

Therapeutic Adventure for Native American Youth -TANAY-

MSPI Brown Bag Webinar

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Introduction

Today's objectives:

- Overview of our MSPI initiative (TANAY) and how it evolved
- TANAY program evaluation model, results

Today's Presenters:

- Emily King and Susan Carter

New Sunrise Regional Treatment Center



NSRTC Values

Resident Focused: We will always treat our residents and their families as we wish to be treated by others.

Staff Respect: All staff are valuable members of NSRTC. Together we provide behavioral health services with understanding and compassion in a culturally proficient manner.

Community: NSRTC depends on referrals from the communities, maintains a positive working relationship with all service providers and respect and support all organizations to meet the needs of Native Youth.



Mission

Provide quality culturally relevant residential treatment to Native American adolescents for substance abuse/dependence and coexisting disorders.

MISSION STATEMENT

To provide superior behavioral health services to Native populations in a culturally proficient manner.

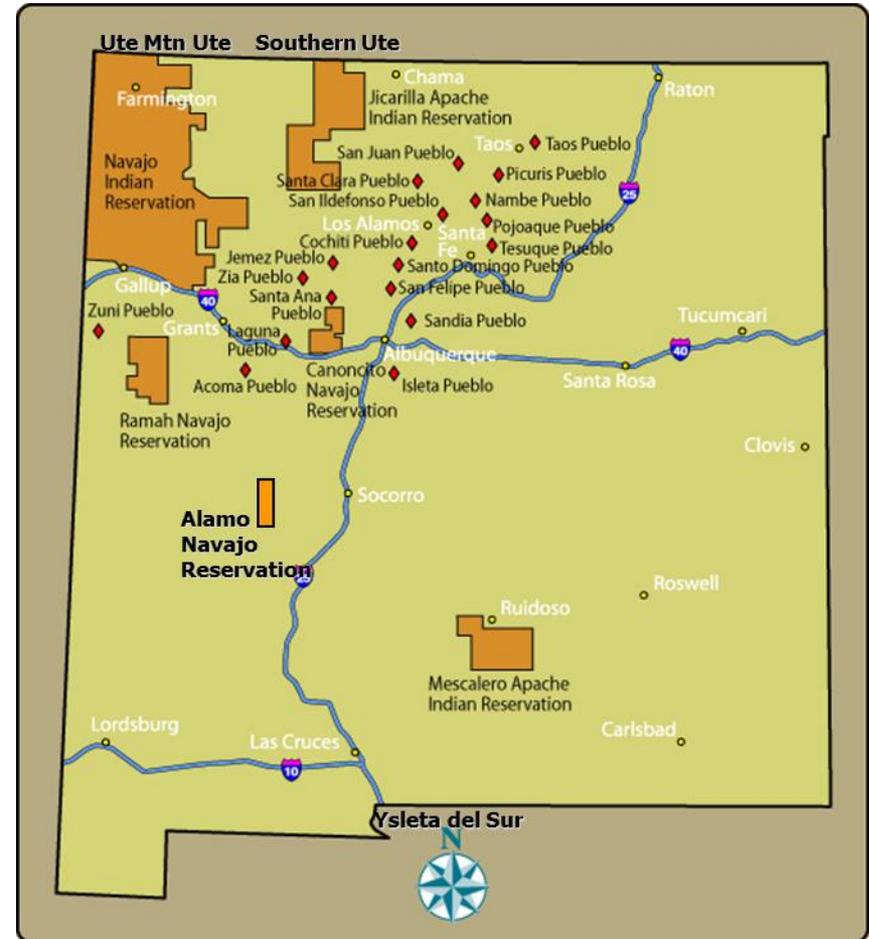


New Sunrise Regional Treatment Center

- Is a program of the Albuquerque Area Indian Health Service.
- Opened in 1988 has been JCAHO accredited since 1990
- Is a recipient of the 2004 Directors National Award
- NSRTC has a capacity for 8 female and 16 male residents.
- Length of stay is individualized and dependent upon treatment needs and goals. The average length of stay is 90-120 days.
- Is CARF accredited 2006

