

***Evidence Based Treatment  
Resource Guide for Idaho  
District 6***



## Suggested questions for parents to ask when choosing a therapist:

1. What type of therapy do you offer? What is it called? Tell me how therapy works, and about the main components of the therapy.
2. How do you decide what type of therapy is best for a particular problem or diagnosis? Do you use standardized measures or questionnaires as part of your clinical assessment?
3. What is your approach to treating anxiety, depression or posttraumatic stress?
4. In what evidence-based treatments have you had training? Tell me a little about the training? Did you receive any type of certification?
5. Do you receive clinical supervision or consultation for the evidence-based therapy that you do?
6. To about how many clients have you delivered the therapy?
7. Where can I learn more about the therapy? Can you direct me to websites or other resources that have information about the therapy? Do you have any materials that describe the therapy?
8. What will be expected of me for the treatment to work the best? How long does it typically last?
9. How do you monitor if the treatment is working? How do you decide when the treatment has worked or has been successful or when it may need to be changed because there is not enough progress?

**Please contact Region 6 Children's Mental Health at 208-234-7900 with any questions or comments. Providers who would like to add or update information may do so by contacting the same number.**

**The link below is for the electronic version of this booklet, and it will be updated regularly.**

<https://www.siphidaho.org/comhealth/behavioral-health.php>



**Choosing a therapist is like choosing any other professional who delivers a service. The decision about whether it is the right fit is up to the client.**

# Table of Contents

**Finding a Therapist for Evidence-Based Treatment 5**

**Evidence Based Therapies 8**

**Mental Health Disorders and Effective Treatments 23**

**Treatment Providers 42**

## Acknowledgments

We would like to thank the providers who participated in the survey and who work hard every day to provide the best treatment available to their consumers.

The majority of the information in this guide is from Effective Child Therapy; Evidence-based mental health treatment for children and adolescents a web site created by the Society of Clinical Child & Adolescent Psychology. The site can be found at [effectivechildtherapy.org](http://effectivechildtherapy.org)

Thank you to Destiny Mills, Melissa Scott, Dedra Sanna and the other members of the Children's Mental Health team who helped create this guide. Thank you to the District 6 Juvenile Justice Council for the idea and support in its creation.

Please contact Region 6 Children's Mental Health at 208-234-7900 with any questions or comments. Providers who would like to add or update information may do so by contacting the same number.

# ***Finding a Therapist for Evidence-Based Treatment***

This handout is for individuals, family members and community professionals who are looking for a therapist who delivers “evidence-based treatment”. Evidence-based treatments are programs of therapy that have been shown in scientific studies to be more helpful than no treatment or alternative treatments. Evidence-based treatments target specific problem areas (depression, anxiety, behavior problems), are structured and focused, and teach new practical skills to change behaviors and cope with difficult feelings.

There are different types of evidence-based treatments. Many evidence-based treatments are cognitive behavioral. Some are “brand-name” and you can ask for the particular therapy by name (for example, “Cognitive Processing Therapy” or “Prolonged Exposure” for PTSD). In general, these therapies contain standard components that directly address changing the behaviors and thoughts that are causing difficulties for the individuals.

Evidence-based treatments generally have the following characteristics:

- In addition to a clinical interview, the therapist often uses specific checklists or questionnaires that are scored to find the main clinical problem area(s) and help to decide on the best treatment. The results of the interview and questionnaires are discussed with the client to get agreement on the clinical problem area and the steps for treatment. Questionnaires may be given throughout treatment to find out if the treatment is working.
- Therapy is active and involves changing thoughts or behaviors, not just about talking about problems or listening to the therapist give advice.
- There is a plan, or agenda, for every session that is based on what the clinical problems is and the steps for learning new information or skills.
- Clients learn and practice specific practical skills in session with the therapist.
- Learning new skills starts right away. Therapists do not take a lot of sessions just getting to know the individual. They build a relationship WHILE teaching and practicing new skills.
- Clients are asked to practice skills in-between sessions. Evidence-based therapies usually involve homework!
- Treatment is short-term, usually 12-20 sessions.

## Training for evidence-based therapists:

- Sometimes therapists have received a certificate that documents having received training or certification in a particular evidence-based practice. You can ask to see it!
- Often the training includes a period of clinical supervision received while providing the treatment to clients.
- It is best when the therapist receives ongoing clinical supervision or consultation in evidence-based practice.

**As a consumer of therapy services, you are encouraged to ask questions and find out more about the type of therapy that is offered and the training and the supervision of the therapist. It is up to you to decide what kind of therapy and which therapist you think is best for the situation. As you ask questions, if the therapy is evidence-based, you would expect to hear some of the information provided above. Consider this an interview - the therapist is “interviewing” to provide you treatment.**

## Evidence-Based Therapies

Many of the behavioral problems or mental health symptoms that can keep children and adolescents from leading happy, successful lives can be effectively treated with evidence-based therapies. With these treatments, mental health providers help parents and children learn how to work and live better with others, and to build the skills and habits that help them succeed in school and in life.

Not all mental health therapies for young people are effective, and some treatment options do not work the same for all behavioral and mental health disorders.

Outlined below are several therapies that have been proven to work. All of the treatments listed below use techniques that are based on scientific evidence to understand and treat various behavioral and mental health issues in young people.

## Types of Evidence-Based Therapies

Applied Behavior Analysis

Behavior therapy

Cognitive behavioral therapy

Cognitive therapy

Family therapy

Interpersonal psychotherapy

**Learn more at [samhsa.gov/ebp-resource-center](https://samhsa.gov/ebp-resource-center)  
or [effectivechildtherapy.org](https://effectivechildtherapy.org)**



## What is Applied Behavior Analysis?

**Applied behavior analysis (ABA)** uses learning principles to teach socially significant behaviors in real-life settings. For example, if a behavior is followed by a reward or reinforcement, it is more likely to be repeated. This principle also applies to negative behaviors that are inadvertently reinforced.

