

# Desert Sage Youth Regional Treatment Center Therapeutic Modalities

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David Sprenger, MD

Psychiatric and Addiction Medicine Consultant

Indian Health Service/California Area Office



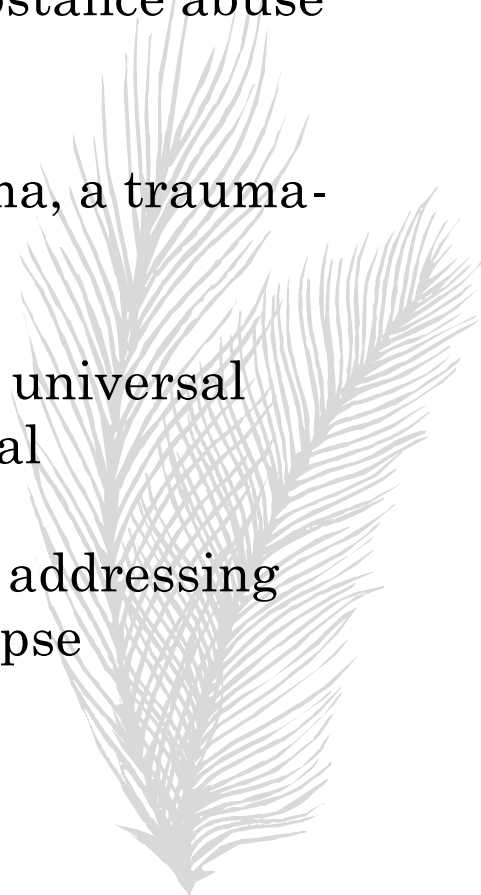
# Outline

- Treatment philosophy/trauma-informed care
- Motivational interviewing/ motivational enhancement therapy
- Dialectic Behavioral Therapy
- Adolescent Community Reinforcement Approach
- Continuing Care



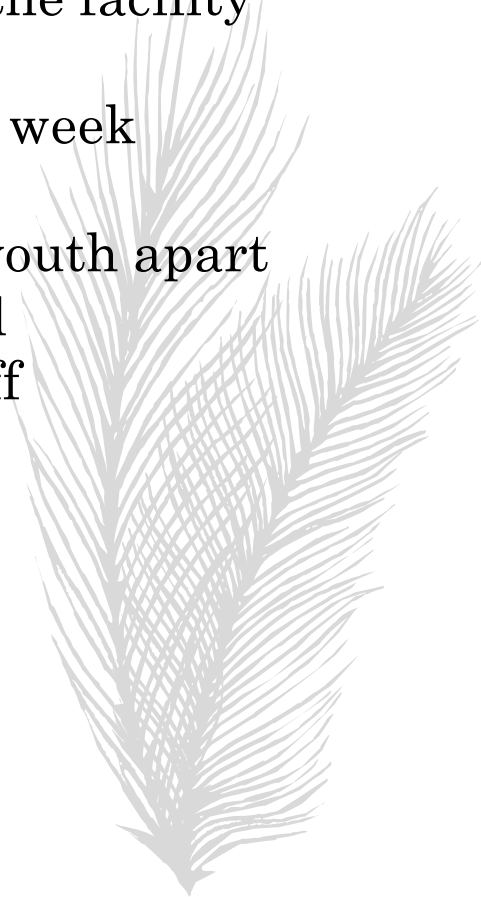
# Treatment Philosophy/ Trauma-Informed Approach

- Prevalence of significant trauma history in adolescent (all races) residential substance abuse treatment is near 80% (1)
- As result of endemic nature of trauma, a trauma-informed approach is utilized
- Trauma-informed approach is like a universal precaution for traumatized individual
- Studies have suggested that the not addressing trauma is a large contributor to relapse