Provides services Native American adolescents from the following tribes:

Zuni	Acoma	Laguna
Isleta	Sandia	Santa Ana
San Felipe	Zia	Jemez
Sto Domingo	Cochiti	Tesuque
Pojoaque	San Ildefonso	Nambe
Santa Clara	Picuris	San Juan
Taos	Ramah	Alamo
To' hajiilee	Mescalero	Jicarilla
Ysleta del Sur (TX)		
Ute Mountain Ute (CO)		Southern Ute (CO)



Admission Criteria and Referral Procedures

Eligibility criteria for admission

- Eligible for Indian Health Service direct service
- Age from 13 through 18
- Diagnosis of substance abuse or dependence/ and co-occurring behavioral health diseases
- Need for more intensive treatment than is available on an outpatient basis

NSRTC Residents

- 30% do not speak their Native language
- 85% are from single parent
- 65% do not have awareness of Native Traditions/Culture
- 60% associated with gangs
- 98% play video games



TANAY Development History

Adapted from Project Venture (National Indian Youth Leadership Project) – a universal ATOD prevention model.

Staff recognized that youth with greater behavioral and mental health needs were not being adequately served.

Multiple agencies came together to develop Venturing Beyond Prevention to address these needs.

Project Venture

Recognized as “evidence-based” by...

- The National Registry of Effective Programs and Practices, SAMHSA
- Canadian National Centre for the Prevention of Crime
- Crime Solutions registry, US Dept. of Justice

Project Venture Principles

Positive youth development approach
Just Say Yes!

Adventure-based, experiential

Social-emotional learning

Focus on the “Five Cs”: competence, confidence,
connection, caring, character

Project Venture “Ideal” Structure

- 26 In-School Sessions (1 hour)
- 20 After-School Sessions (2.5 hours)
- 12 Weekend Sessions (5-8 hours)
- 3 Multi-Day Adventures (4-7 days)
- Summer wilderness camp (7-10 days)

In school Programming



Afterschool Programming



Western Red Rocks
Trail



Aboriginal Fire Making
Mentmore Climbing Area

Weekend Programming



Milk Ranch Canyon Hike
McGaffey, NM



Rappelling
Mentmore Climbing Area
Near Gallup, NM

Service Learning



Gallup Humane Society



Gallup Community Pantry

NAHIGH

Native American Horse Inspired Growth & Healing



Grand Canyon Adventure



South Kaibab Trail
Grand Canyon



Ooh Aah Point
South Kaibab Trail
Grand Canyon

Canoeing Adventure



Rio Chama
New Mexico

MSPI Grant

Allowed NSRTC and NIYLP to partner and develop TANAY model specifically for New Sunrise

Modifications also made for adjudicated youth in day treatment programs (partly supported by OJJDP Tribal Youth Grant)

NSRTC TANAY adaptations

Since duration is shorter (90-120 days v 9-12 months), more activities are added weekly, monthly.

Training provided for NSRTC staff in positive youth development by NIYLP.

Additional training provided for selected staff to co-facilitate with NIYLP staff.

Mental health clinician involved in planning and facilitation.

What is TANAY?

