicate their interest in the position of chairperson of the COP on their COOL profile, but should also answer the call for nominations that will be posted in fall 2012.

If volunteer leadership and involvement with COP sounds like an interesting adventure, I urge you to create a COOL profile and become part of the vision and growth of AOTA as we move toward our 100th year. ■

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ered for submission to NREPP through February 1, 2011. Once an intervention is accepted for review, the developer of the intervention and NREPP staff together identify the outcomes and materials that will be used in the review process. The number of reviews conducted from year to year varies depending upon the availability of funds.

SAMHSA's NREPP does not offer a single, authoritative definition of evidence-based practice. Rather, evidence-based practice is operationally defined in the context of NREPP and by the intervention developers. Further, NREPP provides a range of objective information about research conducted on a particular intervention and about the rating criteria and processes used to obtain that information. The purpose of this is to allow users to make their own judgment about which interventions are best suited to their particular needs.

More information on NREPP's definition of "What Is Evidence-Based?" can be found at NREPP. In addition, author Marian Scheinholtz will be presenting a poster describing SAMHSA's evidence-based practice tool KITS during AOTA's 91st Annual Conference and Expo in Philadelphia from April 14 to 17, 2011. ■

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