Top 10 Evidence Based Practices

Motivational Interviewing (MI):
• Individual counseling; key skills-- listening reflectively, asking open questions, affirming the client’s change-related statements and efforts.

Case Management (CM):
• Coordination of services, e.g., medical, mental health, financial, housing, employment, substance abuse. Includes counseling support and a strengths-based approach.

Adolescent -Community Reinforcement Approach (A-CRA):
• Outpatient; Parental/caregiver involvement is crucial. Format includes adolescents alone, parents/caregivers alone, and adolescents and parents/caregivers together. Therapist learns 17 A-CRA procedures.

Assertive Community Treatment (ACT):
• For mentally ill. Team approach - social workers, rehabilitation specialists, nurses, psychiatrists. Case management; psychiatric services; employment/housing assistance (employment is expected); services 24 hours/365 days in home/locale.

Matrix Model (MM):
• Intensive outpatient treatment directed to behavior change. Includes relapse-prevention groups, psycho-education groups, social support groups, individual counseling and urine and breath testing. Education for family members is included.

Cognitive-behavioral Therapy (CBT):
• Individual counseling to understand the intersection of thoughts, emotions and behaviors, interrupt automatic responses to these patterns. Clients learn skills of problem-solving, affect-regulation, drug refusal, and anger-management.

Seeking Safety (SS):
• PTSD and substance abuse treatment. Group or individual format, males & females. Teaches cognitive, behavioral and interpersonal coping skills. Topics include: Asking for help; Setting boundaries in relationships; Healing from anger; Taking good care of yourself; Taking back your power; When substances control you; and Recovery thinking.

Integrated Dual Diagnosis Treatment (IDDT):
• For co-occurring disorders. Goals: sobriety, symptom management, increased independent living. Uses assertive outreach; stage-wise case management (stages of readiness for change), family psycho-education. No time limits on services.

Motivational Enhancement Therapy (MET):
• A four-session adaptation of MI, especially effective for adolescents. Includes client feedback sessions on drinking/drug use presented in a nonconfrontational manner. Compares the drinker/drug user’s pattern to societal norms and engages user in discussion of implications.

Peer to Peer Recovery Support (P2P):
• Designed/delivered by peers in recovery. Goal: to increase engagement in recovery and reduce relapse. Extends outside clinical settings to client’s environment. Activities include peer coaching and help with finding sober housing, making new friends, using free time, job skills. Peer coaches lead recovery groups and structure community participation activities.