This individualized, adult-led intervention addresses communication, social skills, self-management, cognition, and pre-academic skills such as imitation, matching, letter, and number concepts. When used with younger children, ABA interventions are often referred to as “early intensive behavioral interventions” (EIBI). ABA is considered an effective treatment for autism spectrum disorder.

## What is Behavior Therapy?

**Behavioral therapies** for children and adolescents vary widely, but they all focus primarily on how some problematic thoughts or negative behaviors may unknowingly or unintentionally get “rewarded” within a young person’s environment. These rewards or reinforcements often contribute to an increase in the frequency of these undesirable thoughts and behaviors. Behavior therapies can be applied to a wide range of psychological symptoms among adolescents and children.

Although behavioral therapies can vary substantially from disorder to disorder, a common thread is that behavioral therapists encourage children and adolescents to try new behaviors, reward desired behaviors, and to allow unwanted behaviors to “extinguish” (that is, ignore unwanted behaviors).

# Types of Behavioral Therapies

## **Behavioral Classroom Management**

Behavioral classroom management is a type of evidence-based therapy designed to support students' positive behaviors in the classroom, while preventing negative behaviors, and increasing student academic engagement. In this type of therapy, the child's teacher participates in delivering the treatment. Behavioral classroom management has received substantial empirical support as an effective therapy in the treatment of attention-deficit/hyperactivity disorder (ADHD).

## **Behavioral Peer Interventions**

Behavioral peer interventions involve one or more of a student's peers providing assistance to the child with behavioral problems. A teacher will train a child's peers to reinforce the child's positive behaviors and academic performance with social and academic support strategies. This kind of therapy is often used in the school setting and has been shown to provide many benefits to academic, social, and interpersonal development.

Participation has also shown to be a positive influence for the peer assistant as well, because it reinforces a sense of responsibility and constructive behavioral changes. Behavioral peer interventions have been proven by science to be effective in treating ADHD.

There are a variety of peer-based behavioral interventions, including:

- ☐ Peer modeling
- ☐ Classroom-wide tutoring
- Peer initiation training
- ☐ Behavioral Parent Training

Behavioral parent training was developed to teach parents how to reinforce desirable behaviors in their children, discourage unwanted behaviors, and improve parent-child interactions. In this form of therapy, the parents play a significant role in treating their children's behavior problems. During the therapy sessions, parents learn how to carefully observe their children's behaviors at home and are taught skills to reward their children's positive behaviors by using praise, positive attention, and rewards. They are also taught to use rule-setting, time-out, and ignoring to discourage bad behaviors.

Behavioral parent therapy has received substantial empirical support to be effective in reducing behavior problems – especially for children with ADHD

### **Combined Behavioral Management Interventions**

Research has found that combining forms of behavioral classroom management, behavioral parent training, and/or behavioral peer interventions are well-established and effective for treating ADHD.

### **Modeling**

Modeling is a form of therapy in which a therapist demonstrates a non-fearful response to a negative situation in order to promote imitation in the child or adolescent. It has been proven to be effective in treating anxiety in children and adolescents.

# What is CBT?

Cognitive behavioral therapy (CBT) for children and adolescents usually are short-term treatments (i.e., often between six and 20 sessions) that focus on teaching youth and/or their parents specific skills. CBT differs from other therapy approaches by focusing on the ways that a child or adolescent's thoughts, emotions, and behaviors are interconnected, and how they each affect one another. Because emotions, thoughts, and behaviors are all linked, CBT approaches allow for therapists to intervene at various points in the cycle.

These treatments have been proven to be effective in treating many psychological disorders among children and adolescents, such as anxiety, depression, post-traumatic stress disorder (PTSD), behavior problems, and substance abuse.

There are differences between cognitive therapies and behavioral therapies for young people. However, both approaches have much in common, such as:

- The therapist and child or adolescent develop goals for therapy together, often in close collaboration with parents, and track progress toward goals throughout the course of treatment.
- The therapist and client work together with a mutual understanding that the therapist has theoretical and technical expertise, but the client is the expert on him- or herself.
- The therapist seeks to help the client discover that he/she is powerful and capable of choosing positive thoughts and behaviors.
- Treatment is often short-term. Clients actively participate in treatment in and out of session. Homework assignments often are included in therapy. The skills that are taught in these therapies require practice.
- Treatment is goal-oriented to resolve present-day problems. Therapy involves working step-by-step to achieve goals.

# Types of Cognitive Behavioral Therapy

**Individual CBT :** Individual cognitive behavioral therapy focuses solely on the child or adolescent and includes one therapist who teaches the child or adolescent the skills needed to overcome his/her challenges. This form of CBT has been proven effective in the treatment of child and adolescent depression and anxiety disorders, as well as substance abuse in adolescents.

**Group CBT:** Group cognitive behavioral therapy includes not only the child or adolescent and therapist in the therapy sessions, but also others outside of the child or adolescent's social groups – usually new acquaintances who are also being treated for the same disorder. Those in the group therapy are often dealing with similar behavioral issues and, unlike individual CBT, the group format allows helpful relationships to form, in addition to learning skills needed to change behavior. Group CBT is often less expensive than individual CBT, and more broadly available. It has been proven effective in the treatment of depression and substance abuse in adolescents.

**CBT with Parents:** Cognitive behavioral therapy that includes parents in the treatment process has been shown through research to be effective in treating children and adolescents with anxiety disorders. Specifically, CBT that teaches parents techniques to help care for anxious youth, including psychoeducation, individual therapy, caregiver coping, and parent training techniques are especially helpful. In this form of therapy, the parents are involved directly in the treatment of their children and are essentially trained in ways to help them handle their children's fears at home.

