



HURON BEHAVIORAL HEALTH OPERATIONAL POLICY

Policy #: SD.1.11
Issue Date: 01/21/05

Rev. Date: 02/27/18
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Title: HBH Treatment Philosophy, Evidence-Based Practices, & Approved Methods Policy

Prepared By: Clinical Director

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Purpose:

To define the philosophies and therapy/treatment guidelines relative to Evidence-Based Practices to be used by all clinicians when providing treatment to individuals.

Scope:

This policy applies to all employees (including full-time employees, part-time employees, contractual providers, volunteers, students, and/or interns) of Huron Behavioral Health (HBH) and all consumers served.

Information:

- HBH endorses an array of Evidence-Based Practices (EBP) which best meets the needs of the person served.
- Practices will appropriately match the presenting clinical and/or community needs as well as demographic and diagnostic characteristics of the individual to be served.
- Whenever feasible, practices that are not evidence-based will be replaced with evidence-based practices.
- Promising or emerging evidence-based practices may be conditionally explored where appropriate to meet the consumer's needs and with the approval of the Clinical Director. However, any interventions that are considered experimental or indicate any risk of harm to human subjects shall not be employed.
- Key concepts of recovery and resilience, wellness, person-centered planning/individual treatment planning and choice, as well as self-determination are critical to the success of EBP implementation for treatment.
- Evidence for EPB prevention programs must come from one (1) of these sources: a) Federal Registries; b) Peer Review Journals; c) Community Based Process Best-Practices; or d) Other sources of documented effectiveness.
- Consumers or individuals to be served as well as other key stakeholders will be routinely provided with EBP practice information relevant to their services and supports.
- HBH staff will only utilize traditional and/or conventional service modalities and/or interventions and any intervention that produces any adverse side effect or is determined to be unacceptable according to prevailing professional standards is discontinued immediately.
- Key concepts of recovery and resilience, wellness, person-centered planning and choice, as well as self-determination are critical to the success of evidence-based practices.

Policy:

1. Huron Behavioral Health provides mental health services to individuals using the medical necessity guidelines in the Medicaid Provider Manual and in accordance with the Michigan Mental Health Code (Public Act 258). This includes defining the scope, duration, and intensity in the individual's Person Centered Plan (PCP) for mental health treatment.
2. HBH embraces a holistic treatment philosophy and attempts to integrate mental health and physical healthcare treatment by coordinating with the consumer's medical treatment team when consent is given.
3. Requisite staff training, supervision/coaching, certifications and/or credentials for specific practices as needed will be required, verified and sustained as part of the credentialing, privileging and/or contracting processes (see also [HR.1.01 "Privileging and Credentialing Policy"](#) and [HR.2.01 "Staff Privileging Procedure"](#)).
4. Fidelity reviews will be assured or conducted and reviewed as part of local quality improvement programs.