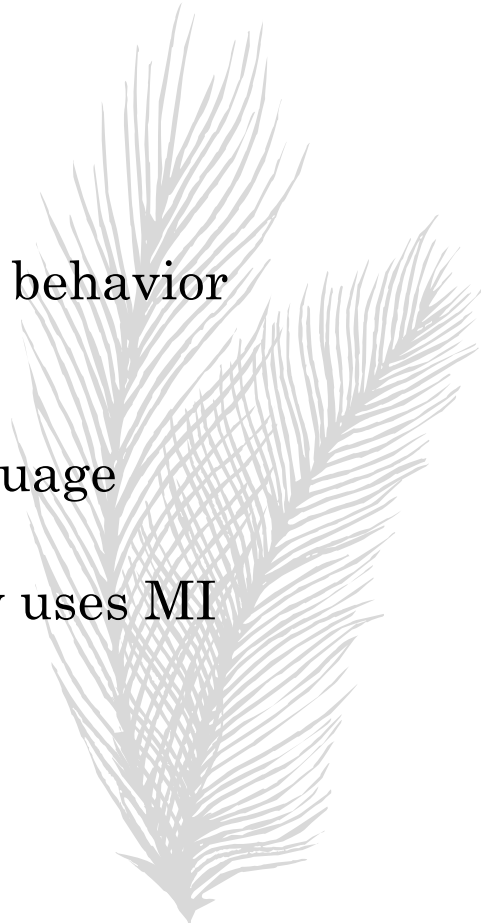
# Respite

- Time at the beginning of treatment during which the youth internalizes the safety of the facility
- Will generally occur during the first week
- Will avoid putting demands on the youth apart from participating in evaluation and familiarization with facility and staff



# Motivational Interviewing/Enhancement

- Recognition of various stages of readiness to change
- Non-confrontation
- Eliciting patients reasons for health behavior and encouraging change talk
- Developing plan using patients language
- Motivational Enhancement Therapy uses MI principles, more formalized

