

# A Sampling of Evidence Based Practices for Full Service Partnerships

# Collaborative Courts

## Full Service Partnership

- Serving youth ages 0 -25 struggling with mental illness, truancy and substance abuse.
- Work collaboratively with Truancy Court and Juvenile Drug Court.

# Evidence Based Practices

- The integration of the best available research with clinical expertise in the context of client characteristics, culture, and preference.
- The purpose of EBP is to promote effective practice by applying empirically supported principles.



# Cognitive-Behavioral Therapy



- Focus is on modifying negative thinking patterns and beliefs.

*“I’ll never be able to graduate from high school.”*

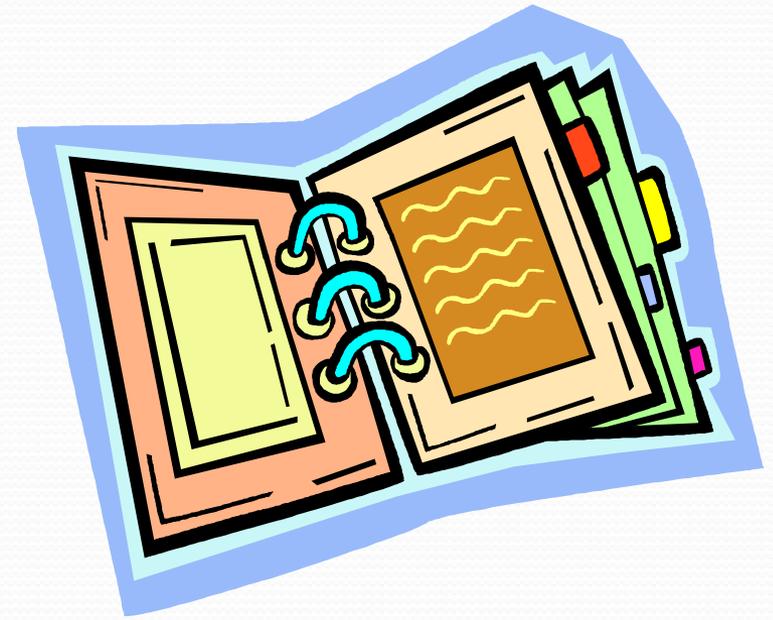
*“I should be living on my own by now.”*

*“I’ll stop using when I’m an adult.”*

- Clients are taught to monitor their negative thoughts so that they can recognize the associations between their thoughts, feelings, and behaviors.

# Cognitive-Behavioral Therapy

- Techniques include:
  - self-monitoring
  - learning adaptive coping skills
  - role playing
  - relaxation and imagery
  - homework assignments



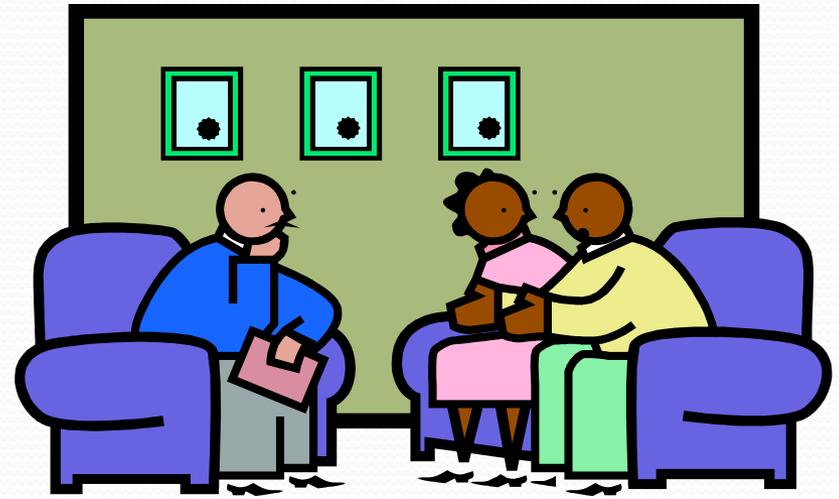
# Motivational Interviewing



- Originally designed for working with people with substance use disorders, but has since been more widely applied in health care, corrections, mental health and social work
- The focus is on exploring and resolving ambivalence and strengthening clients' motivation for and commitment to change

# Motivational Interviewing

- Collaborative and empathic approach, strength-based.
- Clinicians focus on strengthening a client's “change talk” through skills such as reflective listening, open questions and affirmation.



