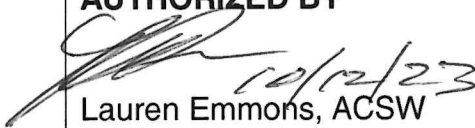


LAPEER COUNTY COMMUNITY MENTAL HEALTH

Date Issued 04/29/2009

Date Revised 12/21/11; 09/03/14; 10/15/14; 08/19/15; 06/06/16; 08/27/19; 10/11/21; 10/21/22; 07/07/23

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 80
SECTION Clinical and Support Services		DESCRIPTION Currently Approved Therapies and Plan for Evaluation/Introduction of Other Therapies	
WRITTEN BY Lauren J. Emmons, ACSW Supervisor	REVISED BY Lisa Ruddy, MPH QI Supervisor	AUTHORIZED BY  Lauren Emmons, ACSW CEO	

APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) provides services using approved treatment methods.

STANDARDS:

- A. Approved treatments are provided by staff with the required training, experience and certification.
- B. Staff must have the necessary credentials and be granted clinical privileges prior to providing service.
- C. The following therapies are currently approved for use at LCCMH:

Evidence-Based Practices:

1. Integrated Dual Disorder Treatment (IDDT)
2. Family Psycho-Education (FPE)

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3. Dialectical Behavioral Therapy (DBT) / Dialectical Behavioral Therapy for Adolescents (DBT-A)
4. Assertive Community Treatment (ACT)
5. Psycho-Social Rehabilitation (PSR) Clubhouse
6. Moral Reconciliation Therapy (MRT)
7. Enhanced-Illness Management Recovery (E-IMR)
8. Cognitive Processing Therapy for Post-Traumatic Stress Disorder
9. Eye Movement Desensitization and Reprocessing (EMDR)
10. Prolonged Exposure Therapy for Post-Traumatic Stress Disorder
11. Mental Health First Aid Adult & Youth
12. Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)
13. Trauma Recovery & Empowerment Model (TREM)
14. Men's Trauma Recovery & Empowerment Model (M-TREM)
15. Applied Behavioral Analysis (ABA)
16. Whole Health Action Management (WHAM)
17. Wellness Recovery Action Planning (WRAP)
18. Emotional CPR (ECPR)
19. Dimensions Well Body
20. Screening, Brief Intervention and Referral to Treatment (SBIRT)
21. Infant Mental Health (IMH)
22. Motivational Interviewing
23. Parenting through Change (PTC)
24. Acceptance and Commitment Therapy

Primary Therapies:

Group Therapy:

1. Insight or personality-change oriented
2. Supportive
3. Transactional Analysis
4. Behavior Modification
5. Reality Therapy
6. Crisis Intervention
7. Rational-Emotive Therapy
8. Recreational / Socialization

Family Therapy:

1. Couple Therapy
2. Entire Family Therapy

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Individual Psychotherapy:

1. Gestalt Therapy
2. Reality Therapy
3. Transactional Analysis
4. Behavior Therapy (Behavior Modification)
5. Crisis Intervention
6. Rational-Emotive Therapy
7. Play Therapy
8. Cognitive Therapy
9. Problem-Solving Model (Perlman)
10. Client-Centered (Rogerian)
11. Solution-Focused Therapy

Other approaches approved as adjunct to Evidence Based Practices and primary therapies include:

1. Psychodrama
2. Existential Therapy
3. Videotape Therapy
4. Art Therapy
5. Music Therapy
6. Poetry Therapy
7. Drama Therapy
8. Mindfulness
9. Wraparound
10. Parent Support Partner (PSP)

PROCEDURES:

- A. Any therapist who would like to apply a new primary therapy or other therapeutic technique not on the approved list needs to request approval from their direct supervisor.
 1. If it is an Evidence Based Practice or Promising Practice through the Substance Abuse and Mental Health Services Administration (SAMHSA), the supervisor may approve after consultation with the Chief Executive Officer (CEO).

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2. If it is not an Evidence Based Practice or Promising Practice, the supervisor completes or secures from the employee, a written review of the therapeutic technique including but not limited to the following sections:

- a. Theoretical assumptions
- b. Goals
- c. Techniques
- d. Groups for persons served
- e. Benefits to the persons served, agency and/or community

3. The supervisor presents the written review at the Quality Council Meeting.

4. The Quality Council takes action to approve or deny the request.

5. If the Quality Council denies approval, the therapist can appeal to the CEO.

B. Once a therapy is approved, this policy and procedure is revised to reflect the change.

C. This master list policy and procedure is reviewed annually within the agency.

REFERENCE:

SAMHSA Evidence-Based Practices Resource Center

<https://www.samhsa.gov/resource-search/ebp>

LR

This policy supersedes
#04/09010 dated 04/29/2009.
