JRA’s Integrated Treatment Model: Working with Complex Client Populations

Henry Schmidt III, Ph.D.
Clinical Director

Cory Redman
Substance Abuse Program Administrator

Washington Juvenile Rehabilitation Administration
Co-occurring Disorders Conference
Yakima, Washington
October 2, 2007
Juvenile Rehabilitation Administration
Youth Profile

- 3% of youth arrested in WA end up in JRA.
- Age range of incarcerated: 10-21
- Ethnic Breakdown:
  - White/Non-Hispanic: 59% 73%
  - African American: 21% 6%
  - Hispanic: 12% 12%
  - Native American: 5% 2%
  - Asian: 3% 7%
- Sex Offenders: 21%
- Violent Offenders: 46%
Residential Population Characteristics*

- Mental Health: 62%
- Chemical Dependency: 66%
- Sex Offender: 21%
- Cognitive Impairment: 37%
- Two Issues: 36%
- Tri-Issue: 19%
- Quad-Issue: 6%

*2006 Snapshot Data
JRA Continuum of Care

850 Youth in Residential Care
Length of Stay: Mode = 15-36 Weeks
Average = 1 year

3 Max Security Institutions,
1 Med Security Institution,
1 Basic Training Camp

8 community facilities

750 Youth on Parole
Minimum = 6 months
Sex Offense = 24-36 months
Youth with families, in foster care, or in group homes
Resources to implement treatment

Mental health professionals

- Institutions:
  - Psychology: 6 Master’s/Ph.D. clinicians
  - Psychiatry: Part-time at 3 institutions, telemedicine at medium security institution

- Community Facilities: Contracted services

- Parole: Contracted services, FFT
Treatment Programs

- Residential Mental Health Units
  - 5 Residential Mental Health Units
  - 1 Extended Care Mental Health Unit

- 6 Programs for Youths who Sexually Offend

- Chemical Dependency Programs
  - 3 Intensive Inpatient Programs
  - 1 Intensive Outpatient Program
  - 1 Outpatient Program
  - 1 Recovery House
  - All staffed by Chemical Dependency Professionals
ITM: Taking Advantage of Context

Residential Setting

- Youth are separate from family
  - ‘Wake-up call,’ motivate youth to change
  - Intensive focus on youth skill development
  - Reinforce success, increase hope

- Families may gain ‘respite’, relief
  - Often have been struggling with youth’s behavior in the community
  - Relief that youth is safe, receiving treatment
  - Increase hope for future as youth behavior improves
  - Collaborate with staff on youth effort toward goals (e.g., education, vocation, attitude)
  - ‘Reframe’ youth behavior, reduce labeling and blame
Taking Advantage of Context

- **Community Setting**
  - **Youth and family**
    - Increase motivation of family to work with therapist, services
    - Reduce negativity, blaming in family
    - Create a relational understanding of problems, solutions
    - Increase positive interactions
    - Work for “small, obtainable” change in family interactions
    - Link to services in community
    - Impact siblings of youthful offenders
Typical Targets for Forensic Treatment

- Recidivism
  - Violent Felony
  - Felony
  - Other

- Health and Safety in Residential Programs
  - Self-injurious behavior
  - Assault
  - Escape
  - Contraband
Targeting – Balanced View

- Reducing Dysfunctional Behavior
- Reducing Risk Factors for Dysfunctional Behavior
- Strengthening Pro-social Long-term Goals
- Increasing Skills, Protective Factors
- Improving family communication and functioning
- Increasing Hope, Creating a Life worth Living
Working with Complex Clients

- Most clients have multiple targets
- All clients have multiple risk factors for each target
- Many clients have special treatment considerations

Across the Continuum of Care

- Maximum, medium security institutions, work camp, basic training camp
- Community facilities
- Parole, with family.
Treatment Demands

- Evidence-based
- For deep-end adolescent delinquent population
- Address multiple targets
- In different contexts and settings
- Culturally sensitive
- Strengths-based
What works: High Risk Offenders?

- CBT-Social Learning Approaches
  - Modeling
  - Reinforcement
  - Graduated practice (“Shaping”)
  - Role Play
  - Extinction
  - Concrete Verbal Suggestions (“coaching”)

- Family-based community interventions.