**CBT with Medication:** Research has shown that pairing CBT with psychotropic medications can be effective in treating a child or adolescent's anxiety symptoms or depression. A child's care team will be able to prescribe the right medication if he/she believes it to be necessary in your child's therapy process.

**Trauma-focused CBT:** Trauma-focused CBT was developed to help children & adolescents affected by trauma. It is effective in treating PTSD but can be effective in treating other trauma-related disorders as well. It is delivered in the same way as cognitive behavioral therapy – usually short-term in six to 20 sessions with the child & his/her parents present. A trauma-focused CBT session addresses several factors related to the child's traumatic experiences, including behavioral and cognitive issues, & depression or anxiety symptoms, and helps improve parenting skills & parents' interactions with their children to help support and cope with their children's struggles.

**CBT paired with Motivational Enhancement Therapy (MET):**

MET is a type of evidence-based therapy that motivates adolescents internally to change their behavior. When MET is paired with group-based CBT, it is effective in changing an adolescent's behavior towards drug and alcohol abuse. This therapy uses discussion, coping strategies, and motivational interviewing principles to help the youth initiate a plan to change his/her behavior and motivate the youth to follow through. Throughout the sessions, the therapist will guide the youth through their plan to stop using substances and will continue to motivate and encourage his/her progress. Following MET therapy sessions, the adolescent would participate in group-based CBT to see the best results

### **CBT paired with Motivational Enhancement Treatment and Family-based Behavioral Treatment**

In family-based behavioral treatment, parents set examples for their children in changing their own behavior to help their children change their behaviors in the long run. An important component of this type of therapy is the training of parents on child management and problem-solving skills. This integrated therapy has been proven effective in treating adolescent substance abuse.

## What is Cognitive Therapy?

**Cognitive therapy** is a form of treatment based on the notion that many of our emotions are caused by the ways that we perceive or interpret the things that happen around us. Sometimes these thoughts may be unrealistic or unhelpful. For instance, an adolescent might interpret an unclear phone message as suggesting rejection from a friend; or he/she may perceive some physical symptoms as evidence of a serious medical problem. Others may set unrealistic expectations for themselves, or harbor concerns regarding their acceptance by their peers or others.

These types of thoughts can contribute to unrealistic, biased, or maladaptive thinking filters that contribute to negative feelings and unproductive actions. So, a teen who unrealistically perceives an unclear text message as rejection, might avoid that friend, assume the friend dislikes her, and feel sad and isolated. Cognitive therapy teaches the teen to challenge those distorted thoughts, to assess the situation more realistically, and to make decisions based on more balanced thinking.

Working with a child or teen to change their interpretations of events or sensations can lead to entirely different emotional responses.



# What do you Learn in Cognitive Therapy?

In cognitive therapy, children, adolescents, and their families learn to:

- Distinguish between their thoughts, feelings, and actions.
- Become aware of the ways in which thoughts can influence feelings and actions in ways that are not helpful.
- Learn about thoughts that seem to occur automatically, without the person even realizing how their thoughts may affect their emotions.
- Evaluate critically whether these “automatic” thoughts and assumptions are accurate, or biased.
- Develop the skills to notice, interrupt, and correct these biased thoughts independently.

# What is Family Therapy?

**Family therapy** is a form of treatment that views psychological problems and their treatment in terms of the interactions among family members. Families are seen as an integrated, interconnected unit in which psychological functioning is influenced by each and every family member individually and collectively as an entire system.

In family Therapy, there is no traditional identified patient; the focus is on relationship patterns and communication among family members. For example, in family Therapy, when a child has a behavior problem, a family therapist is likely to perceive the child's difficulties within the larger context of the family system, rather than his/her individual deficits. During family Therapy, therapists avoid blaming any individual family member for the problem, and instead help the family interact in new, different ways that may improve functioning.

Family therapy can be beneficial in treating a number of disorders.

# What are some forms of family therapy?

**Family-based Behavioral Treatment:** In Family-Based Behavioral Treatment, parents set a positive example by changing their own behavior to help their children change their behaviors in the long run. An important component of this type of therapy is training parents in child management and problem-solving skills. This treatment has been proven effective by research for obesity or overweight issues in children, as well as for treating anorexia in adolescents.

**Family-based Behavioral Treatment – Parent Only:** Parents are often an important part of therapy for children, and in family-based therapy, research has shown that in treating children with obesity or overweight issues, it can often be beneficial to include only the parent in the therapy process. Taking this approach often involves parents practicing modeling, identifying rewards, implementing consequences, and being more mindful of how children's behaviors get reinforced.

Parent-only Family-Based Treatment has been proven especially effective when added to a lifestyle or dietary program for children with obesity or overweight issues.

**Note:** Family-Based Behavioral Treatment – Parent Only has only been proven well-established for children, but not for adolescents.

**Functional Family Therapy:** Functional Family Therapy (FFT) is a family-based therapy that was developed to help youth with

behavioral issues, and has been proven effective in treating substance use disorders in adolescents. The goals in Functional Family Therapy are to motivate adolescents and their families to reduce negativity in the household and to build skills within each family member to reduce problematic behaviors by using communication, effective parenting, and conflict management.

**Multidimensional Family Therapy:** Multidimensional Family Therapy (MDFT) is a family-centered that addresses the individual, family, and environmental factors that influence a variety of behavioral issues in youth. This treatment is based on the idea that behavioral problems in adolescents are caused by many factors and treatment should come from a place of respect and compassion. In MDFT, youth learn coping, problem-solving, and decision-making skills, and the family learns ways to enhance family functioning.

MDFT has been proven through research to be effective in treating substance use disorders in adolescents.

**Multisystemic Therapy (MST):** Multisystemic therapy (MST) is a family-focused evidence-based intervention for youth with significant antisocial behaviors, delinquency, and substance problems. MST appraises these behaviors within the larger context of multiple systems of influence, including multiple social-ecological factors such as individual, family, peer, school, and community influences. In a cost-effective framework, MST interventions reduce these problem behaviors and improve youth and family functioning.