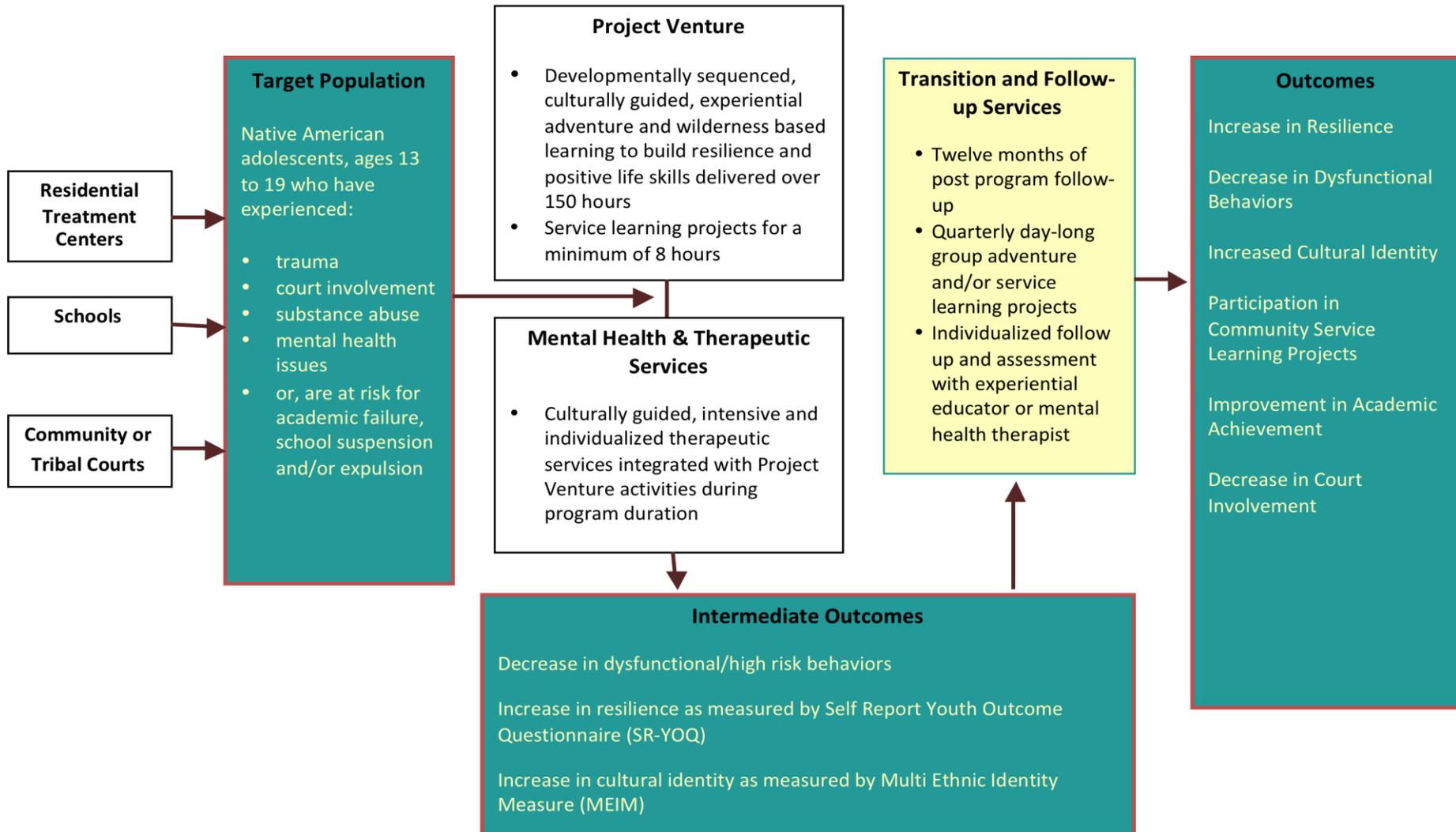
Theory of Change (next slide)



TANAY

Theory of Change

The TANAY program works to enhance cultural identity and positive psychosocial and mental wellbeing of Native youth to enable them to make the transition to becoming self-sufficient and responsible members of their communities



TANAY incorporates...

- Culturally guided mental health services
- Cross staff training
- Structural adaptations (increased dosage, etc.)
- Multi-agency collaboration

TANAY Study Results

Youth Outcome Questionnaire (YOQ)

Six Subscales (clinical cut-off scores in parentheses)

Intrapersonal Distress — (18 items, clinical cut-off 17)

Measure of self-perceived emotional distress, anxiety, depression, hopelessness and thoughts of self-harm

Somatic — (8 items, clinical cut-off 6)

Headaches, dizziness, stomachaches, nausea, etc.

