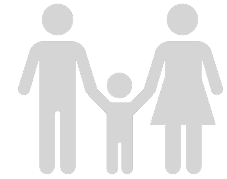
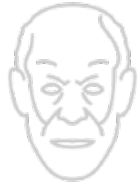


THE EVOLUTION OF PSYCHOTHERAPY: HOW ARE BEST PRACTICES APPLIED?



WAVE 1
Psychoanalysis
(e.g. Freud, Jung)

WAVE 2
Behavior Modification
(e.g. Skinner, Watson)

WAVE 3
Humanistic/Experiential Psychotherapy
(e.g. Erikson, Frankl)

WAVE 4
Cognitive Psychotherapy

WE ARE HERE
Consolidation and Application in Emerging Delivery Models

1899-
Freud's *The Interpretation of Dreams*

1913
Watson's *Psychology as the Behaviorist Views It*

1928-1930
Frankl began counseling students for free in Vienna

1960s: CBT
(Cognitive Behavioral Therapy)

Medication Assisted Therapy
Wraparound
Crisis Response
Congregate care
Family Resource Models
School Based
Telepsychiatry
Co-location

1913
Jung establishes Analytical Psychology

1938
Skinner publishes *Behavior of Organisms*

1933
Erikson becomes first U.S. child psychoanalyst

1970s: Narrative Therapy

1921
Jung publishes *Personality Types*

1953
Behavior Research Laboratory

1959
Frankl's book became *Man's Search for Meaning*

1980s: DBT
(Dialectical Behavior Therapy)

1968
Applied Behavior Analysis

1969
Erikson publishes *Gandhi's Truth*, showcasing ego psychology

1996: MST
(Multisystemic Therapy)

COGNITIVE BEHAVIORAL THERAPY (CBT) IS A TYPE OF TALK THERAPY IN WHICH THE PRACTITIONER HELPS THE PATIENT BECOME AWARE OF NEGATIVE THINKING

COGNITIVE BEHAVIORAL THERAPY (CBT and TF-CBT)

CBT is a short-term, goal-oriented practice based on the idea that the way a person thinks and acts fundamentally affects the way that person feels.

CBT helps the patient become aware of inaccurate or negative thinking so they can view challenging situations more clearly and respond to them in a more appropriate way.

Trauma-Focused CBT (TF-CBT) is similar to CBT, but focuses specifically on children and youth impacted by trauma.

TF-CBT is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral therapy.

Patients work with a mental health counselor during a limited number of sessions in a structured way. Standard techniques include:

- **Exposure therapy**, in which a person with anxiety is gradually exposed to the things that trigger their anxiety. Through the process, their anxiety lessens as they see they are actually able to face fears with no major adverse effects.
- **Altering negative or inaccurate thought patterns** or behavior by replacing them with positive thoughts and behaviors. This helps the patient view challenging situations more clearly and respond to them in a more effective way, thus mitigating anxiety and depression.

Studies show that CBT is as effective, or more effective, than antidepressant medications, and appears to more effectively reduce risk of relapse.

- The American Psychological Association (APA) describes CBT as:

“A form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders and severe mental illness.”

APA emphasizes that advances in CBT have been made on the basis of both research and clinical practice. In this manner, CBT differs from many other forms of psychological treatment.

- The Mayo Clinic credits CBT as an effective tool in treating a *“range of mental health disorders including depression, post-traumatic stress disorder (PTSD) or an eating disorder.”*

TF-CBT is widely recognized as an evidence-based treatment for children and adolescents (and their caregivers) impacted by trauma.

- According to the NCTSN, TF-CBT has the strongest research evidence of any treatment model for traumatized children. The NCTSN states that “multiple randomized controlled trials and replication studies including international studies have been conducted documenting the effectiveness of TF-CBT for improving a range of problems among these children.”



