



HURON BEHAVIORAL HEALTH OPERATIONAL POLICY

Policy #: SD.1.11
Issue Date: 01/21/05
Rev. Date: 05/27/23
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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 mental health treatment to individuals at Huron Behavioral Health.

Scope:

This policy applies to all employees (including full-time and part-time employees), contract clinical 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 meet the needs of the persons served.
- Practices will appropriately match the presenting clinical and/or community needs as well as demographic and diagnostic characteristics of the individual 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, family-driven youth-guided services, choice, and self-determination are critical to the success of EBP implementation and treatment.
- Evidence for EPB treatment modalities 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 as well as other key stakeholders will be routinely provided with EBP practice information relevant to HBH's services and supports.
- HBH staff will only utilize traditional and/or conventional service modalities and/or interventions. HBH staff are trained on therapeutic interventions prior to providing any intervention and these interventions are monitored for effectiveness and potential risks. Any intervention that produces any adverse side effect or is determined to be unacceptable according to prevailing professional standards shall not be used.

Policy:

1. Huron Behavioral Health provides mental health services to individuals using the medical necessity guidelines in the Michigan Medicaid Provider Manual and in accordance with the Michigan Mental Health Code (Public Act 258). This includes defining the scope, duration, and intensity of services in the consumer's Individual Plan of Service (IPOS) which is developed through the person-centered planning process.
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 appropriate 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"](#), [HR.2.01 "Staff Privileging Procedure"](#), and ["Provider Network – Provider Privileging/Credentialing Policy" PM.1.03](#)).

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4. Fidelity reviews will be conducted and reviewed as part of local quality improvement programs.
5. Evidence-based services will be monitored, tracked, and reported, including summary information provided to Mid-State Health Network (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. Evidence-based practices have four (4) key components:
 - it must be a standardized treatment with guidelines or manuals;
 - it must have been studied using a controlled research design;
 - the research studies must have employed a variety of research teams; and,
 - the outcomes must matter to the recipient of the care.
8. The following evidence-based theoretical orientations may be used by staff:
 - Cognitive Behavioral Therapy (CBT)
 - 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)
9. The following intervention modalities are also approved for use at HBH:
 - Individual treatment
 - Marriage counseling
 - Family treatment
 - Group therapy
 - Psycho-educational or Didactic groups
10. HBH does not support or encourage staff to engage in any long-term or personality restructuring interventions (e.g., psychoanalysis, Gestalt therapy, etc.).

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11. Prohibited Treatment Techniques:

The following treatment procedures are strictly prohibited from use at HBH under any circumstance:

- **Aversive Procedure**: Any procedure that physically hurts an individual or has a likelihood of placing an individual at risk of psychological harm. More specifically, any technique that requires the deliberate infliction of unpleasant stimulation (e.g., stimuli which would be unpleasant to the average person or stimuli that would have a specific unpleasant effect on a particular person).
- **Contingent Harmless Substances** – e.g., taking a spray bottle and spraying water at the individual
- **Corporal Punishment** – Punishment inflicted on a person's body.
- **Denial of Basic Needs** - Any procedure that denies such basic needs as nutritional diet, drinking water, shelter, or essential, safe, and appropriate clothing.
- **Discipline of Consumers** - Discipline as a means of punishment in order to correct or train a person. Staff is not permitted to use discipline of consumers in lieu of an approved behavior modification intervention. Consumers are not permitted to discipline other consumers.
- **Experimental Medication** - A medication that has not received the approval of the Food and Drug Administration (FDA) of the United States.
- **Fear-Eliciting Procedure** - A procedure that is likely to result in an individual becoming afraid.
- **Forced Physical Exercise to Eliminate Behaviors** – e.g., making the individual run or do push-ups as punishment
- **Group Punishment** – Disciplining a group of individuals because of one individual's behavior
- **Isolation** – The practice of separating a person from others and placing him/her in a monitored, non-locked or "quiet" room in order to calm the person. A person in isolation is physically prevented from leaving the designated space or room where s/he is placed. For purposes of COA accreditation, isolation is distinguished from time-out.
- **Mechanical Restraint** - A restraint device, such as a restraint chair or arm splints, used contingently upon the occurrence of a specific inappropriate behavior. Restraint does not include the use of a device primarily intended to provide anatomical support.
- **Physical Management Involving Prone Immobilization** - Prone immobilization is extended physical management of a recipient in a prone (face down) position, usually on the floor, where force is applied to the recipient's body in a manner that prevents him/her from moving out of the prone position. This behavior is prohibited under any circumstances.
- **Punishment by Peers** - Any behavior modification and treatment intervention that is implemented by another consumer. Consumers are not allowed to implement another consumer's behavior plan, but positive interaction with peers, that may inadvertently be construed as positive reinforcement, is considered appropriate.
- **Psychosurgery** - Brain surgery used to treat severe, intractable mental or behavioral disorders.
- **Seclusion** - The involuntary confinement of an individual, alone in a room, where the individual is physically prevented from leaving the room for any period of time.

12. 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

ACT – Acceptance and Commitment Therapy

CBSST – Cognitive-Behavioral Social Skills Training

CBT – Cognitive Behavioral Therapy

COA – Council on Accreditation

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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
IPOS – Individual Plan of Service
MBSR – Mindfulness-Based Stress Reduction
MSHN – Mid-State Health Network
NVCI – Non-Violent Crisis Intervention
PCIT – Parent-Child Interaction Training
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 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.

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" \(QI.1.23\)](#).

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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](#)

[PM.1.03 Provider Network – Provider Privileging/Credentialing Policy](#)

[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".
J	01/28/20	In "Policy" section #1 changed "Person Centered Plan (PCP)" to "Individual Plan of Service (IPOS)", in #3 added references and hyperlinks, added #7, changed the wording in #11 to match BM.1.03 for consistency, in "Acronyms" section added "ACT", "IPOS", & "NVC", in "References" section added PM.1.03, corrected hyperlinks throughout document, made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
K	01/17/21	In "Information" section removed last bullet as it was a repeat for 5 th bullet, made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
L	06/21/21	In "Information" section last bullet added 2 nd sentence.
M	05/27/23	In "Information" section 5 th bullet added "family-driven youth-guided services", in "Acronyms" section added "CBT" and removed "PCP", made several minor wording/grammatical changes/corrections throughout policy without changing sentence content