

## Appendix G

### **Evidence-Based Practices and Approaches**

#### **Alternative for Families-Cognitive Behavioral (AF-CBT)<sup>i</sup>**

Alternatives for Families: a Cognitive Behavioral Therapy (AF-CBT) is an evidence-based approach designed to enhance family/caregiver and child bonds for families that have experienced traumatic events, physical abuse, conflicts, and/or children with behavioral issues.

#### **Applied Behavioral Analysis (ABA)<sup>ii</sup>**

Applied Behavior Analysis (ABA) utilizes the concept of learning to help individuals develop new life skills that will help in daily living. ABA has been in use since the 1960s. Over the years it has demonstrated its effectiveness in treating individuals diagnosed with Autism and/or developmental disabilities.

#### **Assertive Community Treatment<sup>iii,iv</sup>**

The youth version of assertive community treatment (Youth ACT) is an intensive rehabilitative service involving a single team of multidisciplinary professionals providing a variety of services to individuals between the ages of 16 and 20, including treatment and case management. The target population for ACT are youth with serious mental illness and/or co-occurring disorders. An ACT team assists with the coordination of services (e.g. mental health, substance use, healthcare services, school/employment, housing).

#### **Cognitive Behavioral Therapy<sup>v</sup>**

**Cognitive** behavioral therapy is the integration of two types of therapy (cognitive and behavioral therapy). This form of therapy is used to modify an individual's thoughts, emotions, or behaviors that are believed to be the root of their symptomology.

#### **Contingency management<sup>vi,vii</sup>**

Contingency management utilizes operant conditioning to reward or punish an individual for engaging in certain behaviors. It can be used to stop individuals from using drugs/alcohol.

#### **Dialectical Behavioral Therapy<sup>viii</sup>**

Dialectical behavioral therapy is typically used for individuals, particularly children/adolescents, who are unable to manage intense emotions leading to destructive behaviors (such as self-harm and suicidal ideation). This highly structured, intensive therapy utilizes a variety of techniques that help these individuals comprehend their emotions/feelings and then develop skills that can be utilized to help them control these emotions/feelings.

### **Family Psychoeducation<sup>ix</sup>**

Family psychoeducation programs vary based on the unique factors that surround each family (e.g. location, commitment level). This practice normally works concurrently with other therapies. The purpose of this program is to aid the individual in his or her recovery by including the family in the recovery process and ensuring that the individual's family members have the resources that they need to assist the individual in his/her recovery process.

### **Family Centered Treatment<sup>x</sup>**

Family Centered Treatment is a model that was developed to prevent the separation of families. The model has four stages. In the first stage the provider develops a rapport with the individual and his/her family. In the second stage, the provider uses his/her knowledge about the family to identify issues/crises that the family is facing and/or in how they interact with one another. At this stage, the provider helps the family identify techniques that will help them change their behaviors and, in turn, some of the issues that they are facing so that they can lead healthier lives. The third stage is where the family develops an understanding for how their new behaviors are positively impacting their lives. The final stage involves the provider and family working together to assess the families ability to cope with the issues/crises that they are (or have recently been) facing.

### **Illness/Wellness Management and Recovery<sup>xi</sup>**

Illness/wellness management and recovery (IMR) was developed to help individuals with serious mental illnesses to manage their lives through the establishment of meaningful goals that they can ascertain through collaboration with their providers and the development of new skill sets.

### **Integrated Dual Disorder Treatment<sup>xii</sup>**

The Integrated Dual Disorder Treatment (IDDT) model combines treatment services from the mental health and substance use systems to address the needs of individuals with co-occurring mental health and substance use disorders. The goal of the model is for the individual to change his/her thought/emotions/behaviors in order for him/her to be able to achieve a healthier, independent lifestyle (e.g. being sober, reduced symptomology).

