[00:00:00] All right. Welcome everyone. We are the MI guys, and we are here to help you with the individuals, for the organizations and the communities you serve through communication and motivational interviewing primarily, but a variety of ways, hopefully. And for us today we have our usual great crew of people.

We have Tammy Calais off to the side here. And we have in the middle, we got Casey Jackson, our director, hello, and myself, John Gilbert. And we are here from the Institute for individual and organizational change to do what we were talking about at the top of the hour. Today, we have a particular topic.

What is an evidence-based practice is the topic for us today. And so this is something that we were surprised by that we haven't really fully addressed yet. So it was kind of interesting to find out. We've talked a lot about. But not [00:01:00] necessarily addressed it directly. So that's what we're going to do today and try to get into, like, what's the point of what is it?

What's the point and how does, you know, our approach to how we go about things relate to it. So Tammy, did you have anything else you wanted to add for context or topic for before we dive in, I just was gonna. Say more on what you said in the sense that we've talked about evidence-based practices and our podcasts and all those types of things, but it's been more so like a comment here or a little comment here.

And so this is really diving into the topic, what is an evidence-based practice and yeah. Really diving deep into it. So that's, that's what we're hoping to do. So we could do that right away. Casey, if you're comfortable, we can start, you know, with you of what are we talking about? I had pulled up some tabs here from, you know, this is like Utah state and some other education sources of what is an evidence-based practice.

Right. So we could start there. We could dive in with [00:02:00] you. Where do you want to take it from here? Heck, I'm going to dive in. Let's do it.

My thing about evidence-based practice. And this is from a kind of a professional from a social worker perspective, you know, I heard evidence-based practice. I was never good at my stats class. And so it just sounded like something that didn't really capture my attention. What really struck me the more I started to understand that I wanted to make the best possible outcomes for the people that I worked with, you know, in the addiction world, mental health work and world and child welfare and corrections.

I just want to, I wanted to have the most positive outcome. And then I started to learn more about what an evidence-based practice was and the thing that stuck with me, because I'm such a visual learner, is it just hit me when I started to piece these things together is, and I use this analogy all the time.

If you think of a rescue. That your mother or your dad makes, or your, or your grandparents, your grandmother, it's the holidays or it's Sunday dinner. And everybody looks forward to what, [00:03:00] what grandma's making. And, and maybe the daughter-in-law asked one time, Hey, I can I get grandma's recipe? Cause I want to make it.

And she makes it and it just doesn't taste like grandma's, there's just, it just is not the same. And an evidence-based practice is if you don't follow it exactly as written. You may not get the same outcome. And so if you don't follow the recipe exactly what grammar does and maybe gravitate and write down everything that she does in that recipe with an evidence-based practice.

If you follow the recipe. Exactly. If you follow an evidence based practice, which means there's research, there's science more than just one there's there's multiple. Indicators to show that if you use this as written, as designed and you follow it exactly, you will get the outcomes associated with it. So when you're talking about an evidence-based practice, it means if you practice in this way, if you deliver your service in this way, as designed by this evidence-based practice, here's the outcomes that you will.[00:04:00]

And so in every system, mental health, healthcare schools, no matter where we're at, everybody wants to see better outcomes. Yeah. Very. Yeah, but I'm going to jump in case if we talk about doing this more, so let's say I'm listening to this and I'm like, yeah, but it's the love that the grandma puts into it.

It's the magic that happens there. And you can't box that you can't, you're putting me in a box. You're standardizing me too much. I'm trying to speak, you know, to what your initial response was a bit being stats class, right? Especially social work versus we can talk about me later being an evidence-based person.

I had a different response, but. I'm saying that because aren't you boxing people in aren't, you know, if I'm on the receiving end, isn't it, isn't there something just magical and special that I have that I bring to the table. Are you trying to make me say certain things? Is this a script? Am I a robot?

You know, w if you wouldn't mind addressing that from an EBP perspective, Well, first of all, John will [00:05:00] say you are special and unique. I will always say that. And so, yes, it's very special and unique and I don't ever want to take away from that because I'm not ever going to put you in a box anyway.

Exactly. So the thing is, is it depends on what you want to do. If, when we're talking about grandma's recipe, everybody has the freedom to make whatever cookies they want to. They can make them however they want. They're just not going to taste like the ones I'm Mrs. Fields that you pick up at the mall.