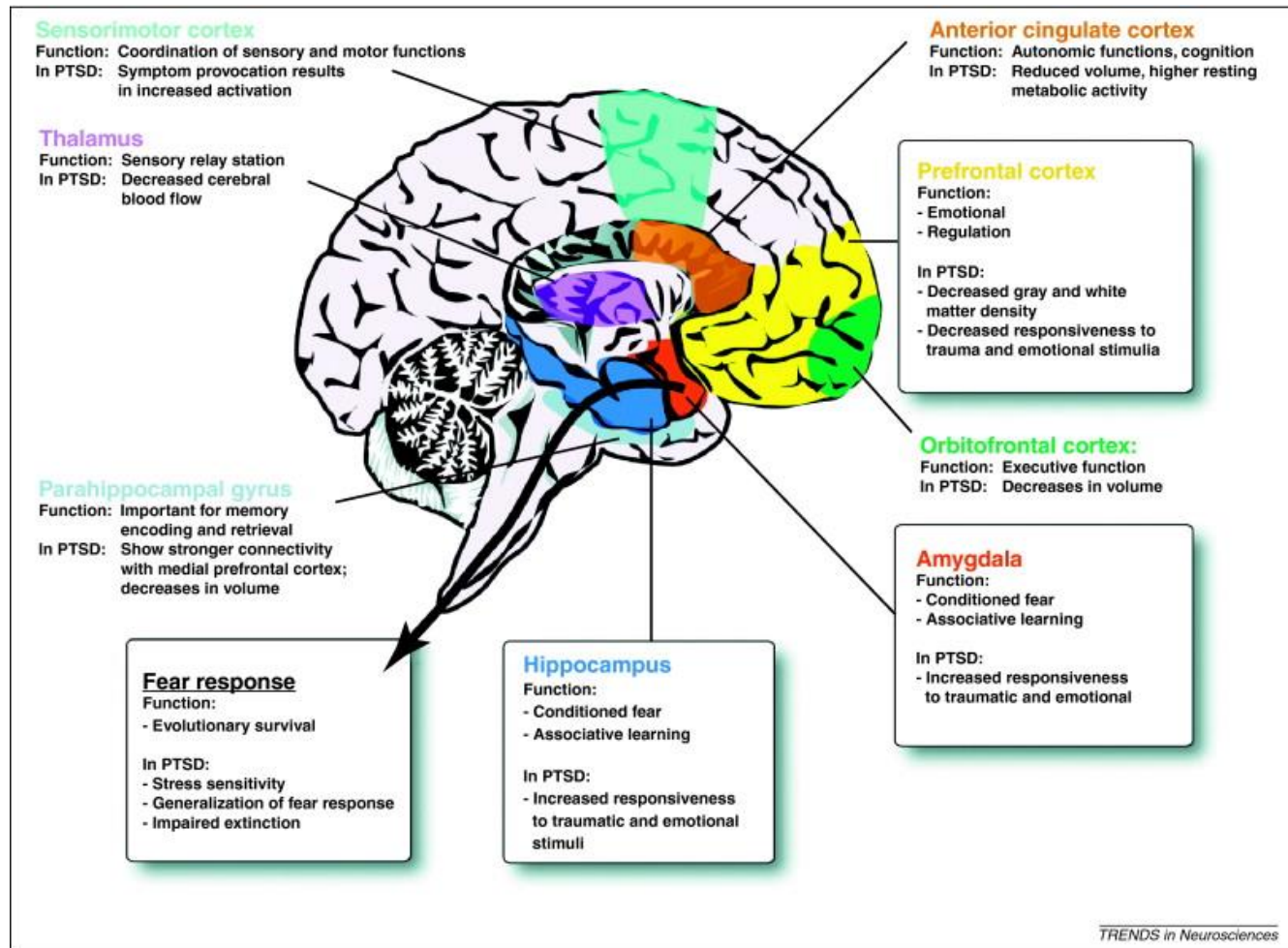


# Dialectical Behavioral Therapy (DBT)

- Evidence-based, developed by cognitive behavioral therapy therapist (Marsha Linehan, PhD.)
- Used for many conditions, especially those conditions which characterized by emotional reactivity
- Ideal for this population, used as primary treatment at Desert Skies

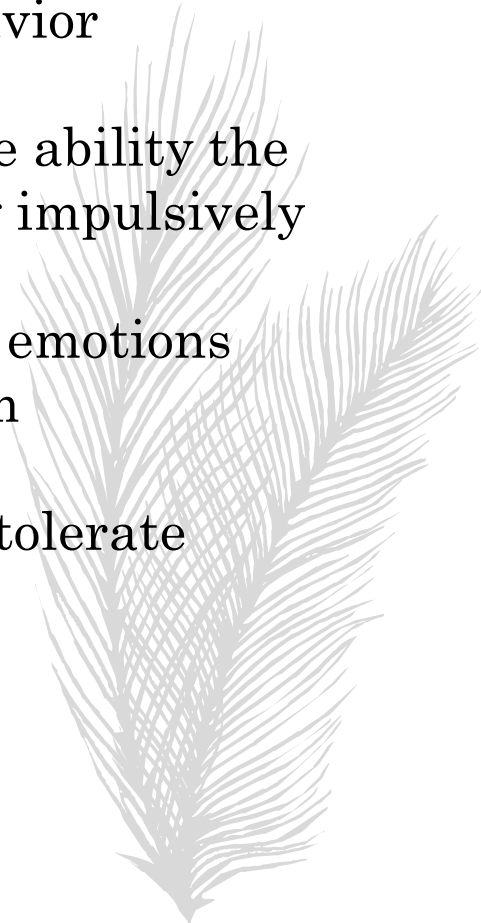


# Trauma-induced changes to the brain



# DBT Basic Components

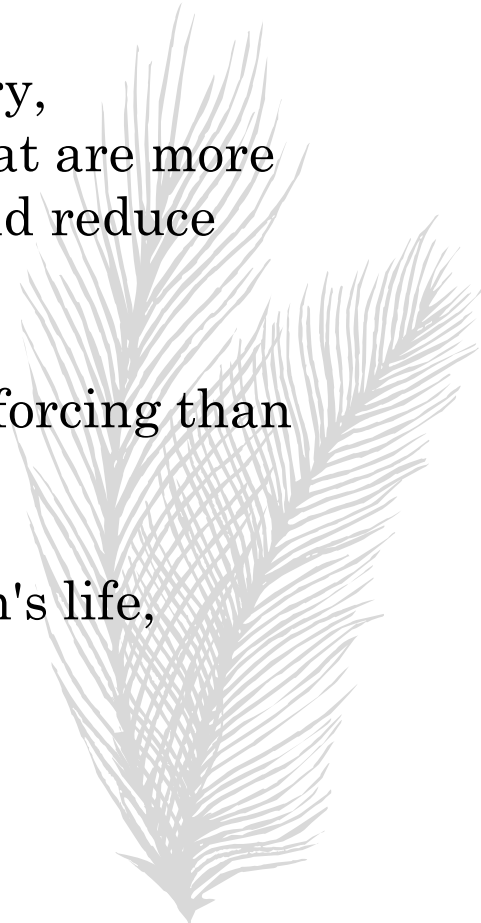
- Mindfulness – Developing an awareness of one's internal state and its link with behavior
- Distress Tolerance - Developing the ability to experience distress without reacting impulsively
- Emotional Regulation - Controlling emotions rather than being controlled by them
- Walking the middle – Being able to tolerate ambiguity
- Interpersonal effectiveness





