Desert Sage Youth Regional Treatment Center Therapeutic Modalities

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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 traumainformed approach is utilized
- Trauma-informed approach is like a universal precaution for traumatized individual

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 wart from participating in evaluation and familiarization with facility and staff

Motivational Interviewing

- 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 use MI principles, more formalized

Dialectical Behavioral Therapy (DBT)

- Evidence-based, developed by cognitive behavioral therapy therapist
- Used for many conditions, especially those conditions which characterized by emotion at reactivity
- Ideal for this population, used as primar treatment at Desert Skies

DBT Basic Components

- Mindfulness Developing an awareness of one's internal state and its link with behavior
- Distress Tolerance Developing the ability the 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 pair
- It works 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

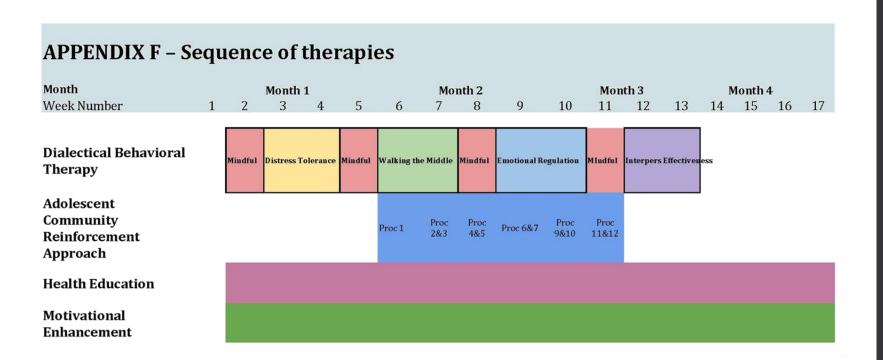


Family Interventions

- 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



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 formational locations
- Will encourage continuing care staff in wibsi and urban Indian health programs to be mained in ACC

Curriculum References

Rathus, Jill and Miller, Alec, <u>Skills Training</u>

<u>Handouts for DBT® Skills Manual for</u>

<u>Adolescents</u>, Guilford Publications, Inc.

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