And there's a reason. Those are made very consistently and a Mrs. Fields at the mall does not taste like a chips, a Hoya out of a box, even if they're chocolate chip cookies and the Pepperidge farms ones do not taste like the chips of white, but they're both chocolate chip cookies. And I guarantee they're using flour and sugar and chocolate and all three of those recipes.

So you can make whatever cookies you want to. You have the right and the freedom to do whatever you want to, especially if they're [00:06:00] generating the outcomes that you want, what that would it becomes when you offer up evidence-based practices. It all. I'll tell you, John, this was really profound for me in a, in an ethics training in the addiction world.

And it has stuck with me for 30 years now. And what he had, what the trainer had said is what would you guys think if I gave you a pill? And you could use this pill to give the clients in the addiction world, that if they took this pill, it would increase their recovery rates by 60%. How many of you guys would want to find a way to get them a prescription for that pill?

And everybody raises their hand. And he said by involving family members in their treatment that improve his recovery rates by 60%. But most of you guys are going to come up with excuses. Why you don't want to include the family members? Cause it makes your job harder. So you'll give them a pill, but you want to include their family and, and evidence research shows that by including family members, it increases recovery rates by 60%.[00:07:00]

And that was my first, you know, splash of cold water in my face because I, I didn't mind doing family therapy, but I'd rather work with the individuals. So when you're talking about what happens behind that magic door, it may be great that I can build relationships and talk to people, but if I'm not improving their outcomes that they came in for and they were referred for am, am I operating from the highest level of ethical standards?

And then that's just, that's something that people can decide. So that's why it's not a matter of putting people in a box or saying they can't be who they are. But you, you can make whatever cookies you want to. And if those don't sell well at the bake sale, you can still make as many as you want to. But if your job is to make money for the school, then you probably want cookies that are going to sell.

If your job is to help people with recovery, if it's your job is to help people with chronic healthcare issues. If your job is to help people with their mental health, if your job is to help people move to a better place in their educational expenses. Then wouldn't you want to use the most effective thing out there?

The other one that was another job, it really helped me [00:08:00] understand evidence-based practices. And I'm just going to do what I do, because I know what I do works is if you're going to have brain surgery, would you want to have an, an old school doctor who's been doing it for 50 years and says, you know what?

I don't use any of that newfangled equipment. I've been doing this for 50. Or do you want to have somebody that came out of school and is trained on all the newest technology on doing brain surgery and reads all the latest journal articles? Who do you want to do? Brain surgery? But you don't, you don't expect yourself as a professional to operate at that same standard where you're learning all the latest practices and how to, so yes, you have the right to do whatever you want to do professionally.

You're not being put into a box just because you develop more advanced skillset. So that that's part of understanding what evidence-based practices are about. It's learning how to do our businesses, to the best of our ability to get the greatest outcomes we can possibly get. Based on the latest research we have available to.

So I have a question. So are there many [00:09:00] evidence I know we talked about motivational interviewing is an evidence based practice. Are there many evidence-based practices? And then, and then how does one, and I don't know if you can answer this or, or not, but how does one become an evidence-based practice?

I know there's data behind it, but it's. Someone going, Hey, I, I took some data on doing this specific thing. Like you were talking about the recipe, this specific thing, and now all of a sudden it's an evidence-based practice or is, is there, I don't know. It's not quite that magical. It's what it really is based on.

And it's also why terminology has evolved over the years too, because now we talk about promising practices. We talk about evidence informed practices. We talked about evidence based practices, some of the ways that we had IFO C train EMI is evidence in. [00:10:00] We train on motivational interviewing that's evidence-based so am I as evidence-based practice, but then we weave things in of other evidence-based practices, like trauma informed into some, like the trainings that I do.

So when I'm training M I and a trauma informed, that's an evidence informed. There's no evidence base because there's not a massive amount of research about using EMI and trauma-informed care and your outcomes are exponentially better. There are some promising practices and research around that that shows it's better, but, but you have to have enough applying the model in multiple situations, you start to be clear, does it work in all situations?

So all of those questions have to be answered with the scientific rigor that it requires. Th then you can be specific about motivational rings and evidence-based practice for effecting sustained behavior change. That's very specific. Some of the things we're doing, if somebody comes in with a broken arm, [00:11:00] you're not using motivational interviewing, they have a broken arm, but you have evidence-based practice for dealing with a broken arm that, that every, you know, surgeon is going to use very specifically.

