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Adolescent Substance Use Treatment in Detention and Residential Delinquency Settings

Growth Works' Evolution in ASUD Treatment

- Early 1980's: Learning Options
- 1983: Maplegrove and Me
- 1984: Aftercare Provider and the St. Luke's Experience
- 1999: Wayne County's Care Management System and Western Wayne CMO
- 2006: WCARE (Wolverine Human Services and Growth Works)
- 2008: Girl's Program (WCARE and Trauma Informed Programming)
- True North Treatment Center (Washtenaw Youth and Children's Services and the Washtenaw Juvenile Drug Court) 2013

Research Roots Supporting the Approach

- Laurie Chassin "Juvenile Justice and Substance Use", *The Future of Children*, Princeton/Brookings', 2008
- ***Establishes the need for Tx, and Explores the Connection Between Delinquency and Substance Use***
  - Evidence Based Practices
  - Family Engagement
  - Developmental Perspective
  - 90 Days of Treatment

Research Roots Supporting the Approach

Mulvey and Chassin, "Substance Use and Delinquent Behavior Amongst Serious Adolescent Offenders", *Pathways to Desistence*, 2010

Very High Correlation of Delinquency and Substance Use, Much Higher than other SEDs

- 85% Smoked Marijuana
- 80% Drank
- Almost half met DSM-IV Criteria for Dependence

Research Roots Supporting the Approach

OJJDP, "To Decrease Juvenile Offending, Make Drug Treatment a Priority" *Pathways to Desistence, 2014 Brief Paper*

- **Screen early and often and act on Evidence of Use**
- **Services should be targeted at the needs of Adolescents (Developmental Considerations, not Adult Oriented Treatment)**
- **Engagement is essential through a Care Continuum that includes Aftercare**

Research Roots Supporting the Approach

- National Academy of Science; ***Reforming Juvenile Justice***, 2013
  - **Emphasis on Brain Development, Neuroplasticity of the Adolescent Brain**
  - **Adult Criminal Justice Practices are inappropriate and harmful**
  - **Emphasis on Prevention and Early Intervention and Treatment as Opposed to Punishment, Inclusion of Accountability and Mediation as Approaches**
  - **Substance Use Treatment (Chassin, Mulvey and Steinberg)**

Other Influences

- Barbara Bloom and Stephanie Covington: Trauma Informed Programming
- Bessel Vander Kolk: Trauma Resolution is not a Cognitive Process; Trauma is stored in the Body Through Sensation.
- Triggered Responses are for Survival: Complex Trauma Disorder Limited Impact of Cognitive-Behavioral Approaches to Successfully Address its Impact
- ACES: Impact of Trauma on Physiological Well-Being and its Contribution to Addiction

Other Influences

- Ruby Payne, Horatio Sanchez, Eric Jensen: How Poverty and Underclass Experiences Impact Agency, Understanding of Cause and Effect; Hypervigilance instead of ADHD
- William White: Moving from Stopping Drug Use to Recovery
- Jim Henry (Marshak Interaction Method): Balancing the Essentials of Parenting

Today's Focus is on Residential Care and the Care Continuum Connected to Counties-Juvenile Courts and Probation:

The True North Experience

System Elements

- Drug Court (Trauma Informed Approach)
- Probation (Orient and Screen All, Trauma Informed Approach, Graduated Sanctions)
- Prosecutor (Supports Treatment, Has Expectation Around Accountability and Victim's Rights)
- Defense Attorneys (Protect Client Rights and Supportive of Treatment)
- Facility Staff (Trauma Informed, Engaged but not Enabling, Collaborative with Treatment Staff: The "Secret Sauce" of the Entire Enterprise)
- Parents (Mandated Involvement)