### **Motivational Interviewing<sup>xiii,xiv</sup>**

Motivational Interviewing is used to help the provider engage his/her client in a discussion about his/her feelings, motivations, and indecision about making changes in his/her life that could positive impact his/her health. This allows the client to explore his/her feelings and determine what choices are best for him/her.

### **Screening, Brief Intervention, and Referral to Treatment<sup>xv</sup>**

Screening, Brief Intervention, and Referral to Treatment (SBIRT) was developed to help screen for behaviors that put an individual's health at risk. This program is mainly utilized in the behavioral health field to identify clients who are at risk for, or have, substance use disorders and assist them in obtaining treatment.

### **Structured Psychotherapy for Adolescents Responding to Chronic Stress<sup>xvi</sup>**

Structured psychotherapy for responding to chronic stress (SPARCS) was developed for youth who have been exposed to continual stress and/or trauma and who, as a result, are having difficulty function in several aspects of life (e.g. self-perception, relationships, meaning of life, worldviews).

### **Supported Employment<sup>xvii</sup>**

Supported Employment practices are utilized to assist clients in finding jobs. Employment opportunities help individuals build meaningful careers and financial independence. Supported employment programs are especially useful for youth who are transitioning from adolescents to young adulthood since employment is a key to them having the financial security that they need to live independently.

### **Systematic Therapeutic Assessment, Respite and Treatment<sup>xviii</sup>**

The system therapeutic assessment, respite, and treatment (START) provides community-based crisis services to individuals experiencing co-occurring mental health and intellectual/developmental disabilities. The program provides an array of services that promotes the independence of the patient while ensuring that he/she receives the treatment that he/she requires within the community that he/she resides.

### **Teaching Family Model (TFM)<sup>xix</sup>**

The teaching family model (TFM) utilizes adults (typically married partners) who act as “teaching parents” in residential settings to mimic a family environment. These “teaching parents” work with the child/adolescent to help him/her learn new life skills and develop, through experience, positive interaction skills. In regards to the caregivers and other significant adults in the child’s life, the “teaching parents” offer support and guidance to ensure that they have the resources that they need to assist the child in achieving his/her goals.

### **Trauma-Focused Cognitive Behavioral Therapy<sup>xx</sup>**

Trauma-focused cognitive behavioral therapy (TF-CBT) was developed for individuals who have experienced trauma. The goal of the therapy is to facilitate the reduction in negative responses that these individuals exhibit, as a result of their trauma, to certain stimuli.

### **Eye Movement Desensitization and Reprocessing<sup>xxi</sup>**

Eye Movement Desensitization and Reprocessing (EMDR) is used with individuals who are overcoming a traumatic experience(s). During this form of therapy, the client is exposed to short clips of material that is upsetting to them. While the client viewing this material the client is also asked to (at same time) focus on another stimulus (e.g. hand-tapping, particular sound). This allows the patient to process the information differently, which can lead to cognitive insights and healing.

## Manual-based Treatments<sup>xxii</sup>

Manual-based treatments involve the provision of services through the utilization of a detailed guide which often outlines the steps that the provider should take for the treatment to be conducted effectively. The main benefit to this type of treatment is that it standardizes the process. This means that a larger number of individuals, in a research or non-research settings, can utilize these treatment options and obtain similar results.

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<sup>xiii</sup> SAMHSA-HRSA Center for Integrated Health Solutions. (n.d.). *Motivational interviewing*. Retrieved from: <https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>

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<sup>xv</sup> SAMHSA-HRSA Center for Integrated Health Solutions. (n.d.). *SBIRT: Screening, brief intervention, and referral to treatment*. Retrieved from: <https://www.integration.samhsa.gov/clinical-practice/sbirt>

<sup>xvi</sup> The National Child Traumatic Stress Network. (2008). *Structured psychotherapy for adolescents responding to chronic stress*. Retrieved from: <https://www.nctsn.org/interventions/structured-psychotherapy-adolescents-responding-chronic-stress>

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