And why evidence-based practices evolve is because back in the day you would put a plaster cast on it. Now, what you know is the swelling can be so severe that you have to splint it before you cast her because of the swelling, because evidence shows that with a cast on it, you can affect circulation and all sorts of other things that are not promoting healing.

So the more evidence we do. The more our practices evolve. So it's, so a lot of things are evidence informed and our, and our service delivery, our interventions evolve as we gather more data, which then wraps around a John's initial, provocative question about, but doesn't that paint me in a corner. I'm not allowed to be myself.

And it's like, absolutely you're allowed to be yourself. But if what you're doing is not providing your clients or your patients with the optimal level of service that we have known to us, [00:12:00] Then then that's something you get to justify with your own ethics and your own ethical committee in your, in your area of practice.

Why you think you don't want to use the greatest level of skill or research or knowledge or technology that we have at our disposal. So, and I'll add to that to Casey have at a certain point, most people don't have ethics boards nor do they really. Go to that level of necessarily, at least in my anecdotal experience with so many people going like, yeah, I really want to change how I do things.

And if they do, there's a lot of biases I have, we all have as humans that think, because I know something. I'm doing it and that is different than doing it, being about it versus thinking about it. And that's part of what you were talking about in the question you were asking to a certain degree, Tammy, it's that practice with feedback is what we know with lots of complex things [00:13:00] is important for especially adult learning, but even all kinds of learning.

And so you're speaking to something called the devil. And it goes beyond MMI there's musical fidelity. There's the fidelity we're talking about with EBP evidence-based practices is how true is it? How aligned, how cohesive is it with the. Intent the concepts of what we know for most people, most of the time when the science has been played out, tends to work out for those situations.

So that is what an evidence-based practice is a vetted way for most people, most of the time of getting certain kinds of outcomes like Casey was talking about. And I think the practice and the feedback part is. I've seen Casey, you can speak to yourself over, you know, more years in the field. Just isn't as much of a norm.

It's more a norm to go through knowledge. [00:14:00] Training and then say that I do cognitive behavioral therapy. Cause I went through a training on cognitive behavioral therapy, which I could be doing aspects of it, but I myself have learned a little bit about what's called CBT, but I have not a dive deep. And then B I have not practiced with feedback and it's not until I practice with feedback that the research would say that's when you can, for sure.

More than likely say, I am doing an evidence-based practice with fidelity, and that's the highest level of integrity to what we're talking about here. That is a way of embodying these concepts. And that's the last thing for right now and feel free to expand on this either of you, but we're talking about evidence-based practices, not for broken arms, which was a wonderful example by the way, Casey.

And you knew a lot about that, where we're talking about evidence-based practices. For this concept, this ambiguous almost [00:15:00] sense of floating magic of discussion. That seems to be soft skills versus hard skills. And there's something I want to speak to is that that seems to be not as valued. And the research is showing otherwise for behavior change and change in general in our society.

But I want to say, I want to speak to that because. That's like a checklist, right? Flight checklists for pilots, surgeons. You can just checklist everything. When you're in a conversation, there's a lot of factors happening. If for those of you that are really deep into this out there Dr. Theresa Moyers just came out with a new book that gets into this with psychotherapy and motivational interviewing that goes deep into what we're about to, to kind of allude to, but what I, what I would want to put on the table, This is fidelity to what you were speaking about, Tammy with communication, and that's a little bit grayer than maybe a checklist for a [00:16:00] surgeon.

And so I just wanted to highlight that that that's where maybe people. Social work or coaching or whatever your profession is. As you're listening to this, it feels like you're getting in a box, but I want to speak to, there is creativity. These are frameworks, these are not scripts. And I would be curious for us to talk about that, of how do we uphold fidelity while being creative and authentic and genuine all at the same time.

What are, what are your thoughts on that? How do we do that? That's one thing I want to put on the table, but go ahead, Tammy. You got something. Well, I do have a question, but it's slightly different before we answer your question, because I think it's still on this anyways. My question is, so an evidence based practice has the outcomes tied to it.

Why bother learning something? I guess why, why do some people learn an evidence-based practice, but don't [00:17:00] go to fidelity if you're not going to get the outcomes. It's a great question, Tammy. And I can tell you the answer because I deal with this with organizations all the time because of resources and resources.

I mean, either financial resources. I mean, either human resource time as a resource, here's all the reasons why P energy is resource white people. Say yes, we want this evidence-based outcome and we're going to get funding to do this evidence-based outcome because we want to improve our evidence-based practice because we want to improve our outcomes.