Progress Area	Pre-admit	Phase I (3)	Phase II (3)	Phase III (6)
Judicial	-Determine ability of family and youth to pay restitution	- Attendance at school, group, and other ancillary services	- Engaged in ancillary, competency/pro-social activities	-No delinquent or status offenses -Diligent attempts to pay fees and restitution -Completed community service -Appropriate referrals for continuing care as necessary.
Prosecutor	-No disqualifying charges -Determine ability of family and youth to pay restitution	-Restitution hearing (parental) -Begin making payments -Compliance with all court orders	-Making regular payments -Compliance with all court orders	-90 days consecutive clean -Restitution paid -Completed all community service -No new adjudications -Compliance with all court orders
Probation	-Determine appropriate school program and other supervision options -Identification of barriers to JDC participations	-Improving school attendance and performance -Improving compliance with supervision requirements -compliant with treatment expectations	-Parents should be practicing imposing consequences -Parents should be advocating at school -No missed or dirty drops -Compliant with treatment expectations -Victim is made whole through restitution.	-Consistent good school reports (kid specific) -no attendance issues -compliant with treatment expectations
Public Defender	-Understands rights -Clear understanding of legal process as well as JDC/court obligations -Determine ability of family and youth to pay restitution -Awareness of all costs including restitution.		-Child understands difference between treatment and legal consequences -PD review of restitution, costs, community service obligations at ~6 month point of treatment.	-Clear understanding of when court system ends -Review of case at 6 month mark in phase 3.

System Elements: Treatment

- Out-Patient Component (Mild to Moderate SUD, or Opportunity to Succeed)
- Residential Component (Moderate to Severe SUD, or ASAM III Dimensions point to this Level)
- Treatment Services for Parents
- Peer Recovery Support
- Competent, Engaged Direct Care Staff

Mindfulness in the Provision of TX: Things We Need to Build into the Context of Care

- Brain State (The Role of Sensation, Pleasure Circuit, Cognition)
- Developmental Approach (v. Miller, Steinberg, Nat'l Academy of Sciences)
- Effects of Cannabis on Adolescent Brain Function and Development (Boston Children's Hospital)
- Complex Trauma Disorder and Impact of Stress Dysregulation (ACEs, Vander Kolk, Jim Henry)

Mindfulness in the Provision of TX: Things We Need to Build into the Context of Care

- Family Construct (Marshak Interaction Method)
- Understanding Cause and Effect, Agency and Magical Thinking (Horatio Sanchez, Eric Jensen, Ruby Payne)
- Dual Diagnoses (DSM-IV, ASAM III, Sections Pertaining to Adolescent SUD and SED)
- Limiting Confinement (Casey Foundation)

▶What Exactly Are We Dealing With?

How Do Folks Using Drugs Deal with the World?

- Drugs=Survival
- Naïve View (Magical Thinking)
- Avoidance (Employ Skills Used to Survive Family)
- Emotional Relief Through Drugs, Sex, Cutting, Violence, Withdrawal, Punching Walls, etc

How Do Folks Using Drugs Deal with the World?

- **Seek Explosive Pleasure, Strong Emotional Memory of Initial Use Experiences Disconnected from Executive Function**
- Chronological Age v. Emotional Age
- Intellectual Skills (Executive Function) Delayed
- Lack Skills to Negotiate Way Through Mainstream Society (Fight, Flight, Shut Down), Influenced by Life Experience, Trauma Reactiveness
- Focus on Relief, Not Emotional Regulation

Brain State and Development: Observable Impact of Dependency on Behavior

Area of Development	Children		Adolescent/ Young Adult
Intellectual	Magical Thinking	Healthy	Abstract, problem solve, conceptualize Logical/cause /effect
		Arrested	Delusional, grandiosity, faulty appraisal
Psychological	Egocentric	Healthy	Interdependence, sense of self
		Arrested	Narcissistic, image issues
Emotional	Limited Coping	Healthy	Increased coping skills, feelings
		Arrested	Tantrums, baby king, pouting, impulsive
Social Development	Family Centered	Healthy	Peer/family mix, respect, get consequences
		Arrested	Peer oriented, closed off to adults,
Social Experiences	Protected/ Guided	Healthy	Age appropriate behavior, mindful parental limits,
		Arrested	Smoking, sexual activity, no regard for limits, boundaries, cartoon adult

Brain State and Developmental Approach: Adolescent Brain Most Susceptible to SUDs