[Read more on TF-CBT:](#)

Sources: [Mayo Clinic](#), [American Psychological Association](#), [National Child Traumatic Stress Network](#)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2748674/>

<https://www.mayoclinic.org/testsprocedures/cognitive-behavioral-therapy/about/pac-20384610>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2748674/>

<https://www.nctsn.org/interventions/trauma-focused-cognitive-behavioral-therapy>

DIALECTICAL BEHAVIOR THERAPY (DBT) COMBINES TWO OPPOSITES IN THERAPY – ACCEPTANCE AND CHANGES – TO HELP SUICIDAL AND SEVERELY DEPRESSED YOUTH

DIALECTICAL BEHAVIOR THERAPY (DBT)

Dialectical Behavior Therapy is a modified form of CBT. It uses traditional CBT techniques while promoting additional psychosocial skills such as mindfulness, acceptance and tolerating distress.

Psychology Today summarizes DBT as follows:

“DBT provides clients with new skills to manage painful emotions and decrease conflict in relationships. DBT specifically focuses on providing therapeutic skills in four key areas.

1. First, mindfulness focuses on improving an individual's ability to accept and be present in the current moment.
2. Second, distress tolerance is geared toward increasing a person's tolerance of negative emotion, rather than trying to escape from it.
3. Third, emotion regulation covers strategies to manage and change intense emotions that are causing problems in a person's life.
4. Fourth, interpersonal effectiveness consists of techniques that allow a person to communicate with others in a way that is assertive, maintains self-respect, and strengthens relationships.”

<https://www.psychologytoday.com/us/therapy-types/dialectical-behavior-therapy>



DBT was originally developed to treat chronically suicidal individuals diagnosed with borderline personality disorder (BPD). It is now recognized as the ‘gold standard’ psychological treatment for this population.

Research has also shown that it is effective in treating a wide range of other disorders such as substance dependence, depression, post-traumatic stress disorder (PTSD), and eating disorders.

<https://behavioraltech.org/resources/faqs/dialectical-behavior-therapy-dbt/>



Read More: “Dialectical Behavior Therapy Current Indications and Unique Elements”:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963469/>

IN SOME CASES, A COMBINATION OF CBT AND MEDICATION CAN BE MORE EFFECTIVE THAN EITHER TREATMENT ALONE

COMBINATION CBT AND ANTI-DEPRESSANT MEDICATION THERAPY

Powerful one-two punch.

Some studies have shown that, in adolescents with depression or anxiety, a combination of CBT and medication (selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors) can often be more effective than either approach used independently.

“Studies suggest that adolescents who are depressed may benefit most from a combination of cognitive behavioral therapy and an antidepressant medication such as Prozac (an SSRI or selective serotonin reuptake inhibitor). This combination approach is effective in reducing depressive symptoms as well as decreasing suicidal ideation (thoughts) and suicide attempts.”

The U.S. Department of Health and Human Services advocates for more research to better understand the risks and benefits of the combined approach:

“The combination of medications and cognitive behavioral therapy is more effective than either treatment alone, but the benefits and risks of each need to be considered...future research should address treatment of children who have other psychiatric conditions in addition to anxiety, evaluate the effectiveness of the components of cognitive behavioral therapy, compare drugs head to head, and study the long-term adverse effects of medications”

“Anxiety in Children.” <https://effectivehealthcare.ahrq.gov/topics/anxiety-children/research-2017>



Read more: “Cognitive-Behavioral Therapy vs. Medication for Childhood Anxiety”: <https://www.jwatch.org/na45007/2017/09/12/cognitive-behavioral-therapy-vs-medication-childhood>

“A Combination of Cognitive Behavioral Therapy & Antidepressant Medication Works Best for Depressed Adolescents.” <https://www.mentalhelp.net/blogs/a-combination-of-cognitive-behavioral-therapy-antidepressant-medication-works-best-for-depressed-adolescents/>

MULTISYSTEMIC THERAPY (MST) OFFERS FAMILY AND COMMUNITY-BASED INTERVENTION FOR AT-RISK YOUTH

MULTISYSTEMIC THERAPY (MST)

MST is aimed primarily at high-risk youth involved in the juvenile justice system and/or with substance abuse issues. This treatment focuses on decreasing youth violence, antisocial behavior and out-of-home placements.

