

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.”

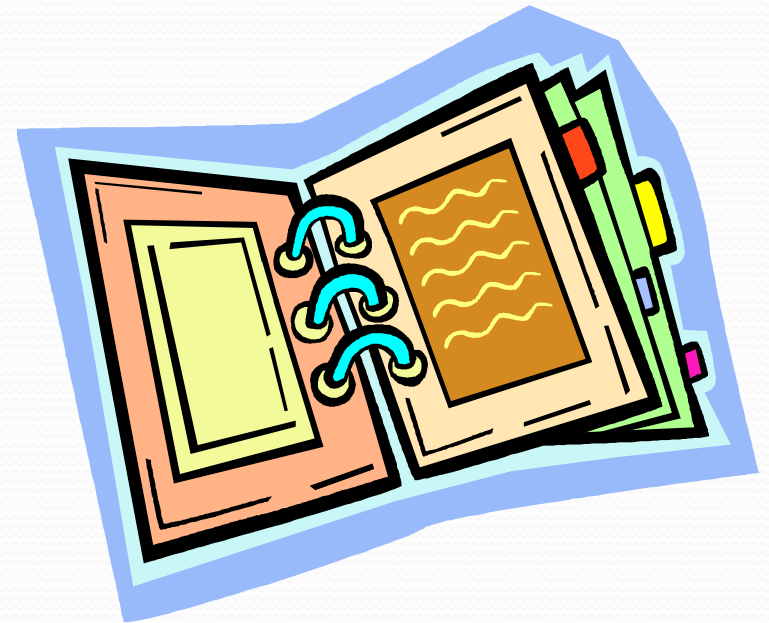
“I should be living on my own by now.”

“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



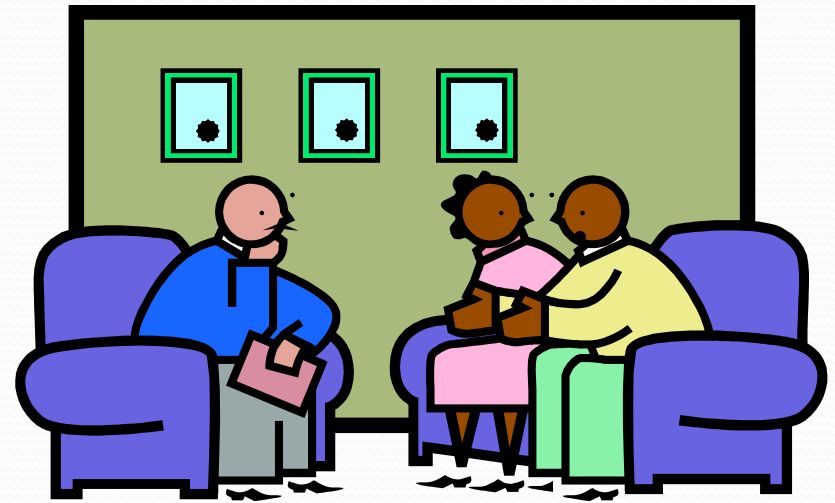
Motivational Interviewing



- 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.

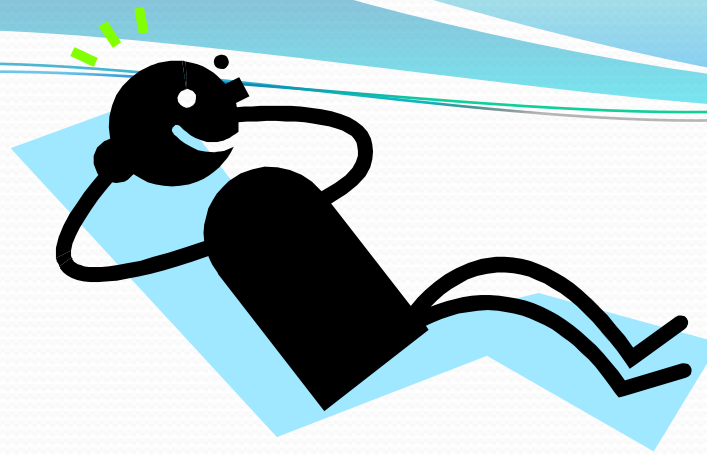


Eye Movement Desensitization Reprocessing (EMDR)



- 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

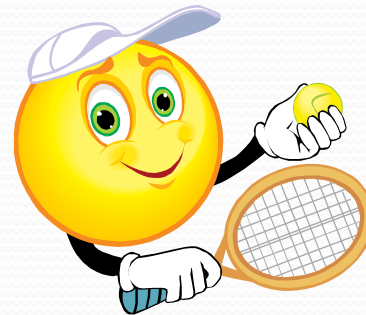
Behavior Therapy

- 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.

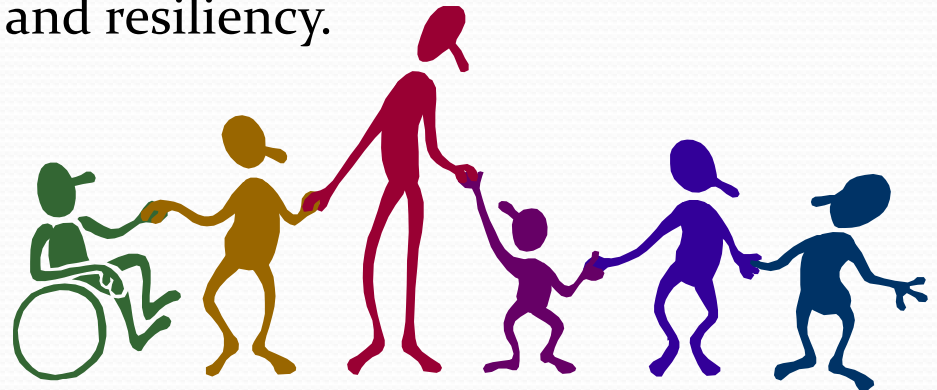
Family Psychoeducation

- 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

