**Systematic Treatment Selection 10 Principles**

1. Therapeutic change is greatest when the therapist is skillful, and provides trust, acceptance, acknowledgement, collaboration and respect for the patient and does so in an environment that both supports risk and provides maximal safety.
2. Risk and retention are optimized if the patient is realistically informed about the probable length and effectiveness of the treatment is provided with support and comfort, and is provided with a clear understanding of the roles and activities that are expected of him or her during the course of treatment.
3. Benefits correspond with treatment intensity among functionally impaired patients.
4. Therapeutic change is most likely when the patient is exposed to objects or targets of behavioral and emotional avoidance.
5. Therapeutic change is greatest when the relative balance of interventions either favors the use of skill building and symptom removal procedures among externalizing patients or favor the use of insight and relationship-focused procedures among internalizing patients.
6. Therapeutic change is most likely if the initial focus of change efforts is to build new skills and alter disruptive symptoms.
7. Therapeutic change is most likely when the therapeutic procedures do not evoke patient resistance.
8. Therapeutic change is greatest when the directiveness of the intervention is either inversely correspondent with the patient’s current level of resistance or authoritatively prescribes a continuation of the symptomatic behavior.
9. The likelihood of therapeutic change is greatest when the patient’s level of emotional stress is moderate neither being excessively high nor excessively low.
10. Therapeutic change is greatest when a patient is simulated to emotional arousal in a safe environment until problematic responses diminish or extinguish.

**8 more principles for fundamental and risk reduction**

1. The likelihood of improvement (prognosis) is a positive function of social support level and a negative function of functional impairment.
2. Prognosis is attenuated by patient complexity/chronicity and by an absence of patient distress. Facilitating social support enhances the likelihood of good outcome among patients with complex/chronic problems.
3. Psychoactive medication exerts its best effects among those patients with high functional impairment and high complexity/chronicity.
4. Likelihood and magnitude of improvement are increased among patients with complex/chronic problems by the application of multi person therapy.
5. Risk is reduced by careful assessment of risk situations in the course of establishing a diagnosis and history.
6. Risk is reduced and patient compliance is increased when the treatment includes family intervention.
7. Risk is reduced if the clinician routinely questions patients about suicidal feelings, intent and plans.
8. Ethical and legal principles suggest that documentation and consultation are advisable.