

CENTER STAFF:

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RECENT RESEARCH FINDINGS:

- **Reducing Restraint Use Through Collaborative Problem Solving.** Use of the Collaborative Problems Solving treatment on a 15-bed youth inpatient unit resulted in a 37-fold reduction in restraints over a 5-year period. Although the treatment took 6 months to fully implement, and there was a transient increase in staff injuries in the early phase of implementation, restraints decreased from 263 annual events to 7 annual events! *Martin et al., Psychiatr Serv. 2008;59:1406-1412.*
- **Better Diagnosis Leads to Better Treatment Results.** Does diagnosis really matter? A recent study says "Yes, it does!" Clinicians whose clinical diagnosis agreed with research-based diagnoses have fewer dropouts, no-shows, and cancellations, as well as better clinical outcomes. *Jensen-Doss & Weisz, J Consul Clin Psychol. 2008;76:711-722.*
- **High Rates of Mental Disorders in Emerging Adults.** Nearly half of 19-25 year olds had a psychiatric disorder in the past year, yet only 25% received treatment. Alcohol Use Disorders are the most common disorder especially among college students. Surprisingly, up to 21% of emerging adults met lifetime criteria for a Personality Disorder. *Blanco et al., Arch Gen Psychiatry. 2008;65:1429-1437.*
- **Boiling OCD Down.** A meta-analysis of 21 studies found that most OCD symptoms fit into 4 factors: 1. Symmetry (obsessions about symmetry and compulsions involving repeating, ordering, and counting); 2. Forbidden Thoughts (obsessions about violence, sex, religion, somatic symptoms); 3. Cleaning & Contamination; and 4. Hoarding. *Bloch. 2008. Am J Psychiatry;165:1532-1542.*



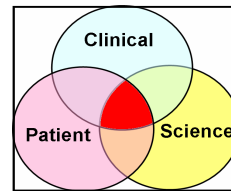
Newsletter of the
Center for Evidence-Based Practice

Evidence-Based Happenings

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What is Evidence-Based Happenings?



Evidence-Based Treatment Model

Evidence-Based Happenings is a newsletter for the Center for Evidence-Based Practice at ABBHH. The newsletter will provide updates on what is happening with our clinical outcomes, clinical improvement projects, and research studies at ABBHH. For a taste of what is to come in future editions, please see the article below on Pediatric Bipolar Disorder!

What is the Center for Evidence-Based Practice? The Center for Evidenced-Based Practice was developed in 2006 to help ABBHH achieve the goal of using science and data to provide the highest quality care to our patients. The Center uses an *Evidence-Based Treatment* model that combines our clinicians' expertise, our patients' prefer-

ences and unique characteristics, and the best available science to continually develop the best programs for our patients.

What does the Center do? The Center has three functions:

1. **Continuously improve our clinical practice.** The Center reviews research and provides consultation to programs on evidence-based best practices. The Center also works with Business Development staff on educational programs that promote evidence-based best practices outside of the hospital.

2. **Continuously evaluate the clinical outcomes of our programs.** The Center works with program leaders and staff to collect, process, and analyze data on patients' symptoms and quality of life. Outcome data helps us to understand how well our programs are working, for which patients they work best, and for which patients they could work better. The Center currently works with 7 outpatient programs and 1 inpatient unit.

3. **Conduct clinically-relevant research.** The Center works with ABBHH clinicians and external researchers on clinical research projects. Results from these projects are used for dissertations, for academic presentations, and for publications.

Pediatric Bipolar Disorder



Have you noticed an increase in the diagnosis of Pediatric Bipolar Disorder (PBD)? Recent research shows a 40-fold increase in PBD in the last decade; half of all child inpatients in the U.S. now receive a PBD diagnosis! ABBHH clinicians and the Center are working with Dr. Eric Youngstrom, a psychologist and leading expert in PBD, on this very issue.

ABBHH has created a diagnostic protocol for PBD, and is the first hospital in the U.S. to do so. Data collected by Dr. Youngstrom and the Center show that the screening tool used in the protocol, the Child Mania Rating Scale (CMRS), dramatically decreases both over- and under-diagnosis of PBD. Five of our child and adolescent psychiatrists,

who helped to develop the protocol, are enrolled in an ABHN Continuing Medical Education program to facilitate use of the protocol. Our goal is for ABBHH to become a leader in the diagnosis and treatment of PBD. The next issue of the *Happenings* will provide an update on the protocol and present some findings from the CMRS.

Do you have questions or comments about the *Happenings* or the Center for Evidence-Based Practice? Please call Jason at X8579 or email him at jason.washburn@abbhh.net.