Interpersonal Relations — (9 items, clinical cut-off 3)

Assesses perception of relationship with parents/caregivers, other adults, and peers

Critical Items — (9 items, clinical cut-off 6)

Assesses serious indicators of psychopathology, paranoia, delusions, mania, eating disorders, etc.

Social Problems — (9 items, clinical cut-off 3)

Truancy, sexual problems, running away, vandalism, substance use/abuse

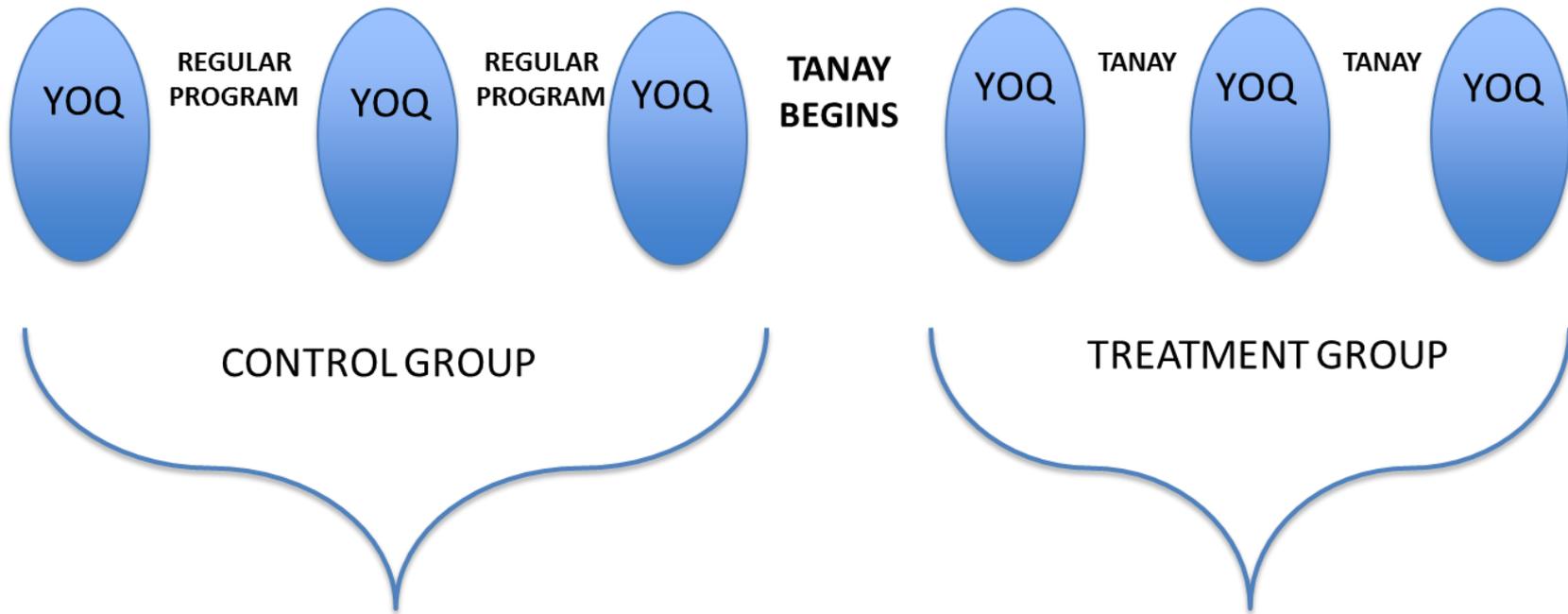
Behavioral Dysfunction — (11 items, clinical cut-off 11)

Measure of ADHD-type symptoms, and overall behavioral dysinhibition/dysregulation

Total: 64 items, Clinical Cut-Off Score 47

TANAY Evaluation Design

VARIATION OF INTERRUPTED TIME SERIES DESIGN



**COHORT 1: RESIDENTS FROM FEBRUARY
THROUGH AUGUST 2009**

**COHORT 2: RESIDENTS FROM DECEMBER 2009
THROUGH DECEMBER 2010
(INCLUDES NO DOSAGE AND DOSAGE GROUPS)**

Table 1. How Similar are Control and Treatment Groups?