# Adolescent Community Reinforcement Approach

- Evidence based
- Based on operant conditioning theory, individuals will choose behaviors that are more reinforcing, i.e. increase pleasure and reduce pain
- Goal to make sober living more reinforcing than addiction
- Must involve all aspects of the youth's life, requires close monitoring



# Major Skills Developed in “Procedures”

- Functional behavioral analysis of substance using behavior and prosocial behavior
- Development of prosocial activities
- Problem solving skills



# Family Interventions

- Recovery can be undermined if family does not reinforce the youth's sobriety
- There can be many ways that families can fail to reinforce sobriety
- Both DBT and ACRA curricula have family modules



# Sequencing

- After respite, dialectic behavioral therapy will be the first in the sequence, as it is essential to develop emotional regulation and understand one's behavior
- ACRA is more specifically focused on substance abuse behavior



## APPENDIX F – Sequence of therapies

Month	Month 1					Month 2					Month 3			Month 4			
Week Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Dialectical Behavioral Therapy	<div><div>Mindful</div><div>Distress Tolerance</div><div>Mindful</div><div>Walking the Middle</div><div>Mindful</div><div>Emotional Regulation</div><div>Mindful</div><div>Interpers Effectiveness</div></div>																
Adolescent Community Reinforcement Approach	<div><div>Proc 1</div><div>Proc 2&amp;3</div><div>Proc 4&amp;5</div><div>Proc 6&amp;7</div><div>Proc 9&amp;10</div><div>Proc 11&amp;12</div></div>																
Health Education																	
Motivational Enhancement																	

# Elements Common to DBT and ACRA

- Both include elements of mindfulness
- Both include functional behavioral analysis



# Aftercare/Continuing Care

- Aftercare more frequently being referred to as continuing care to stress that substance abuse disorders are chronic conditions and post YRTC treatment is an essential part of care
- Studies have shown that without continuing care, 12 month abstinence rate post adolescent residential treatment is 20%, continuing care increases rate to 30%



# Continuing Care Model

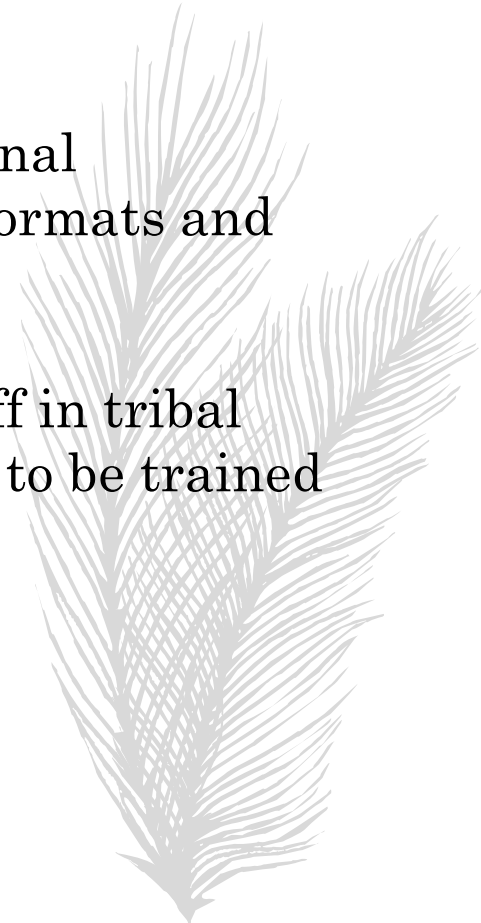
- One of the best established means of continuing care is Assertive Continuing Care, which is based on the same theoretical model as ACRA
- Requires close case management and inclusion of the family





# Training

- All Desert Sage clinical staff will be trained in DBT and ACRA
- Training is available from the original researchers and others in various formats and locations
- Will encourage continuing care staff in tribal and urban Indian health programs to be trained in ACC



# Curriculum References

Rathus, Jill and Miller, Alec, Skills Training Handouts for DBT® Skills Manual for Adolescents, Guilford Publications, Inc.

Godsey, Susan, et. al., The Adolescent Community Reinforcement Approach for Adolescent Cannabis Users, U.S. Government Printing Office, Substance Abuse and Mental Health Administration (public domain)

