

LAPEER COUNTY COMMUNITY MENTAL HEALTH

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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; 05/29/24

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:

<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. Acceptance and Commitment Therapy
2. Applied Behavioral Analysis (ABA)
3. Assertive Community Treatment (ACT)
4. Cognitive Processing Therapy for Post-Traumatic Stress Disorder

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 80
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5. Dialectical Behavioral Therapy (DBT) / Dialectical Behavioral Therapy for Adolescents (DBT-A)
6. Dimensions Well Body
7. Emotional CPR (ECPR)
8. Enhanced-Illness Management Recovery (E-IMR)
9. Eye Movement Desensitization and Reprocessing (EMDR)
10. Family Psycho-Education (FPE)
11. Infant Mental Health (IMH)
12. Integrated Dual Disorder Treatment (IDDT)
13. Medication Assisted Therapy (MAT)
14. Men's Trauma Recovery & Empowerment Model (M-TREM)
15. Mental Health First Aid Adult & Youth
16. Moral Reconciliation Therapy (MRT)
17. Motivational Interviewing
18. Parenting through Change (PTC)
19. Prolonged Exposure Therapy for Post-Traumatic Stress Disorder
20. Psycho-Social Rehabilitation (PSR) Clubhouse
21. Screening, Brief Intervention and Referral to Treatment (SBIRT)
22. Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)
23. Trauma Recovery & Empowerment Model (TREM)
24. Wellness Recovery Action Planning (WRAP)
25. Whole Health Action Management (WHAM)

Primary Therapies:

Group Therapy:

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

Family Therapy:

1. Couple Therapy
2. Entire Family Therapy

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 80
SECTION Clinical and Support Services		DESCRIPTION Approved Therapies	

Individual Psychotherapy:

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

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

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

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>

LM:lr

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