Baseline Equivalence Analysis for Treatment and Control Groups

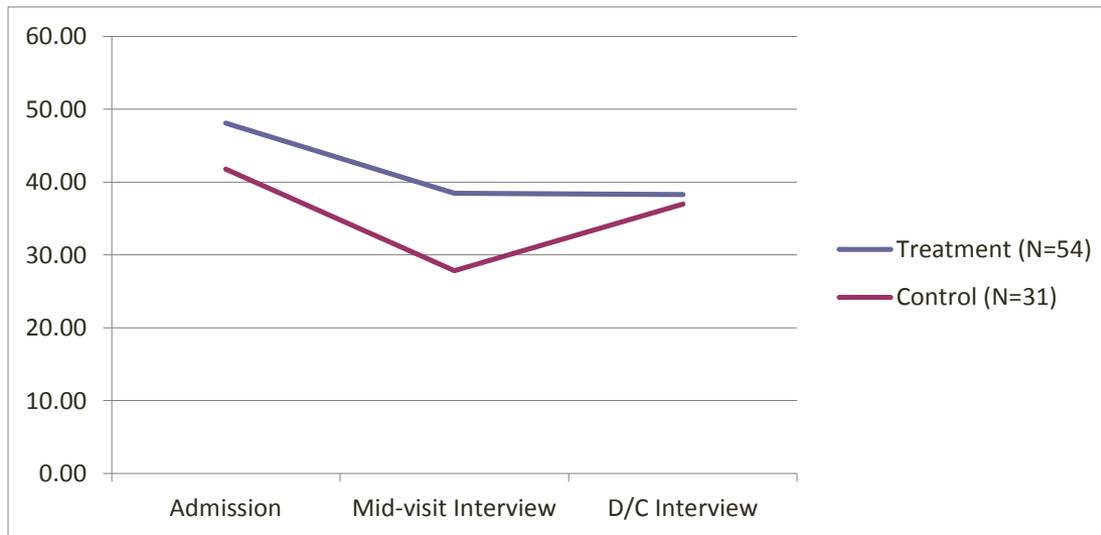
	Treatment Pre	Control Pre	t	p
YOQ Measures	N=54	N=31		
Internal Distress	14.26	11.48	1.345	ns
Somatic	5.11	3.97	1.099	ns
Interpersonal Relationships	6.30	4.26	1.867	ns
Social Problems	6.31	7.58	-1.185	ns
Behavioral Dysfunction	10.59	8.97	1.248	ns
Critical Items	5.50	5.52	-.017	ns
TOTAL PROBLEM SCORE	48.07	41.77	1.007	ns