JRA’s Integrated Treatment Model

- **Residential Program: DBT**
  - School, GED and Vocational programming
  - Aggression Replacement Training
  - Family Integrated Transitions

- **Community Program: FFPS**
  - Family Integrated Transitions
  - Functional Family Therapy
  - Drug and Alcohol treatment (outpatient)
  - Youth with Sex Offenses treatment (outpatient)
Why Choose CBT?

- The most empirically supported psychosocial treatment approach
- Efficacious for symptoms of many Axis I, some Axis II disorders
- Elements are able to be implemented by individuals w/o advanced degrees
- Effective across levels of cognitive functioning
- Principles of learning fit well with behavioral management programs
Desired elements of CBT Program

- Excellent at engaging, retaining clients (mandated population)
- Skills-based (strengths-based)
- Addresses multiple targets comfortably
- Modules for individual, group, family work
- Manualized
- Results generalize to community settings
Which CBT Program?

Risk factors for dysfunctional behavior across JRA youth:

- Poor problem-solving skills
- Poor emotion regulation
- Behaviorally dysregulated, low distress tolerance
- Poor interpersonal skills
- Fluid definition of self (adolescence)
- Fluid or oppositional values
- Over-interpretation of hostile intent in acts of others
Dialectical Behavior Therapy

- Designed for difficult-to-treat, complex clients
- Highly effective at retaining clients
- Addresses multiple targets in hierarchical fashion
- Evidence for improvement of variety of specific behaviors, symptoms
-Synthesizes practices from well-established cognitive-behavioral interventions

Linehan, 1993
DBT Adaptations

- **Substance Abuse**
  - Linehan et al. (1999)

- **Adolescents**
  - Outpatient, Rathus & Miller (2002)
  - Inpatient, Katz et al. (2004)

- **Residential settings**
  - Inpatient psychiatric, Swenson et al. (2001)
  - Forensic inpatient - McAnn, Ball, Ivanoff (2000)

- **Other Disorders: Batterers, couples**
Why DBT and Substance Use Disorder (SUD)?

- High co-occurrence of diagnoses
- BPD with Substance Use Disorder (39%-84%)
  - Controlling for SUD BPD criterion (57%; Dulit et al, 1990)
- SUD with BPD (13% - 66%)
- Substance users with BPD are more disturbed than those w/o a personality disorder

Note: Linehan’s original studies eliminated subjects meeting criteria for substance dependence
Why DBT and Adolescent Substance Use?

- **Behavioral Dyscontrol**
  - Truancy, criminality, substance use, self-injury

- **Emotional Dyscontrol**
  - Low-skilled in identifying and regulating emotions

- **Cognitive Rigidity (developmental)**
  - b/w thinking, oppositional, rule-governed morals

- **Interpersonal Issues**
  - Socially isolated or shifting groups, deviant peers, etc.

- **Issues of Self (developmental)**
  - Unstable sense of self, low self-esteem
Treatment Target Hierarchy

Decreasing:
1. Suicidal, assaultive or AWOL behavior
2. Treatment-interfering or program-destructive behavior
3. Quality-of-life-interfering behavior

Increasing:
1. Behavioral skill
2. Goal-directed behavior
3. Ability to structure own environment
4. Life worth living, Capacity for joy, connection
Structured Skill Modules

Skill Set
- Observing
- Interpersonal Effectiveness
- Emotion Regulation
- Distress Tolerance
- Problem-solving

Symptom Cluster
- B/W thinking, Impulsivity, Values, Misinterpretation
- Social isolation, Deviant Peers, Hostility
- Emotional Dysregulation
- Behavioral Dysregulation, Frustration/Boredom
- Short-term solutions.
Basics of DBT
JRA’s Inpatient DBT-SUD Model

- Individual sessions with case manager
- Skill acquisition groups
- Skill generalization groups
- Milieu intervention
- Family skills groups
- Staff meetings
- Psychopharmacology (for mental health symptoms)
Functions of Comprehensive CBT

- Enhance Client Motivation
- Acquire Skills
- Generalize Skills
- Structure Environment for Treatment
- Enhance Therapist Motivation and Skills
Important Elements

DIALECTICS - Balance of Acceptance v. Change

BEHAVIORAL ASSUMPTIONS

- Clients are doing the best that they can
- Maladaptive behavior occurs because of:
  - Lack of skills to do otherwise
  - History of it being reinforced
  - Strong contextual risk factors