According to the Encyclopedia of Mental Disorders:

“Multisystemic therapy (MST) is an intensive family- and community-based treatment program designed to make positive changes in the various social systems (home, school, community, peer relations) that contribute to the serious antisocial behaviors of children and adolescents who are at risk for out-of-home placement. These out-of-home placements might include foster care, group homes, residential care, correctional facilities, or hospitalization.” <http://www.minddisorders.com/Kau-Nu/Multisystemictherapy.html#ixzz5SokgeA00>

The California Evidence-Based Clearing House identifies 3 critical features of MST:

1. “Integration of empirically based treatment approaches to address a comprehensive range of risk factors across family, peer, school, and community contexts
2. Promotion of behavior change in the youth's natural environment, with the overriding goal of empowering caregivers
3. Rigorous quality assurance mechanisms that focus on achieving outcomes through maintaining treatment fidelity and developing strategies to overcome barriers to behavior change.”

<http://www.cebc4cw.org/program/multisystemic-therapy/detailed>

According to MST Services, a mental health specialist group that partners with provider organizations and service systems, “MST delivers superior clinical and financial results relative to incarceration and alternative treatments.”



<http://www.mstservices.com>

PARENT MANAGEMENT TRAINING (PMT) AIMS TO CHANGE PARENTING BEHAVIOR IN ORDER TO CHANGE NEGATIVE CHILD BEHAVIOR

PARENT MANAGEMENT TRAINING (PMT)



PMT refers to a treatment approach which focuses on changing negative parent behaviors – through teaching positive reinforcement and techniques for setting appropriate boundaries – in order to change negative behavior in children.

Recognizing that negative parental behavior and negative child behavior are frequently linked, PMT seeks to change a child's disruptive behaviors with interventions that change parent behaviors.

PMT has been found particularly effective in treating child disruptive behavior, particularly oppositional defiant disorder (ODD) and conduct disorder (CD).



Read More: <http://www.minddisorders.com/Ob-Ps/Parent-management-training.html>



Read More: "Effects of Culturally Adapted Parent Management Training on Latino Youth Behavioral Health Outcomes."
<http://cssr.berkeley.edu/cwscmsreports/LatinoPracticeAdvisory/Culturally%20Adapted%20Parent%20Mgmt%20Training.pdf>



Read More: "Parent Management Therapy/Cognitive Behavioral Therapy (PMT/CBT) for Behavior Problems."
<https://depts.washington.edu/hcsats/PDF/factsheets/Behavior-Tx.pdf>



Read More: <http://www.minddisorders.com/Ob-Ps/Parent-management-training.html>

WRAPAROUND IS A COMPREHENSIVE, HOLISTIC, FAMILY-DRIVEN APPROACH TO YOUTH MENTAL HEALTH THAT INCLUDES THE CHILD'S NATURAL SUPPORT SYSTEM

WRAPAROUND

TEAM APPROACH

Wraparound refers to a system of care management that includes a child's natural support system (family members, extended family, other caregivers, teachers and physicians) as well as agency professionals and mental health care providers.

This type of coordinated, team approach has been shown to be effective in treating a child's mental health and is also more likely to keep that child in the home or in a "home-like" setting.

"The wraparound team process has established itself as a standard of care for children and youth with complex needs and their families who require coordination of care and for whom a single intervention is unlikely to suffice. The wraparound practice model operationalizes critical system of care principles such as family driven and youth guided, community based, and collaborative; it is extremely popular with families; and the process is locally adaptive in that it can be flexibly applied in a range of public service systems [...] Research results indicate that wraparound's strongest evidence for positive effects are in the residential, family, and cost domains."