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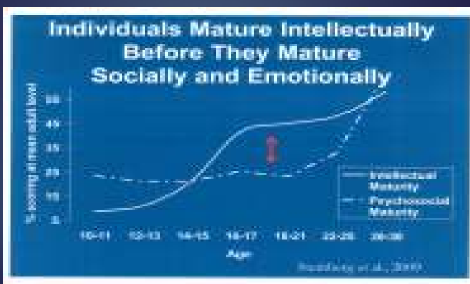


▶These Factors Influence Structure and Flow of Adolescent Treatment

Early TREATMENT Work

- **Youth**
  - DeTox the Brain (No Affect, Relief Seeking)
  - Trauma Informed Care
  - Disconnect from Peers
  - Feelings Language, Mindfulness, Emotional Regulation
  - Beginning to Disclose Secrets (Power, Shame, Magical Thinking;
  - Beginning to Drop Defenses (Learned Survival)
  - Brain State: Impact of Drug Use: Listening Again, Connecting to Feelings Again
- **Parent**
  - Early and Frequent Engagement
  - Trust Building
  - Seeing Self as Co-Dependent (Out of Fear, with Shame)
  - Feelings Language
  - Behavior Change as a Suggestion to Handle Kid Issues in a Different way
  - Stop Pretending, Deal with Own Magical Thinking
  - Neediness, Deification of Kids

INTERVENTION

Footnote: Phase I

- Two Hour Group 5 Days per Week; 1.5-2 Hours didactic per day; Individuals Daily/as Needed/Limited Early and Ongoing Family Work
- Continuous Demonstration of H.O.W- Honest, Open, and Willing
- Complete Evaluation Packet (Packet consists of Worksheets, readings and assignments related to Addiction and Recovery) before moving into Treatment Group
- Benchmark Assignment- Timeline
- Attend and participate in daily Didactic Sessions
- Learn to interact appropriately with Staff, accept Help, and cooperate with Peers
- School 5 Hours per Day
- Medical, Psychiatric Concerns Addressed
- Arts Alliance, the Horse Farm, Community Events, Family Connection

Middle TREATMENT: Phase II

- **Youth**
- Brain State/What Drugs have done Continues
- Timeline Preparation:
  - Developmental Assessment,
  - Understanding of Cause and Effect, Agency and
  - Magical Thinking
- Daily Practice of Emotional Regulation, Use to Self Sooth, Reconnect to Frontal Lobe
- Preparation for Family Night
- **Parent**
- Parents work on Their Personal Recovery
  - Addiction
  - Co-Dependency
  - Trauma
  - Relationships
  - Life's Chaos (Job, Health, Living Situation)

FAMILY NIGHT

Family Night

- **YOUTH**
  - Youth Shares Consequences Connected with Using, Views of Self in Family,
  - Concerns about Family and Family Members while being Connected to Feelings
  - **Get the Secrets Out, Create an Emotionally Cathartic Experience for the Client;**
  - **A new Emotional Memory based on Remorse to Balance out the Euphoric Recall**
- **PARENT**
  - Parents Listen, Encouraged to Stay Connected to Feelings
  - Opportunity for Parent to Own Their Stuff, Role, Addiction,
  - Being Forgiven
  - Opportunity for Forgiveness, Re-Attachment, Re-Setting of Expectations and Family Life
  - Bottom Line

FOOTNOTE

This is the Commitment Phase

- Take responsibility for the consequences of his/her use in their life and the lives of those around them
- Identify past events, relationships, family dynamics, and thinking/behavioral patterns that may have impacted substance use
- Client develops an understanding of recovery thinking vs. addictive thinking such as; denial patterns, pre-occupation, and irrational thought