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5. Evidence-based services will be monitored, tracked and reported, including summary information provided to MSHN as specified through the annual assessment of network adequacy.
6. Programs will ensure foundational practice skills including motivational interviewing, trauma informed care and positive behavioral supports.
7. The following evidence-based theoretical orientations may be used by staff:
 - Cognitive Behavioral Therapy
 - Rational Emotive Behavior Therapy
 - Solution-Focused Therapy
 - Reality Therapy
 - Dialectic Behavior Therapy (DBT)
 - Strategic Family Therapy
 - Structural Family Therapy
 - Behavior Modification (in accordance with the "[HBH Behavior Treatment Plan Policy](#)" (BM.1.01))
 - Other empirically-based theoretically oriented/recognized therapy methods as approved by the HBH Privileging Committee (see "[Privileging Policy](#)" HR.1.01)
 - Motivational Interviewing/Stages of Change
 - Integrated Dual Disorders Treatment (IDDT)
 - Family Psycho-Education (FPE)
 - Parent Management Training Organization (PMTO)
 - Parent-Child Interaction Therapy (PCIT)
 - Infant Mental Health (IMH) Treatment
 - Integrated Primary & Behavioral Health Treatment
 - Behavioral Activation
 - Cognitive Processing Therapy (CPT)
 - Acceptance and Commitment Therapy (ACT)
 - Cognitive-Behavioral Social Skills Training (CBSST)
 - Mindfulness-Based Stress Reduction (MBSR)
 - Prolonged Exposure (PE) Therapy
 - Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)
 - Applied Behavioral Analysis (ABA)
8. The following intervention modalities are also approved for use at HBH:
 - Individual treatment
 - Marriage counseling
 - Family treatment
 - Group therapy
 - Psycho-educational or Didactic Groups
9. HBH does not support or encourage staff to engage in any long-term or personality restructuring interventions (e.g. psychoanalysis, Gestalt therapy, etc.).
10. HBH strictly prohibits the use of any of the following techniques:
 - Restraints
 - Seclusion
 - Corporal punishment
 - With-holding or withdrawal of food or hydration or that inflicts physical or psychological pain
 - Use of aversive stimuli
 - Use of contingent harmless substances
 - Use of demeaning, shaming, or degrading language or activities
 - Forced exercise to eliminate behaviors
 - Invasive procedures or activities as a disciplinary action
 - Unnecessarily punitive restrictions (such as cancelling visits)
 - Punitive work assignments

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- Group punishment or group discipline for individual behavior
- Punishment by peers

11. Case reviews are conducted during regular peer staffings, doctor staffings, and/or regular case supervision with the supervisor (see also "[Clinical Supervision Policy](#)" HR.1.02 and "[Supervision Procedure](#)" HR.2.14).

Definitions/Acronyms:

Acronyms:

ABA – Applied Behavioral Analysis
CBSST – Cognitive-Behavioral Social Skills Training
COA – Council on Accreditation
CPT – Cognitive Processing Therapy
DBT – Dialectic Behavior Therapy
EBP – Evidence-Based Practice
EMR – Electronic Medical Record
FPE – Family Psycho-Education
HBH – Huron Behavioral Health
I/DD – Intellectual/Developmental Disability
IDDT – Integrated Dual Disorders Treatment
IMH – Infant Mental Health
MBSR – Mindfulness-Based Stress Reduction
MSHN – Mid-State Health Network
PCIT – Parent-Child Interaction Training
PCP – Person Centered Plan
PE – Prolonged Exposure
PIHP – Pre-Paid Inpatient Health Plan
PMTO – Parent Management Training Organization
RN – Registered Nurse
SAMHSA - Substance Abuse & Mental Health Services Administration
TF-CBT – Trauma Focused - Cognitive Behavioral Therapy

Definitions:

Evidence-Based Practice – refers to a clinical intervention and/or prevention initiatives which have a strongly rooted scientific foundation and produces consistent results in assisting consumers to achieve their desired goals or outcomes.

Fidelity – refers to the level of adherence to the original model as specified in written materials or manuals, or by researchers

Recovery – refers to a lifelong process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA (Substance Abuse & Mental Health Services Administration) has delineated four (4) major dimensions that support a life in recovery:

- 1) Health: Overcoming or managing one's disease(s) or symptoms - for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem - and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- 2) Home: A stable and safe place to live
- 3) Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society
- 4) Community: Relationships and social networks that provide support, friendship, love, and hope.

Resilience – refers to the ability to weather stresses, both large and small, bounce back from trauma and get on with life, learn from negative experiences and translate them into positive ones, gather the strength and confidence to change directions when a chosen path becomes blocked or nonproductive. It encompasses strengths that function as protective factors to enable one to withstand adversity and maintain well-being. Supporting protective factors helps prevent the negative impact of stress and adversity and promotes health.

Wellness - refers to proactive approach to health promotion that encourages positive health behaviors and increases awareness of potential health risks through education. According to SAMHSA, wellness includes at least eight (8) dimensions: emotional, environmental, intellectual, financial, spiritual, social, occupational, and physical.