"Family Driven, Individualized, and Outcomes Based: Improving Wraparound Teamwork and Outcomes Using the Managing and Adapting Practice (MAP) System," Bruce Chorpita, Eric Bruns and Janet Walker. <https://nwi.pdx.edu/NWI-book/Chapters/Bruns-5g-wrap-MAP.pdf>

"The benefit of wraparound is that it coordinates multiple evidence-based services or other services that a child or youth is receiving. It brings in these natural supports that are in the child's life and community all to the table and all the folks that are supposed to be working with that youth and family – and helps everybody be on the same page. In some ways that care coordination piece is super critical. It is a different type of way of interacting with the youth and family than specific clinical interventions – and they are definitely complimentary."

- Abram B. Rosenblatt, Ph.D. Westat



Read More – Report on Wraparound efficacy and cost: <https://depts.washington.edu/wrapeval/sites/default/files/presentations/Wrap-MAP%20Calif%20WA%20institute%206-13-12.pdf>

“I’VE BEEN THERE”: COMBINING PERSONAL EXPERIENCE AND FORMAL TRAINING TO HELP YOUTH WITH MENTAL HEALTH NEEDS

YOUTH PEER SUPPORT/FAMILY SUPPORT – PEER-TO-PEER



There is a movement to include youth peer support and family support in systems of care. Peers who have had experiences with mental health conditions and families that have had experiences with raising a child with mental health issues can offer support those in similar situations.

According to Westat, the peer support model is a “*burgeoning area*” in Youth Mental Health.



Read More: “The future of mental health care: peer-to-peer support and social media”:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4830464/>



Read More – on a youth and multicultural Peer to Peer outreach program in Sacramento, CA:
<http://www.namisacramento.org/training/peertopeer.html>



Read More – National Alliance on Mental Illness for example of Peer to Peer training program:
<https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Peer-to-Peer>



Read More – Mental Health America: <http://www.mentalhealthamerica.net/peer-services>

TELEHEALTH INCREASES ACCESS TO MENTAL HEALTH SUPPORT

TELEPSYCHIATRY OR TELEHEALTH



Telehealth is a collection of means or methods for enhancing health care and health education delivery through digital and telecommunications technologies.

Multiple factors have driven the adoption of telehealth in the field of adult mental health in recent years:

- **Increased access:** shortages of mental health specialists in certain regions can be alleviated with virtual access
- **Less stigma** comes with meeting with a mental health practitioner online, from home, relative to an in-person visit
- **New, virtual providers and platforms** crowding the space offering video consultations and texting services



Read More – telehealth specific to mental health care, see: “Health Systems Target Telehealth to Fill a Mental Healthcare Gap”: <https://mhealthintelligence.com/news/health-systems-target-telehealth-to-fill-a-mental-healthcare-gap>



Read More: “Telehealth use in behavioral health cases shows promise in cost control, with utilization on the rise”
<https://www.healthcarefinancenews.com/news/telehealth-use-behavioral-health-cases-shows-promise-cost-control-utilization-rise>



Read More: “A new emphasis on telehealth: How can psychologists stay ahead of the curve — and keep patients safe?”:
<https://www.apa.org/monitor/2011/06/telehealth.aspx>



Read More: Center for Connected Health Policy: The National Telehealth Resource Center: <http://www.cchpca.org/what-is-telehealth>



Read More: National Consortium of Telehealth Resource Centers:
<https://www.telehealthresourcecenter.org>



Read More:
http://www.cchpca.org/sites/default/files/uploader/Telehealth%20Definiton%20Framework%20for%20TRCs_0.pdf