# What is Interpersonal Psychotherapy (IPT)?

**Interpersonal psychotherapy (IPT)** is a short-term treatment that is effective in treating depression in children. It is based on the idea that depression occurs in the context of an individual's relationships, regardless of its origins in biology or genetics. More specifically, depression affects people's relationships and these relationships further affect mood.

The IPT model identifies four general areas in which a person may be having relationship difficulties:

- ❑ Grief after the loss of a loved one
- ❑ Conflict in significant relationships
- ❑ Difficulties adapting to changes in relationships or life circumstances
- ❑ Difficulties stemming from social isolation

In IPT, therapists help the child to identify areas in need of skill-building to improve his or her relationships and decrease the depressive symptoms. Over time, the child learns to link changes in mood to things happening in his/her relationships, communicate feelings and expectations for his/her relationships, and problem-solve solutions to difficulties in the relationships.

# IPT for Adolescents

IPT has been adapted for the treatment of depressed adolescents (IPT-A) to address developmental issues most common to teenagers, such as separation from parents, development of romantic relationships, and initial experience with death of a relative or friend. IPT-A helps the adolescent identify and develop more adaptive ways of dealing with the interpersonal issues associated with the onset or maintenance of their depression.

IPT-A is typically a 12-to-16 week treatment. The therapy primarily involves individual sessions with the teenager, although parents are asked to participate in a few sessions to receive education about depression, to address any relationship difficulties that may be occurring between the adolescent and his/her parents, and to help support the adolescent's treatment.

IPT has been proven by numerous studies to be effective in treating depression in adolescents in both

# MENTAL HEALTH DISORDERS:

## What is Attention Deficit/Hyperactivity Disorder (ADHD)?

Children and adolescents with ADHD show inattention, hyperactivity, and impulsive actions that are not normal for their age. Inattention includes difficulty focusing, being easily distracted, disorganization, and forgetfulness.

There are three types of ADHD, which are listed below, along with their symptoms:

### **ADHD Predominately Inattentive:**

Children with this type of ADHD frequently display at least six of the following symptoms:

- Do not pay close attention to details or make careless mistakes
- Have difficulty paying attention
- Do not appear to listen
- Struggle with following instructions (or finishing tasks on time)
- Have difficulty getting organized (or managing time)
- Avoid or dislike tasks that require a lot of thought
- Lose things
- Are easily distracted
- Are forgetful in daily activities

### **ADHD Predominately Hyperactive-Impulsive:**

Children with this type of ADHD frequently display at least six of the following symptoms:

- Fidget with hands or feet
- Have difficulty staying seated
- Run about or climb excessively
- Have difficulty working or playing quietly
- Act “motorized”– (being restless and have trouble being still)
- Talk a lot
- Blurt out answers to questions or finish other people’s sentences
- Have difficulty waiting or taking turns
- Interrupt or intrude upon others

### **ADHD Combined:**

These children are hyperactive and have trouble paying attention. They frequently show at least six symptoms from both of the lists above.

To be diagnosed with ADHD, children must show some symptoms before they are 12 years old. They also must have difficulties in at least two settings, such as at home and at school.

There is no single test to diagnose ADHD. The best way to find out whether your child has ADHD is to have him or her see a pediatrician, psychiatrist, psychologist, neurologist, or social worker familiar with ADHD. A visit with the doctor will help to diagnose the child and also determine if the child may have other conditions.

You child’s visit to the doctor should include a look at:



- Medical history
- Growth and development history
- Success/challenges in school
- Other areas of performance (i.e., interactions with family and peers)
- Family history
- Information from parents and teachers

### **Effective Therapies for ADHD**

Children with ADHD usually need more than one type of treatment to meet their needs. Medication and/or behavior management training for parents and teachers have been shown to be most effective. Additionally, your child's doctor or a psychiatrist can prescribe medicine.

Psychologists, counselors, and social workers can help with the child's behavior. You can also talk to your child's teacher, school counselor, or school psychologist about support for your child at school.

Behavioral approaches and organizational interventions are the most effective non-medical, evidence-based therapies for children and adolescents with ADHD. These include:

- Behavioral parent training (BPT)
- Behavioral classroom management (BCM)
- Behavioral peer interventions (BPI)
- Combined behavior management interventions
- Organization training

## What is Anxiety?

Anxiety is an emotion that involves feeling nervous, scared, afraid, or worried. Usually, we feel anxious when we think something bad is about to happen.

When is Anxiety a Problem for a Child?

Although everyone experiences anxiety, some children begin to feel anxious and/or worried so often or so intensely that it makes them feel really uncomfortable and starts to interfere with their daily lives. A child or adolescent may have an anxiety disorder if they have an extreme response to a situation or event that they believe is threatening; and if the intensity of the reaction is out of proportion to the actual danger. This anxious response often includes thoughts of approaching harm or danger, a heightened physical response, such as increased heart rate and rapid breathing, and the avoidance of situations or events that cause the child to worry.

The experience of a child or adolescent with an anxiety disorder can lead to considerable distress and can interfere with his/her daily activities at school, at home, or with peers.

Other common ways in which people may experience anxiety include:

- Panic attacks
- Selective mutism, in which a child is unable to speak in particular situations
- Anxiety when separating from a caregiver
- Anxiety in social situations

## Effective Therapies for Anxiety

The research shows that treatment of mild anxiety should begin with therapy. However, if your child suffers from moderate to severe anxiety, a combination of medication and therapy may be the best approach. Talk to your child's doctor about the most appropriate treatment for your child's symptoms.

If your child's doctor decides that his/her symptoms would be best served through a combination of medication and therapy, cognitive behavioral therapy (CBT) is an effective and appropriate treatment for children and adolescents with an anxiety disorder. Beyond CBT there are several other treatment approaches that are likely to be helpful for children and adolescents.