*p < .05. **p < .01. ***p < .001. ns=not significant

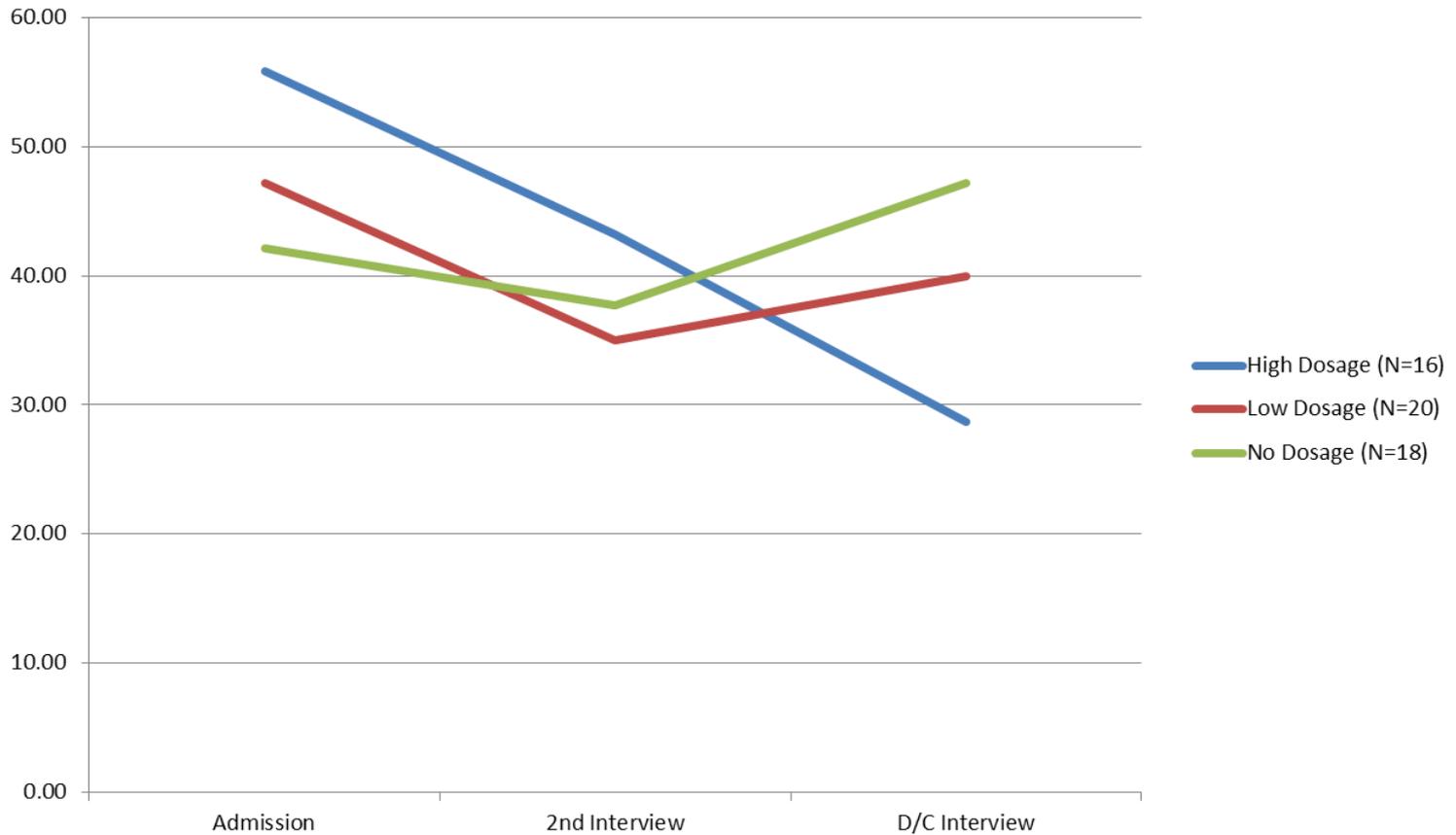
Table 2: How did Control and Treatment Groups Change from Intake to Mid-Point to Discharge?

Control Group (N=31) Treatment Group (N=54)

Subscales	Admit	Mid	DC	Admit	Mid	DC
Interpersonal Distress	11.48	10.10	11.19	14.26	12.43	11.69
Somatic	3.97	3.85	4.46	5.11	4.43	4.22
Interpersonal Relation's	4.26	1.70	3.77	6.30	4.40	4.73
Social Problems	7.58	4.85	5.15	6.31	3.51	3.38
Behavioral Dysfunction	8.97	6.90	9.58	10.59	9.14	8.98
Critical Items	5.52	4.60	5.65	5.50	4.54	5.29
Sum	41.77	27.83	36.96	48.07	38.46	38.29



Comparison of all Dosage Levels within Treatment Group



TANAY: Lessons Learned

Collaboration

Staff training, buy-in

Power of adventure, challenge, etc.