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Forms:

N/A

Records:

Records of therapies are retained in the consumer's case record in accordance with the ["HBH Record Retention and Storage Policy" \(QI.1.23\)](#).

Reference(s) and/or Legal Authority

- COA standards
- Medicaid Provider Manual
- Public Act 258 (Michigan Mental Health Code)
- MSHN (PIHP) Policy "Quality – Evidence-Based Practices Policy"
- [BM.1.01 Behavior Treatment Plan Policy](#)
- [BM.1.03 Emergency Physical Interventions/Non-Violent Crisis Interventions Policy](#)
- [HR.1.01 Privileging/Credentialing Policy](#)
- [HR.2.01 Clinical Supervision Procedure](#)
- [HR.2.14 Supervision Procedure](#)
- [QI.1.23 HBH Record Retention and Storage Policy](#)

Change History:

Change Letter	Date of Change(s)	Changes
None		New policy for COA chapter G9
A	10/11/07	Added #7, revised wording slightly for clarification with no content changes, added hyperlinks, added EMR two places ("Acronym" & "Records" sections), added HR.1.02 & HR.2.14 (Supervision Policy & Procedure) in "Reference" section.
B	07/03/08	Under "Purpose" added "for their mental health needs", under "Policy" – reworded first sentence in #1 and added last two sentences in #1 to clarify existing business practices, added acronyms "RN", "DD", "PCP", added references to Medicaid Provider Manual and PA 258
C	01/28/09	Reviewed and revised to comply with COA 8 th Edition Standards and present practices – removed COA chapter-specific reference (G9), #2: changed "empirically" to "evidence", added last 4 bullets in #2, added IDDT, FPE, & PMTO to "Acronym" section, removed #4 (Hypnotherapy & EMDR), added note in "Information" section, removed reference "CS.1.01", removed "EMDR" from "Acronym" section, added last 4 bullets in #5.
D	11/27/12	Reviewed and revised to comply with 8 th edition COA standards; added 1 st bullet in "Information" section, removed the last sentence in #1 of "Policy" section which stated "HBH does not provide any medical treatment..." and replaced it with #2, added last 2 bullets in "Policy" section #2, in "Policy" section #5 added to 4 th bullet "or that inflicts...", 5 th bullet "use of " and "stimuli" and removed "painful techniques", 7 th bullet added "or activities", and 12 th bullet added "or group discipline...", added to "Acronym" section "IMH, in "Reference" section added BM.1.01 and BM.1.03 and removed BM.1.02, added hyperlinks.
E	05/29/13	Added last bullet in #3 (EMDR), added "EMDR" to "Acronym" section, removed "Gallery" from "Records" section, added hyperlinks
F	11/09/15	Added last 8 bullets in #3, in "Acronym" section added "TFCBT" & "ABA" and changed "DD" to "I/DD", in "Records" section removed reference to effectivity date for EMR implementation.
G	03/03/16	Revised to comply with MSHN policy "Quality – Evidence-Based Practices" – added first 7 bullets in "Information" section, in "Policy" section A.2 added "when consent is given", added A.3, A.4, A.5, & A.6, in "Acronym" section added "EBP", "MSHN", & "PIHP", added "Definitions" section, in title added "Evidence-Based Practices", in "Purpose" section added "Evidence-Based Practices"
H	07/26/17	In "Purpose" section removed "and their mental health needs" from end of sentence, in "Policy" section removed bullet "Eye Movement Desensitization and Reprocessing (EMDR)", in 20 th bullet added "Behavioral", in #9 added "interventions" after "restructuring" and removed it from parenthetical statement, in "Acronym" section removed "EMDR".
I	02/27/18	In "Information" section 4 th bullet added second sentence and added last bullet, in "Policy" section #7 added bullet "Parent-Child Interaction Therapy (PCIT)", added acronyms (CPT, CBSST, MBSR, PCIT, PE) (2 places), in #8 changed "Marital treatment" to "Marriage counseling".