Below are different therapies for anxiety that have been well-established in research to work. These therapies have been tested by researchers and child psychologists and ranked based on how well they work for children with anxiety.

Other treatments that work well, include:

- CBT
- Exposure
- Modeling
- CBT with parents
- Education
- CBT with medication

## What are Bipolar Spectrum Disorders?

Bipolar spectrum disorders (BPSD) cause extreme changes in a child's mood that range from depressive "lows" (a lot of sadness) to manic "highs" (usually with feelings of a lot of happiness, excitement, or anger). It is important to note that these moods are more intense than normal responses to life events, show a change from the child's normal behavior, are not caused by other medications or health issues, and cause problems in daily activities — for instance, in getting along with family, friends and teachers, or with schoolwork.

- **Bipolar 1** means having a "full" mania and usually a "full" depression over time
- **Bipolar 2** means having hypomania (or some mania) and a "full" depression
- **Cyclothymia** means having months or years of some hypomania and minor depression, often going back and forth quickly

**"OSBARD"** or other bipolar and related disorder, refers to a lot of symptoms of mania and depression that do not fit into one of the three other categories

## **What are the Symptoms of Bipolar Spectrum Disorders?**

Both depression and mania include big changes in energy and activity as well as mood.

Depressive symptoms of BPSD can include sadness, irritability, annoyance, unable to enjoy one's usual activities, changes in eating or weight, sleeping too much or too little, trouble with focusing, being restless or tired, feeling worthless or guilty, and having thoughts about death or suicide.

Manic symptoms of BPSD include: feeling "too high" or very irritable; unrealistic self-esteem; needing less sleep than normal but still feeling energetic; talking more or faster than normal; changing the topic of conversation so quickly or often that it makes it hard to communicate; feeling that one's thoughts are "racing;" being distracted; problems sitting still; an unusual need to start an activity or pursue goals (e.g., excessive cleaning, making clearly unrealistic plans); and engaging in risky or dangerous behaviors (e.g., riding a bike on the highway; inappropriate sexual behaviors).

## **What is Disruptive Mood Dysregulation Disorder?**

Disruptive mood dysregulation disorder (DMDD) is caused by extreme outbursts that are not normal for the situation in intensity

or length of time. These outbursts usually happen three or more times each week for one year or more. Between outbursts, children often are irritable or in an angry mood most of the day.

### **Effective Therapies for Bipolar Disorder and Severe Mood Swings**

Family psychoeducation plus skill building currently is the best-proven treatment of children and adolescents with BPSD. Treatment studies are not yet available for DMDD; it is suggested that a combination of treatments that are effective for depression and oppositional behavior will be beneficial for this disorder..

Please note, medication should be considered first in treating Bipolar 1 in youth.

## **What is Depression?**

Even though it is common for most children and teenagers to feel down or sad sometimes, a smaller number of youth experience a more severe disorder known as depression.

Young people, who are “clinically” depressed feel sad, hopeless, or short-tempered for weeks or even months at a time. They may lose interest in activities that they used to enjoy (e.g., playing with friends). Their sleeping and eating habits often change (i.e., they may eat or sleep either more or less than usual. They may have trouble thinking or paying attention, even to TV shows or games).

Of particular concern, children and adolescents who are depressed may think or talk a lot about death. Some depressed children have more specific thoughts about hurting or killing themselves.

Often children and teenagers may have similar symptoms when they are grieving the loss of someone close to them. But with depression, these thoughts and feelings usually appear even when the child has not faced a loss or a sad event.

Some common depression disorders include:

- Major depressive disorder
- Persistent depressive disorder

## **Effective Therapies for Depression**

Cognitive behavioral therapy (CBT) currently has the most research support as a treatment for children and adolescents with depression. Research supporting treatments for adolescents is stronger than the studies available on treatments for children.

In children and adolescents who have moderate to severe depression, it may be helpful to try medication, such as antidepressants.



## **What are Disruptive Behavior Problems?**

Children and teens with disruptive behavior problems may act in ways that are upsetting or troubling. This can include stealing, fighting, not doing what has been asked of them, or lying. These problems may also get in the way with a child's ability to learn or interact with the people around them.

Parents become worried about these problems, because they can upset family life. These behaviors can also lead to problems at school, and even cause trouble with the police.

Oppositional defiant disorder (ODD) and conduct disorder (CD) are the two main disruptive behavior disorders, and cover many problem behaviors.

### **Effective Therapies for Disruptive Behavior Problems**

Parent behavior therapy with child participation and group parent behavior therapy are two effective treatments. They bring together tactics from family, behavioral, and cognitive-behavioral therapies. These therapies have been proven effective for treatment of disruptive disorders in adolescents.

## **What are Eating Disorders?**

Eating disorders are caused by strange eating behaviors. These behaviors are usually harmful ways to control body shape or weight, and cause the child to view his or her own body in a negative way. There are a variety of eating disorders, including:

- Anorexia nervosa
- Avoidant/restrictive food intake disorder
- Binge eating disorder
- Bulimia nervosa
- Pica
- Rumination disorder

### **Effective Therapies for Eating Disorders**

- For anorexia nervosa, research shows that family-based treatment—also known as Maudsley family therapy works well
- For bulimia nervosa, cognitive behavioral therapy (CBT) and family-based treatment are options that “might work”
- Binge eating disorder was only recently identified as an eating disorder. Because of this, there are no child and teen therapies that have been tested for effectiveness. But, CBT is somewhat effective in teens with binge eating disorder.
- Research has shown that some medications such as antidepressants, may be helpful for adolescents suffering from bulimia nervosa, but only as a second option to therapy. Additionally, while atypical antipsychotics for body image distortion, weight-gain fears, and anxiety related to anorexia

nervosa have been shown to be helpful in adults, there is no solid evidence to suggest that these medications work well for adolescents.