TREATMENT Phase III

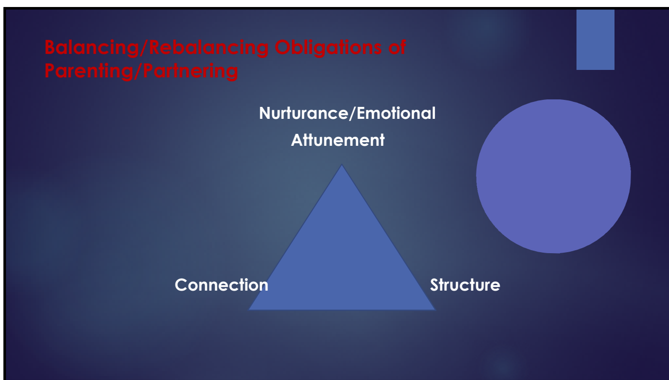
- **Youth**
  - Focus on Recovery Skills
  - Emotional Regulation
  - Support
  - Success and Expectations
  - Sex, Peers, Change in Family, School
  - Developmental Lags: Emotional Age v. Chronological Age
- **Parent**
  - Developmental Lags: Emotional Age v. Chronological Age
  - Parental Expectation: S/He's Grown; S/He's Cured; S/He should Know Better
  - Essential Elements of Parenting
    - Emotional Attunement
    - Connection
    - Structure

TREATMENT Phase IV

- **Youth**
  - Aftercare: Application of Recovery Skills in the Real World; Kid Stuff
  - Beyond Compliance: Engagement and Gratitude for Recovery
  - Ups and Downs
  - Reengagement
  - Urine Screens, 12 Step Engagement
  - 22 Months of Recovery Activity=90% likelihood of Recovery
- **Parent**
  - Real World Work on Co-Dependency
  - Dealing with Emotional Age of Youth
  - Not "Riding their Recovery'
  - Let Them Solve Problems, Feel Outcomes of their Decisions
  - Working on Their 50%, not the Kids 50%

Changing Caregiver's Part in the Family Addiction Cycle

- **Enabling:** *Getting between young people & life experiences to minimize the consequences of their choices*
  - Doing too much for them
  - Giving them too much
  - Overprotecting/rescuing
  - Lying for them
  - Trying to control them
  - Living in your own denial about the problems
  - Trying to fix situations/tell them what to do
  - Bailing them out
- **Empowering**: *Accepting that they make their own choices and must live with Them*
  - Listening & giving emotional support/validation **without fixing** or discounting what they are going through
  - Teaching/modeling life skills
  - Communicating directly
  - Letting go without abandoning
  - Giving consequences without being abusive
  - Sharing what you think, feel and want (without lecturing, shaming, insisting or agreement or demanding)



Footnote

- Continue to utilize emotion regulation and coping skills
- Address and identify emotional triggers for use such as; anxiety, anger, or depression.
- Practice and demonstrate recovery skills in treatment and on the residential unit including but not limited to; acceptance, gratitude, integrity, humility, and personal inventory.
- Prepare a relapse prevention plan. Prepare and process triggers
- Therapeutic home visits

Assessing Through Program Phases: Attaining Recovery Skills

- 10% of Recovery is not Using; 90% of Recovery is Developing and Applying New Skills, Attitudes, Behavior and Thinking
- Connects with William White's Insights on the Need to Focus on the "How To" Part, instead Cleaning Up the Wreckage
- Engaging Clients in Self Assessment (Person Centered Planning) and Use for Goal Formation. Allows for a more Accurate View of Developmental Age, Lags and Gains
- Ties to Program Phases and General Treatment Expectations
- Moving to Make the Focus on an Integrated Progress Assessment Process involving Probation, Parents, Staff as well as Youth

Recovery Progress Phase 1 Residential Name:______ Date:______
Completed by ___ Youth ___ Parent/Guardian ___ Therapist___ Probation___ Staff

Recovery Skills

Closed to sharing feelings	1	2	3	4	5	Shares feelings with others using feelings words
Unwilling to ask for and accept help	1	2	3	4	5	Asks for help and takes suggestions
Has to have his/her own way	1	2	3	4	5	Can accept compromise solutions.