MENTAL HEALTH APPS SHOW PROMISE, ESPECIALLY FOR TEENS

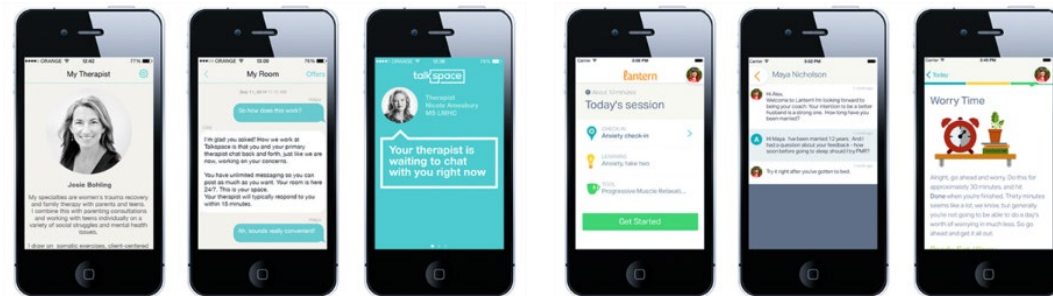
MENTAL HEALTH APPS

- The idea is *not* that apps would replace traditional face-to-face therapy; instead, apps can **provide individualized support and increase access** to resources and interventions.
- The **immediate availability of support** is another advantage.
- Apps may also help to **overcome geographical and financial barriers to treatment** and engage traditionally hard-to-reach groups.
- They may also **reduce barriers for youth seeking mental health support**, such as the stigma or discomfort attached to discussing one's mental health through more traditional, face-to-face channels.

“A growing technology sector is creating coaching, counseling and monitoring services for teens and young adults fighting eating disorders, depression, anxiety and other mental health issues. The programs promise to open new avenues for those who... want or need more mental health care but — because of high service costs, logistical hassles, struggles with stigma or other obstacles — would not otherwise get it.”

NPR piece: “New Apps Give Teens Easier, Persistent Access To Mental Help”:

<https://www.npr.org/2015/01/13/377038618/new-apps-give-teens-easier-persistent-access-to-mental-help>



Read More: “Mental Health Mobile Apps for Preadolescents and Adolescents: A Systematic Review”:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5465380/>



Read More: “Top 25 Best Mental Health Apps: An Effective Alternative for When You Can’t Afford Therapy?”:

<https://www.psych.com/25-best-mental-health-apps>

THE PROBLEM IS THE PROBLEM; THE PERSON IS NOT THE PROBLEM

NARRATIVE THERAPY



Narrative therapy is a social-justice oriented, collaborative and non-pathologizing approach in which the therapist encourages the patient to narrate their story, then helps them to see how the events and problems that occur in that story are actually separate from them, rather than part of who they are.

In Narrative Therapy, clients learn the ways in which the negative events in their stories have come to shape their identities. In collaboration with the therapist, they learn to ‘re-write their stories.’

<https://www.psychologytoday.com/us/therapy-types/narrative-therapy>

An adolescent who has had numerous run-ins with the law may come to identify as an “offender,” or a “criminal.” Through Narrative Therapy, that adolescent would learn instead that the things that have happened to him or to her and the decisions and mistakes they have made are not actually who they are and do not define them.

This separation of the problem from the person empowers the individual “to make changes in their thought patterns and behavior and ‘rewrite’ their life story for a future that reflects who they are, what they are capable of, and what their purpose is, separate from their problems.”

<https://www.psychologytoday.com/us/therapy-types/narrative-therapy>

Narrative therapy “is a way of working that considers the broader context of people's lives particularly in the various dimensions of diversity including class, race, gender, sexual orientation and ability.”

<http://www.narrativetherapycentre.com/narrative.html>



Read more: <https://positivepsychologyprogram.com/narrative-therapy/>



Read more: <https://www.bostoneveningtherapy.com/2015/03/5-things-to-know-about-narrative-therapy/>



IT CAN BE DONE:

We have new science and emerging practices that demonstrate the promise of behavioral health and the critical role schools can and must play

AND

There is striking evidence of a crisis

AND

Significant Resources Are Flowing to Schools

AND

There is a way to finance broad reform if we use all of the tools at our disposal