And then what they say is we've got enough funding for the flour and some eggs and a little bit of sugar. So now make grandma's recipe. And this is what's helpful about, and they're like, well, we, we can't free up our staff for more time than this. This is the only amount of time you're going to have to train.

So we can let you work with them for four hours at one lunch period. And that's all they're going to get, but we need them using motivational interviewing by the end of it. It's [00:18:00] just when you step back and go, oh, that's just mathematically impossible. I feel like that's like handy PC. I'm a tennis player.

I feel like that's handing you a rocket and saying, Hey, see, I expect you to join the pro tour after a week of training. Have fun. We knew we needed a new starter for UCLAs tennis team. So Tammy's going to work with you for four hours, but then we needed to be on the starting UCLA team. That's not going to happen.

Yeah. The insidious thing that I want to bring up, it's not that obvious. That's, what's difficult and that's, what's hard is. On average, if you're listening to this and you're listening to this right now, you don't hear yourself or think of yourself as average. None of us do, unless where at least those statistics show were depressed in some sort of a way.

Then we see ourselves as maybe average or below average. And so we [00:19:00] all see ourselves in that way as above average. And I'm highlighting this because. You would be on the tennis situation. If it was something of another, you would immediately get feedback that, oh crap, I am not aligned with exactly what I thought I was going to do here.

I thought I was better at tennis than I was, and that doesn't feel comfortable. It feels really uncomfortable because it feels like me engaging and getting feedback is always a lack. And that's where there's a culture and there's a vulnerability around practice with feedback. In this world of talking that unless you've gone through social work and been videotaped in your graduate studies, even then tends to only be the extent to it.

And if you're someone like myself that comes from a healthcare background, you're very focused on evidence-based practices, except for when it's that airy fairy talking stuff. Just learn a little bit about it and go do it and you'll be okay. And there's not a [00:20:00] lot of seeking feedback for a lot of implicit biases.

We have to feel good and whole and full and good enough. And I want to speak to that. That that's different than immediately finding out that, oh, the tennis, I might not be as good at. So it's not about catching the bad. I want to make sure that's clear, but it is catching. How much are you operating from a place of integrity and checking that, and then how much are you transforming?

In the highest degree you possibly can. And how much are you causing no harm? Like the Hippocratic oath in my world of health care. How much are you not expressing empathy that the research shows can be harmful? While the research also shows it will decrease litigation issues at the same time, but at the same time, how much then are you trying to be your best professional?

How much are you trying to act from this integrity? And I think that's a catalyst for people to engage in [00:21:00] why they would go about this to your point. And then we've talked about how a little bit, but there's also certain ethics, Casey, to what you were speaking about before. That you are ethically obligated.

You're getting paid to help this person. And so yes, you can do whatever you want to do technically behind the closed doors. But what fidelity and things say is here's what you're doing that aligns with this thing that tends to work for most people. Most of the time you might be doing something extra ordinary.

That's your choice. There's also this opportunity for you to have that much more efficient. Given this frame that, that we're looking at it from. And I, and that may be a bit ambiguous of how I'm framing that, but I'm trying to throw this out there that there's a insidious difference of as soon as we get into concepts, like communication, it's not as clear when you are doing an evidence-based practice unless you're having a coach and working with someone.[00:22:00]

Yeah. I think there's an, a put your one foot in. It can, it can split your down the middle, because what John's talking about is one part, it was like John said is there's a sense of overconfidence that we're more skilled in certain area. So what the equivalency would be Tammy. And your example is I'm a pretty good athlete.

You know, I can throw a football, I can step up the plate and crush a softball or baseball. You know, I've played when I was a kid, my parents had a, a membership at the racquetball clubs, so I played racquetball. And then the difference between you saying, Hey, Casey, some friends are getting together to go play tennis.

Do you want to come play tennis with us? I'm like, I've never played tennis, but I bet I can play well, because I'm a good athlete. I know how to hold a racket. Yeah. And then when I get my butt handed to me by, you know, you and your partner, then it's like, oh, I'm not particularly good at tennis. Like I would need to practice.

I have. And you're going to Casey actually did really good for your first time playing tennis. Like you didn't really, I mean, we, we totally schooled you, but you did pretty good. Like you hold your own and you [00:23:00] know, so it's like, whoa, So there's a balance between the overconfidence, because we have some skills that we know we've been successful in our career.

And then on the flip side, the other foot, we have a camp in is the imposter phenomenon, which means we don't like to be measured because we don't somebody to find out that we're not as skilled in our job, our professions, we think. So one is we can say, well, you give me a client and I can guarantee, and this is what I used to tell myself.