Comments:______

Recovery Attitude

Negative about treatment, sees it as an imposition	1	2	3	4	5	Positive about treatment, sees as an opportunity
Resigned (This is dumb but I have to do it)	1	2	3	4	5	Practices acceptance and gratitude
Not sure why I'm doing this	1	2	3	4	5	I can see reasons to work on recovery

Comments:______

Recovery Behaviors

Enables peers, keeps secrets, does not take time in group	1	2	3	4	5	Uses group time well, feedback and sharing is recovery focused
Avoids taking group seriously	1	2	3	4	5	Uses group time for recovery support around genuine issues

Recovery Thinking

Blames others for bad consequences and negative experiences	1	2	3	4	5	Sees connection between drug use , unmanageability, and personal choice
Stays in self-pity, I'm a victim	1	2	3	4	5	Knows self-pity is a defense; accepts it and handles it
I'm a bad person who does bad things	1	2	3	4	5	I'm a sick person (addiction) but I can choose to change

Recovery Progress, Program phase 2 Residential Name:______ Date:______
Completed by ___ Youth ___ Parent ___ Therapist___ Probation___ Staff

Recovery Skills

No emotional boundaries, can't set limits	1	2	3	4	5	Able to support/confront others appropriately, handles boundaries appropriately
Resists committing to a step by step routine	1	2	3	4	5	Knows s/he needs a step by step daily routine for recovery and sticks to it
In self-pity and justifies addictive thinking	1	2	3	4	5	Can resist magical thinking and addictive urges
Focuses on wants	1	2	3	4	5	Can separate wants and needs
Emotionally closed, manipulative, defensive	1	2	3	4	5	Allows self to be vulnerable to others; shows sincere openness

Comments:______

Recovery Attitude

	1	2	3	4	5	
"Recovering" to keep court, family, job, school, off your back	1	2	3	4	5	Sees benefit of recovery for self
Self-centered, ego driven, not willing to give up control	1	2	3	4	5	Gives up control to others (family members, clinicians, 12 step support)
Picks and chooses help; thinks there is still room to engage in addictive behaviors (How can I use and not have consequences?)	1	2	3	4	5	Practices openness, honesty, and willingness,
Dishonest about successes and struggles on home passes	1	2	3	4	5	Honest and Open about successes and struggles on home passes

Comments:

Recovery Behaviors

	1	2	3	4	5	
Isolates or socializes with enablers (co-dependents and/or using friends)	1	2	3	4	5	Genuinely connected to sober peers and supports, and therapists
Not open to concept of "Higher Power"	1	2	3	4	5	Higher Power connected to the choice between old behavior and recovery options
Unwilling to follow home pass expectations	1	2	3	4	5	Completed all homepass expectations including AA and other treatment assignments

Recovery Thinking

	1	2	3	4	5	
Negative things happen due to fate, bad luck or someone has it out for you	1	2	3	4	5	Understands cause and effect
Blames others for consequences of addictive behaviors	1	2	3	4	5	Sees connection between addictive behavior, personal choices, and outcomes
Secrets are necessary, acts out of shame and fear	1	2	3	4	5	Honest and open, even if it means disclosing shameful experiences
Lazy, looks for short cuts to get what he/she wants	1	2	3	4	5	Fights against being lazy, doesn't seek short cuts to doing important work
Not acknowledging unmanageability, powerlessness, or connected to feelings about consequences of substance use	1	2	3	4	5	Honest, Open, and Willing regarding unmanageability of life when acting out of addiction. Experiences shame and remorse associated with consequences of use.
Obsessed with self	1	2	3	4	5	Daily focus on service to family, peers, and community

Comments:

Recovery Progress Phase 3 Name:______ Date:______
Completed by ___ Youth ___ Parent/Guardian ___ Therapist______ Probation

Recovery Skills

	1	2	3	4	5	
Distracts self unproductively from emotional problems, distractions cause negative consequences	1	2	3	4	5	Practices emotional regulation using breathing, tapping, movement, yoga, positive social support, to cope with emotional distress
Wants to be "normal" or cured, not have to deal with being an addict	1	2	3	4	5	Able to embrace disease as part of self
No capacity for intimacy (no boundaries, very co-dependent, no empathy)	1	2	3	4	5	Has capacity for healthy intimacy (empathy/ connection/ boundaries are appropriate)

Comments:______

Recovery Attitude

	1	2	3	4	5	
Cynical outlook	1	2	3	4	5	Gratitude and humility dominate outlook
Keeps important issues secret, unwilling to be open	1	2	3	4	5	Active disclosure to therapists and sober supports, consistently practices HOW
Doesn't see need for amends making	1	2	3	4	5	Engaged in planning and making amends
School, job, relationship are priority over recovery	1	2	3	4	5	Recovery comes first: success in other areas depends on recovery

