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

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		
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APPLICATION:

☒CMH Staff	☐Board Members	☐Provider Network	☒Employment Services Providers
☐Employment Services Provider Agencies	☒Independent Contractors	☒Students	☒Interns
☒Volunteers	☒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)

3. Dialectical Behavioral Therapy (DBT)
4. Assertive Community Treatment (ACT)
5. Psycho-Social Rehabilitation (PSR) Clubhouse
6. Moral Reconation 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)

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

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
12. Motivational Interviewing

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. Infant Mental Health (IMH)
11. 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 will 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).

2. If it is not an Evidence Based Practice or Promising Practice, the supervisor will complete, or secure 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 will take 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

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