

FY18 Fourth Quarter

## DMH's Utilization of Evidence-Based Practices

### Goal 3, Objective 3.3 — Utilize evidence-based or best practices among DMH Programs and DMH Certified Providers

Increasing and tracking the use of evidence-based and best practices is a priority for the Mississippi Department of Mental Health (DMH). During the fourth quarter of FY18, DMH conducted a survey of its 12 Programs to determine evidence-based practices and best practices being utilized and if they are being monitored to fidelity. Some of the practices being used at DMH's six behavioral health programs include:

- **Illness Self-Management and Recovery (IMR):** IMR helps people set meaningful goals for themselves, acquire information and skills to develop more mastery over their psychiatric illness and make progress towards their own personal recovery. IMR is designed for almost anyone who experiences symptoms caused by a major mental illness. Specifically, research and educational materials cover four areas of symptoms: schizophrenia, schizoaffective disorder, bipolar disorder, major depression.
- **Family Psychoeducation (FPE):** FPE is an approach for partnering with consumers and families to treat serious mental illnesses. FPE practitioners develop a working alliance with consumers and families. While FPE includes many working elements, it is not family therapy. In the FPE approach, the illness is the object of treatment, not the family. The goal is that practitioners, consumers and families work together to support recovery. Serious mental illnesses such as schizophrenia, bipolar disorder and major depression are widely accepted in the medical field as illnesses with well-established symptoms and treatment.
- **Trauma-Focused Cognitive Behavior Therapy (TF-CBT):** TF-CBT is an evidence-based treatment that has been evaluated and refined during the past 25 years to help children and adolescents recover after trauma. TF-CBT is a structured, short-term treatment model of psychotherapy that effectively improves a range of trauma-related outcomes in 8-25 sessions with the child/adolescent and parent/caregiver. While originally developed to address the needs of children who experiences sexual abuse, it has been used, studied and found effective for diverse, multiple and complex trauma experiences for youth of different developmental levels and across different cultures. Children and parents learn new skills to help process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings and behaviors related to traumatic life events; and enhance safety, growth, parenting skills and family communication.
- **Collaborative Assessment and Management of Suicidality (CAMS):** CAMS is a flexible therapeutic framework in which patient and provider work together to assess the patient's suicidal risk and use that information to plan and manage suicide-specific, "driver-oriented" treatment. It is a philosophy of clinical care that can be used for a wide range of suicidal patients across outpatient and inpatient treatment settings and in the context of various psychotherapies and treatment modalities. The framework fundamentally involves a participant's engagement and cooperation in assessing and managing suicidal thoughts and behaviors and the therapist's understanding of the patient's suicidal thoughts, feelings, and behaviors.



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- **Behavioral Action Therapy:** In Behavioral Therapy, the goal is to reinforce desirable behaviors and eliminate unwanted ones. Behavioral therapy is rooted in the principles of behaviorism, a school of thought focused on the idea that we learn from our environment. The techniques used in this type of treatment are based on the theories of classical conditioning and operant conditioning. One important thing to note about behavioral therapies is that, unlike other types of therapy that are rooted in insight (such as psychoanalysis), behavioral therapy is action-based. Because behavioral therapy focuses on learning strategies, it tends to be highly focused. Behavioral Therapy is effective when treating phobias, panic disorders and obsessive-compulsive disorders. Some of the techniques used in this approach are flooding, systematic desensitization, aversion therapy, modeling and extinction.
- **Dialectical Behavior Therapy (DBT):** DBT is a cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes. “Dialectical” refers to the issues involved in treating patients with multiple disorders and to the type of thought processes and behavioral styles used in the treatment strategies. DBT emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance of patients. Therapists follow a detailed procedural manual.
- **Wellness Recovery Action Plan (WRAP):** WRAP is a manualized group intervention for adults with mental illness. WRAP guides participants through the process of identifying and understanding their personal wellness resources (“wellness tools”) and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness. WRAP has the following goals:

  - Teach participants how to implement the key concepts of recovery in their day-to-day lives
  - Help participants organize a list of their wellness tools—activities they can use to help themselves feel better when they are experiencing mental health difficulties and to prevent these difficulties from arising
  - Assist each participant in creating an advance directive that guides the involvement of family members or supporters when he or she can no longer take appropriate actions on his or her own behalf
  - Help each participant develop an individualized post-crisis plan for use as the mental health difficulty subsides, to promote a return to wellness.

In addition, over the last several years, DMH has provided funding and/or support to community providers to offer specific evidence-based practices. These programs would not be possible without the funding provided by the Mississippi Legislature and/or federal grants. Community Mental Health Centers have expanded service provision to support these programs in order to help people receive services and remain in their communities as they embrace their recovery.