I know I can make friends with them. I know they will like me by the end, but I'm not getting paid to build a relationship with them and getting paid to improve outcomes in their life. So then we justify to say, well, I do really with my clients, all my clients love me. It's like, That's not on their treatment plan.

Their treatment plan is not that they love you. And they'll talk to you about anything. The treatment plan is they're trying to improve the quality of their life with these specific measurable areas. So then all of a sudden that triggers an imposter phenomenon of like, oh my gosh, am I going to get found out that I'm getting paid to do a job that there's days that I don't know if I'm qualified to deal with the population I'm working with.

So I think that there's one foot [00:24:00] in both of those camps, which makes it difficult than to embody an evidence-based practice or why there can be natural. Or conversely, a natural gravitation for people to want to get better. For me, it was a natural gravitation. I was incredibly intimidated about getting feedback, but I knew just by my own ethical compass, I wanted to provide the best outcomes I possibly could for every single individual I talked to.

Like, I was just continued to this day, be committed to that as a trainer, as a clinician, the only thing I want to do is help them with their outcomes, whatever that is. And I need to continue to learn better ways to do that. So those are the times that you go, okay, if there's something a better way to do this, then I need to learn this.

Like, I know there's way I need to learn this. And like John said, the way you do it is through practice and feedback just as if you wanted to take a cooking class. And you're going to want the chef to taste your food and give you feedback. Why are you taking the cooking class? Otherwise you can just look out of the book and find out, you know, how you want to do it.

And once [00:25:00] you develop that skill and this circles all the way back around, I want to John's first provocative questions is once you learn how to master filleting a fish and poaching, a fish, you can do some your own style to it, but at the end, it's still going to be a perfectly poached and flayed fish.

It may taste slightly different, but if somebody orders a poached fish and John makes it and you make it, I make it. And we're all experts at filleting and poaching, a fish it's going to taste really good. And everybody that walks away and goes, oh, that was a poach fish. Tammy's tasted a little bit different or jaws tastes a little bit different.

So those are the things where you still going to be used. But then even those aspects may be mitigated by an evidence-based practice because if you're supposed to make a lemon crusted tilapia, then that's a very specific. So if you're throwing out a whole bunch of stuff in there, and it doesn't taste like a lemon pepper tilapia, that it's just not going to taste the same.

So that's what evidence-based practices really do. Inform what is the intervention? What is the outcome? And is there a procedure that exists out there that, that the abundance of [00:26:00] evidence shows that if you do. As written, you're going to get this outcome. It is there's aspects of that could be unethical.

You're choosing not to use that if you have the capacity to, and the most, the one that John brought up, I think to wrap up with that like you keep saying as insidious is motivation is a method of communication. And so people think, I know how to ask questions. I know how to do reflective listening.

There's nothing new under the sun with this. It's just somebody repackaging and calling it motivational interviewing. It's it's it's a huge miss assessment that comes from a sense of, you know, either arrogance or frustration or of not really looking at what are we talking about, because this is a very specific set of how do we organize our language in a way to affect outcomes.

And that is the nature of evidence-based. Awesome. Wonderful. Well, that is a great introduction to, to all of this. So thank you both for, for that information. I think this is very helpful for just getting our foot in the door with this. If you want us [00:27:00] to expand on any of this, you can email us at KCC S E.

Casey@ifioc.com obviously later in the day for me. Sorry. And you can email us there if you're interested in the fidelity to what we're talking about with motivational interviewing. We helped co author a tool that's being used quite literally around the world for fidelity, with motivational interviewing called the motivational interviewing competency assessment.

And we have trainings on that for those that might be, you know, thinking to implement it in your organization and quality assessment, quality improvement, you can go to ifc.com and see the Mica in my CA and click on that. That's a resource for you. There's a lot of other resources on ifs.

Related to the evidence-based practice of motivational interviewing, which tends to transcend a lot of situations. So if you want to engage with us more you can also, we have a Facebook group and you can engage with us there for IFI [00:28:00] on Facebook as well as you can, of course, subscribe here on apple podcasts and or YouTube.

So there's lots of ways to engage. We'd love to hear from you and be of service to you. We're just trying to provide the communication solution to change your world. And hopefully the EBP perspective helped to progress that today. So thank you very much. And with IFIOC we're signing off. Take care. Thank you.

Bye-bye.