Recovery Behaviors

	1	2	3	4	5	
Does not apply 12 steps and traditions to life's challenges	1	2	3	4	5	Finds solutions to life challenges through recovery ideas

	1	2	3	4	5	
Avoiding "step work" and passive in relationship with sponsors/clinicians	1	2	3	4	5	Proactively seeking directions from sponsors, mentors, and clinicians, and following suggestions
Behavior and attitude show that I hold on to substance using self-image	1	2	3	4	5	Positive physical image (makes eye contact, clean, groomed, presents well)
Avoids volunteer work/service commitments	1	2	3	4	5	Gladly engaged in community service
Self-willed, closed to suggestions, unwilling to attempt new approaches to thinking and actions.	1	2	3	4	5	Engaged in developing new behaviors, following suggestions from sober supports and Therapists
Doesn't attend AA meetings regularly	1	2	3	4	5	Always makes it to meetings
Doesn't take AA meetings seriously	1	2	3	4	5	Always shares and listens well in AA meetings

Comments:______

Recovery Thinking

Allows addictive thinking to control activities and choices	1	2	3	4	5	Mindful of recovery and uses recovery tools when addictive thinking arises
Willing to engage in impaired thinking as long as not using	1	2	3	4	5	Knows that impaired thinking is a part of relapse
Sees self as a victim, operates out of being a victim Plays the injured party and gets others to go along,	1	2	3	4	5	Accepts responsibility for behaviors and outcomes of behaviors
Sees self as morally superior and entitled to special rules.	1	2	3	4	5	Demonstrates acceptance of rules and expectations that are beyond own control
Unwilling to assume responsibility for actions.	1	2	3	4	5	Takes responsibility for mistakes as well as successes.

Comments:

Working with Substance Using Folks: Not Helpful

- Seeing Clients as "Adults", Victims, Incompetents, Noble Savages, Confusing an SUD with an SED
- Seeing Kids with Drug Problems as Needing MH Counseling
- Expecting Substance Use to Go Away on Its Own or Through "Good Works", Playing Sports, etc.
- Expecting Them to Learn by Consequences (W/O Remorse and Agency, Can't Learn from Consequence)

Working with Substance Using Folks: Not Helpful

- Trying to Talk Them into Not Using (Just Say No); Supporting "Cutting Down" vs. Abstinence
- Buying Their Story/Keeping Their Secrets; Enabling Their Behavior
- Morally Judging Because They Use (Would Judge Them If They had Diabetes or TB?)
- Waiting for Them to Violate or Disappear
- Relating to Their Use Through Your Own Experiences, Using your Pathway as the Method for Them to Make It

You Have no Business Working with Drug Involved Kids, If:

- You Yourself Smoke Weed, Drink to Consequence, or Use other Drugs "Recreationally"; Have Met or Do Meet the DSM-V Diagnostic Criteria and Don't Have a Recovery,
- If Your Life is Unmanageable (Legally, Financially, Interpersonally)
- Look for Relief instead of Recovery Through Food, Spending, Sex, Risking Behavior, Raging, etc.
- Blame Others for Events in Your Life

Because the Kids Know You Aren't Genuine and Authentic

Working with Substance Using Youth: Helpful

- See Addiction as a Chronic Condition, Be Attentive to "Developmental Age" v. Chronological Age, Aware of Brain State Issues for Young People
- Having a Developmental View of Young People and Being Able to Construct their Treatment Regime to "Match Up" against their Developmental State
- Expect Use and Demand Sobriety; Offer Interventions with Sanctions in Disciplinary Policy ; Have a Process of Graduated Sanctions Connected with Substance Related Interventions

Working with Substance Using Youth: Helpful

- Have Institutional "Bottom Lines"
- Inform Parents of the Stand You are Taking; Involve Them in It
- Establish Partnerships with Parents/Partners
- "Time Line" Their Behavior
- Work Towards a "Tipping Point" Based in Recovery
- **Have Your Own Practice Around Acceptance, Gratitude, Forgiveness, Powerlessness, Being a Person of Courage, Having Your Own Support System**