## **What is Gender Dysphoria?**

Some children and adolescents identify as transgender or gender nonconforming. The term transgender is used as a broad umbrella term to describe people whose gender identity—their internal sense of being female, male, or some other gender—does not line up with their sex assigned at birth. The term gender nonconforming is similarly used to describe gender identities or gender expressions that do not fit in with societal expectations for the child’s sex assigned at birth. Being transgender or gender nonconforming is *not* a psychological disorder.

Gender dysphoria is a diagnosis that is included in the DSM-5. This diagnosis is used to describe the persistent clinically-significant distress and impairment that *some* transgender or gender nonconforming youth may experience due to the incongruence between their gender identity/expression and their sex assigned at birth. Children and adolescents who experience gender dysphoria may be particularly distressed by certain parts of their body, typically primary or secondary sex characteristics.

### **Effective Therapies for Gender Dysphoria**

Currently, there are no psychological interventions that have been shown to reduce gender dysphoria. Therapies that aim

to change a child or adolescent's gender identity are considered unethical. However, transgender and gender nonconforming youth may benefit from seeing a therapist, who can help them cope with stressful experiences that they may face. Transgender and gender nonconforming youth may encounter family rejection, stigma, discrimination, or even interpersonal violence due to their gender identity or expression. These negative experiences may lead to anxiety, depression, or suicidal thoughts and behaviors. It is very important that parents and families of transgender and gender nonconforming youth support and affirm their identity—for example, by using their preferred name and pronouns—as family acceptance is a strong protective factor against negative mental health outcomes.

The World Professional Association for Transgender Health has published standards of care (WPATH SOC version 7) that all physical and mental health care providers should use when treating transgender and gender nonconforming youth. The WPATH SOC-7 outlines several gender-affirmative interventions that can help reduce youth's gender dysphoria. Children and adolescents may choose to socially transition to live in their affirmed gender by changing their name, the pronouns they use, or their appearance (e.g., clothing, hairstyle). Secondly, some young adolescents may decide with their parents and doctors to take medications to suppress their pubertal development. This reversible medical

intervention halts the development of physical characteristics that may be distressing for transgender and gender nonconforming youth (e.g., facial hair, breasts, deepening voice). Lastly, older adolescents—typically around age 16—may be eligible for gender-affirmative hormone therapy. Hormone therapy involves taking either estrogen or testosterone, which leads to significant physical changes that help transgender and gender nonconforming youths' body match their gender identity. Some of these physical changes are permanent, though others may revert if youth stop hormone therapy. Surgical interventions are generally not recommended until age 18, except under certain circumstances.

## What are Self-Injurious Thoughts and Behaviors?

Self-injurious thoughts refer to thinking about hurting oneself. Self-injurious behaviors are actions that are harmful to oneself. Both can be suicidal or non-suicidal.

- **Suicidal self-injurious thoughts (suicidal ideation)** are thoughts about killing oneself and can include making suicide plans.
- **Suicidal self-injurious behaviors (suicide attempts)** are behaviors that are harmful to oneself and can lead to injury, (e.g., attempted overdose) in which a child or teen wants to die
- **Non-suicidal self-injury (NSSI)** refers to injuries cause by oneself but a child has no wish to die. The most common forms are skin cutting, burning, scratching, and banging/hitting oneself. These NSSIs are used to make oneself feel better and to stop feelings of sadness, anxiety, and anger

### Effective Therapies for Self-Injurious Thoughts and Behaviors

There are currently no well-established, effective therapies for these problems. But, many therapies appear to work,

including:

- Cognitive-behavioral therapy (CBT) for the youth and his/her family
- Psychodynamic therapy for the youth and her/his family
- Interpersonal therapy for the youth
- Two different family-based treatments (attachment-based and parent training)

The following child therapy activities may improve treatment for children with self-injurious thoughts or behaviors, even though there is no clear-cut, evidence-based therapy for these individuals:

- Developing and maintaining family and other relationships (e.g., increased parent/teen communication)
  - Improving parent education and training (e.g., parental monitoring, including restricting access to things that teens could hurt themselves with)
- Strengthening teens' coping skills (e.g., emotion regulation)



## **What is Substance Use Disorder?**

Substance use disorder includes both substance abuse and dependence, which are issues in using alcohol or drugs. Signs of a substance use disorder include getting in the way with school or a job and/or hurting family relationships and friendships. A child struggling with substance use disorder may show a sudden drop in grades; get in fights with family or friends; and experience injury, illness, or run-ins with the police related to substance use.

A young person with substance use disorder may show signs of unhealthy or dangerous behaviors, including:

- Repeatedly using drugs in dangerous situations (i.e., driving under the influence)
- Focuses on using drugs or alcohol and stops joining in other activities
- Spending a lot of time buying, using, and recovering from the drug or alcohol effects
- Using more of the substance than planned or for longer periods of time
- Being unable to cut down or quit, if desired

## **Effective Therapies for Adolescents with Substance Use Disorder**

Medical experience and research have shown that several therapies are effective in treating adolescents with substance use disorders.

These therapies include:

- Cognitive behavioral therapy (CBT)
- CBT combined with motivational enhancement treatment (MET)
- Family-based ecological treatment
- A combination of all three treatments

# TREATMENT PROVIDERS

Information was gathered through surveys sent to providers throughout the region. Thank you to the providers who took the time to submit information about their agency!