# Eye Movement Desensitization Reprocessing (EMDR)



- EMDR pairs eye movements with cognitive processing of the traumatic memories.
- Was developed primarily for Post-Traumatic Stress Disorder (PTSD) often seen in veterans, sexual assault victims, abuse victims but has also been used for other disorders (anxiety, depression, etc.)

# EMDR



- **Theory:** Difficulties are due to the maladaptive encoding of and/or incomplete processing of traumatic or disturbing adverse life experiences
- This **impairs** the client's ability to integrate these experiences in an adaptive manner
- The eight-phase, three-pronged **process** of EMDR facilitates the resumption of normal information processing and integration
- **Results** in the alleviation of presenting symptoms, a decrease or elimination of distress from the disturbing memory, improved view of the self, relief from bodily disturbance, and resolution of present and future anticipated triggers

# Behavior Therapy

- Based on social learning theories that depression and other disorders are associated with low levels of positive reinforcement.
- When people get depressed, they engage in avoidant or self-defeating behaviors:
  - truancy
  - substance abuse
  - social Isolation



# Behavior Therapy

- Clinicians focus on increasing the frequency and quality of pleasant activities
  - activity scheduling
  - exposure to enrichment activities:
    - art and music lessons
    - tutoring
    - work experience
    - sports and exercise



# Behavior Therapy

- anger management training
- problem-solving and decision-making skills
- self-control training
- parent education
- specific behavioral plans

*(incentive-based plans for increased school attendance, engaging in positive activities, abstaining from substance use, maintaining employment, etc.)*



# Social Skills Training



- Social Skills Training (SST) uses the principles of behavior therapy to teach skills related to mental illness management and independent living, such as:
  - Communication skills
  - Interpersonal skills
  - Conflict resolution skills
  - Pre-employment and employment skills
- SST is usually conducted in small groups. Skills are broken down into several steps. The clinician models the skill by demonstrating a role play and participants then do role-plays to learn and practice the skill.

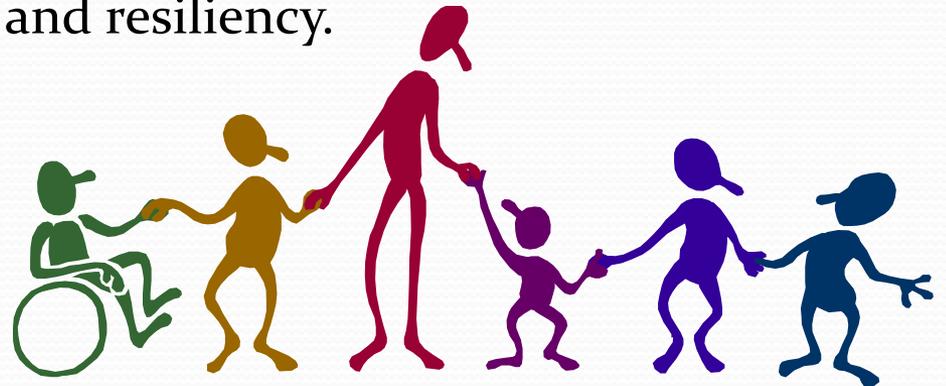
# Family Psychoeducation

- Family members of a person with a mental illness participate in and are the focus of the intervention.
- Based on the recognition that families can have a significant impact on their relative's recovery and functioning.
- Goals include:
  - improve family relationships
  - decrease stress of mental illness on family members
  - reduced relapse
  - decreased hospitalizations
  - improved outcomes for the person with the mental illness.



# Family Psychoeducation

- Family Psychoeducation incorporates:
  - education about mental illness
  - assistance with crisis intervention (creating a “safety plan”)
  - problem solving training
  - emotional support
  - communication skills training.
- Can be conducted with individual families or in multi-family groups.
- Focus is on the family’s strengths and resiliency.



# Brenda

- 18 years old and began with our program in June 2011
- Since her enrollment Brenda has successfully completed the Juvenile Drug Court program
- Brenda completed the CCFSP Work Experience Program in October 2011
- Brenda has been gainfully employed since January 2012 and is currently working full-time