## **BANNOCK COUNTY:**

### **Allies Family Solutions:**

818 E. Lander St

Pocatello, ID 83201

Phone: 208-234-2094

Fax: 208-234-2637

Services Provided:

- Psychological Evaluations
- Counseling
- CBRS
- DD Services
- Accepts Medicaid, has a sliding fee scale

Therapies provided:

- Applied Behavioral Analysis
- Parent Child Interactive Therapy (PCIT)
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)

## **AmericaHealth Medical Center**

396 Yellowstone Ave

Pocatello ID 83201

208-254-7733

Services Provide:

- Family and Individual counseling
- Respite Care
- Case management
- Peer support
- CBRS
- Day Treatment
- Medication Management

## **Bannock House-Bannock Youth Foundation**

620 W. Freemont St

Pocatello, ID 83204

Phone: 208-2342244

Fax: 208-234-2256

### Services Provided:

- Residential Treatment: Bannock House provides residential treatment for young people exclusively through a contract with the State of Idaho, Department of Health and Welfare, Children and Family Services, Region 6. Those eligible for services are males or females between the ages of 10 and 18 in the custody of the State of Idaho as determined by legal action. Placement is determined by the State of Idaho Regional Placement Authority.
- Counseling: Adolescent and family counseling is available for youth and families in our community. Services include Victim Assistance counseling for youth who are victims of crime.
- Respite Care: Crisis respite provided for up to 72 hours

## **Bannock Youth Foundation Family Resource Center**

403 N. Hayes

Pocatello, ID 83204

Phone: 208-234-1122

Fax: 208-234-1253

Services Provided:

- Parenting Classes
- Sexual abuse prevention
- Substance abuse prevention

## **Bannock Youth Foundation Square One**

735 N. Main St

Pocatello, ID 83204

Phone: 208-478-1333

Fax: 208-478-1555

Services Provided:

- Square One: Intensive Independent Living and basic life skills and case management for young men ages 18-21 transitioning out of Department of Juvenile Corrections custody to help them get re-established back in the community, and find employment, housing etc.
- Square One Rapid Re-housing Program: Provides rental assistance and case management for young adults ages 18-21 who are homeless.

## **Behavioral Treatment Center**

210 E. Center Ste B

Pocatello, ID 83201

Phone: 208-234-2600

Fax: 208-234-2800

### Services Provided:

- Counseling
- CBRS
- Respite Care
- Accepts Medicaid & sliding fee scale

### Therapies Provided:

- Christian Counseling
- Trauma Therapy

## **Bright Tomorrows Child Advocacy Center**

409 Washington Ave

Pocatello, ID 83201

Phone: 208-234-2646

Fax: 208-232-0035

### Services Provided:

- Individual & Family Counseling for trauma associated with Child Sexual Abuse
- Accepts Medicaid

### Therapies Provided:

- Trauma Focused Cognitive Behavioral Therapy (TFCB-T)
- Child & Family Traumatic Stress Intervention (CFTSI)
- Accelerated Resolution Therapy (ART)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Forensic Interview

## **Center Counseling**

265 E. Chubbuck Rd

Chubbuck, ID 83202 (Also serving American Falls)

Phone: 208-237-1711

Fax: 208-237-9806

Services Provided:

- Individual & Family Counseling
- Respite Care
- Peer Support
- Medication Management with a Child Psychiatrist
- Accepts Medicaid

-  
Therapies Provided:

- Eye Movement Desensitization and Reprocessing (EMDR)
- Trauma focused
- Neurofeedback
- Behavior Training
- Hypnosis

## **Charlie Health**

1-406-624-7048 Leslie

1-406-624-7049 Laura

Services Provided by telehealth:

- Online based intensive outpatient therapy
- Group, individual, family and psychiatric services



## **Cognitive Restructuring**

701 N. 7<sup>th</sup> Ave Ste D

Pocatello, ID 83201

Phone: 208-242-3044

Fax: 208-904-0494

### Services Provided:

- Medication management
- CBRS
- Anger Management
- Case Management
- Individual, Couples & Family Counseling
- Peer Support
- Group Counseling
- Addiction Counseling
- Domestic Violence
- Accepts Medicaid

### Therapies Provided

- Eye Movement Desensitization and Reprocessing (EMDR)
- Dialectical Behavior Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)

## **Elevated Mental Wellness, Brett Judd**

611 Wilson Ave Ste 3

Pocatello, ID 83201

Phone: 208-904-3225

Services Provides:

- Certified Neurofeedback provider
- Individual and family counseling
- Group therapy
- Parenting
- Grief, trauma
- Accepts Medicaid and most major insurances
- Eye Movement Desensitization and Reprocessing (EMDR)
- Integrative medicine mental health specialist

## **Health West Community Health Center**

1000 N. 8<sup>th</sup> Ave

Pocatello, ID 83201

Phone: 208-232-6260

Fax: 208-232-6259

- Sliding fee scale
- Behavioral health services

## **Health West Downey Community Health Center**

79 N. Main St.

Downey ID 83234

Phone 208-897-5600

## **Health West Lava Hot Springs Community Health Center**

85 S. 5<sup>th</sup> W

Lava Hot Springs, ID 83246

Phone: 208-776-5202

## **Hope Tree Family Services**

109 N. Arthur Ste 208

Pocatello, ID 83204

Phone: 208-234-4673

Fax: 208-234-4677

Services Provided:

- Individual and Family Counseling
- CBRS

Therapies Provided:

- Cognitive Behavioral Therapy (CBT)
- Eye Movement Desensitization and Reprocessing
- Dialectical Behavior Therapy (DBT)
- Clinical Hypnotherapist

## **Mental Health Specialists**

210 W. Burnside Ste A

Chubbuck, ID 83202

Phone: 208-238-9000

Fax: 208-238-9002

### Services Provided:

- Individual & Family Counseling
- Trauma counseling
- Medication management with a child Psychiatrist
- Neurofeedback
- CBRS
- Case Management
- Respite Care
- Behavioral Therapy
- Psychological Testing

### Therapies Provided:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Parent Child Interaction Therapy (PCIT)

## **MK Place**

110 South 19<sup>th</sup>

Pocatello, ID 83201

Phone: 208-234-4722

Fax: 208-234-2135

### Services Provided:

- Seeking Safety
- Inpatient Addictions Counseling for Teens
- Outpatient groups, individual and family counseling for those struggling with substance abuse.
- Accepts Medicaid

### Therapies Provided:

- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Motivational Interviewing

## **Natasha Cutler LCSW**

1070 Hiline Rd #335

Pocatello, ID 83201

Phone: 208-681-9178

Fax: 208-575-0474

### Services Provided:

- Accepts Medicaid and offers a sliding fee scale

### Therapies Provided:

- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy

## **Pocatello Counseling Clinic**

7th Floor of Garrison Hall  
1400 E. Terry Dr., Bldg. 63  
Pocatello, ID 83209  
Phone: 208-240-1609

- Counseling clinic provides individual, couple, and family counseling at minimal costs to community members and Idaho State University faculty, staff, students. (Please note: If you are an ISU student, you are eligible for free individual, couples, and group counseling through the ISU Counseling and Testing Service on campus.)
- Counseling services are provided by graduate level Master of Counseling students under the supervision of faculty and doctoral students in the Department of Counseling.
- Cash pay only clinic

## **Portneuf Valley Family Center**

444 Hospital Way Ste 477

Pocatello, ID 83201

Phone: 208-233-7832

Fax: 208-233-7835

### Services Provided:

- Accepts Medicaid and has a sliding fee scale
- Medication Management
- Psychological Assessments
- CBRS
- Individual and Family Counseling

### Therapies Provided:

- Accelerated Resolution Therapy (ART)
- Cognitive Behavioral Therapy and Trauma Focused CBT
- Acceptance & Commitment Therapy (ACT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Dialectical Behavior Therapy (DBT)

## **Pray Counseling**

427 N. Main #101

Pocatello, ID 83204

Phone: 208-709-0111

Fax: 208-232-0708

### Services Provided:

- Accepts Medicaid

### Therapies Provided:

- Eye Movement Desensitization and Reprocessing (EMDR)

## **Psychological Assessment Specialists**

1246 Yellowstone Ave Ste C5

Pocatello, ID 83201

Phone: 208-233-0150

Fax: 208-233-0159

### Services Provided:

- Psychological Evaluations
- Individual & Family Counseling

### Therapies Provided:

- Cognitive Behavioral Therapy (CBT)
- Parent-Child Interaction Therapy (PCIT)
- Acceptance and Commitment Therapy (ACT)
- Dialectical Behavior Therapy (DBT)
- Behavior Therapy
- Cognitive Processing Therapy

## **Redford Counseling**

701 N. 7<sup>th</sup> Ave Ste D

Pocatello, ID 83201

Phone: 208-242-3044

- EAP trauma treatment



## **Sanctuary Counseling & Psychological Testing**

4737 Afton Pl. Ste A  
Chubbuck, ID 83202  
Phone: 208-417-0623  
Fax: 208-417-0641

### Services Provided:

- Neuropsychological Testing
- Individual, child, family, couples and group therapy
- Case Management
- Peer support
- Autism Spectrum work

### Therapies Provided

- Cognitive Behavioral Therapy (CBT)
- Eye Movement Desensitization & Reprocessing (EMDR)
- Dialectical Behavior Therapy (DBT)

## **Willow Sage Services**

440 E. Clark St Ste A  
Pocatello, ID 83201  
Phone: 208-233-1276  
Fax: 208-233-0835

### Services Provided:

- Individual & Family Counseling & Group Therapy
- CBRS
- Peer and Family Support
- Medication management
- Alcohol and Substance Use Treatment
- Accepts Medicaid

### Therapies Provided:

- Eye Movement Desensitization and Reprocessing (EMDR)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

## **BEAR LAKE COUNTY**

### **Bear Lake Memorial Hospital Counseling Services**

822 Washington St

Montpelier, ID 83254

Phone: 208-847-4464

Fax: 208-847-4251

- Employee Assistance Program (Up to six sessions paid for by employer)
- Individual, marital, family and group therapy
- Victim's Assistance
- Community Based Rehabilitative Services-CBRS
- Telemedicine- Medication management
- Substance Abuse/Dependence Treatment
- Animal Assisted Therapy
- Sand Play/Sand Tray & Traditional Play Therapy
- Critical Incident Defusing and Debriefing
- EMDR Therapy

## **CARIBOU COUNTY**

### **Portneuf Valley Family Center**

Soda Springs Office

15 W. Center St., Suite #2

Soda Springs, Idaho 83276

Phone: (208) 547-4470

Fax: (208) 547-4640

## **FRANKLIN COUNTY**

### **Health West Preston Community Health Center**

655 S. 4<sup>th</sup> E #600  
Preston, ID 83263  
Phone 208-852-3200

### **Priestley Mental Health Inc**

70 W. 1<sup>st</sup> Str.  
Preston, ID 83263  
Phone: 208-852-2370

#### Services Provided:

- Individual & Family Counseling
- Behavioral addictions
- Accepts Medicaid

#### Therapies Provided:

- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Child Welfare Trauma Training
- Motivational Interviewing
- Hypnotherapy

## **ONEIDA COUNTY:**

### **Jody Owens**

20 N Main St Ste 6  
Malad City ID 83252  
Phone: 208-317-6300

## **POWER COUNTY**

### **Health West Aberdeen Community Health Center**

330 N. Main St  
Aberdeen, ID 83210  
Phone: 208-397-4126

### **Center Counseling**

420 Hillcrest Ave  
American Falls ID 83211  
Phone: 208-237-1711

### **Health West American Falls Community Health Center**

823 Reed St.  
American Falls, ID 83211  
Phone: 208-226-2822

### **New Horizon's Mental Wellness Clinic**

502 Tyhee Ave  
American Falls ID 83211  
Phone: 208-233-2025