Thus, the behavior makes sense in context
DBT Treatment Hierarchy

**DECREASE**

- Suicidal, Self-Injurious Behavior
- Treatment-Interfering Behavior
- Quality-of-Life Interfering Behavior

Behaviors are targeted sequentially

Only one or two targets at a time

**DBT-SUD**

- Substance use is top quality-of-life interfering target
DBT Assessment and Treatment Planning
### Finding Treatment Priorities

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Substance Abuse</th>
<th>Offense (Robbery)</th>
<th>Family Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> Recent (or Historic) Parasuicidal Ideation, Threats, or Behavior.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.</strong> Recent (or Historic) Aggressive Ideation, Threats, or Behavior.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C.</strong> Recent (or Historic) Escape Ideation, Threats, or Behavior.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D.</strong> Recent or Current Treatment-Interfering Behaviors.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E.</strong> Significant Quality of Life issues.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F.</strong> Significant Treatment Considerations.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Analyze the chain of events moment-to-moment over time.
Understanding the Problem

Substance Abuse

B C A

Vulnerabilities

Cue

Links

Target Behavior

Outcomes

Function and Other Drivers
Treatment Planning Summary

- Mental Health
- Substance Abuse
- Family Issues

B C A

Vulnerabilities
- Cue
- Links
- Target Behavior
- Outcomes

Function and Other Drivers

- State the Target
- Describe the Function
- Pick Skills with Similar Function
- Identify Steps to Block Outcomes
- Identify Steps to Increase Skillful Behavior
- Identify Cue Management Plan

Substance Abuse

ITP

TREATMENT HIERARCHY

Robbery
Linked Processes

Client History Review & Behavior Chain Analysis

Determine Content for

Treatment Focus

Skill Selection

Intervention Plan

Integrated Treatment Plan

Drives Content & Structure of

Our Daily Interactions with our Clients

Flow should be visible
Adapted Behavior Paradigm

Vulnerabilities
- Bored
- Lonely
- Friends support the behavior
- Family members model behavior
- History of behavior being reinforced

Cue

Emotion Dysregulation
Cognitive Distortion

Target Behavior

Outcomes
DBT Treatment Approach

Vulnerabilities
- Bored
- Lonely
- Friends support the behavior
- Family members model behavior
- History of behavior being reinforced

Problem-solve the Cue

Cue

Decrease Dysregulation

Emotion Dysregulation

Cognitive Distortion

Block Target Behavior

Target Behavior

Outcomes

Block Outcomes
Functional Family Parole Services
Functional Family Parole Intervention Program

Engage & Motivate

Monitor & Support

Maintain Facility Treatment Plan
(no additional services)

Generalize

Evidence-Based or other Change Program

Link to...

Link to...

©FFTinc
Engagement/Motivation Phase Goal 1: The Working Alliance

FFPS attempts to create a balanced alliance with each family member whereby they ....

- Trust you, and believe you have the expertise to help them
- Believe you are working hard to understand their emotions, values
- Experience that you are working hard to respect and value them, [despite their (often) awful behavior]
FFPS Engagement/Motivation: How Do We Move To A Positive Alliance?

- Reduce Blaming and Negativity / Hopelessness

Change…..
- meaning through Reframing & Themes
  - intent/purpose
  - meaning

Interrupt….  
- negative interaction patterns
  - blaming

In order to:
Motivate to go to a resource
Hook up with resource/service

Attempt to….  
- reduce blame and retain personal responsibility
- establish relational focus for the problem
- open new possible solutions
Engagement/Motivation Interventions…

Reframing & Themes

- developing a relational thread

Presented Theme
- causal attributions are individual/other
- emotional valence is negative
- blaming interactions

Reframing

Organizing Theme/Frame
- problems are family/relationally attributed
- non-blaming interactions
- emotional valence is positive, hopeful
Relational “Functions”

“Space between” people can best be explained by:

“When X relates to Y, the typical relational pattern (behavioral sequence within the relationship) is characterized by degrees of:

**Relatedness**….contact vs. distance (psychological intensity)

**Hierarchy**….relational control/influence

Goal..understand and use…

Attempting to change these basic motivational components of human behavior in just a few sessions is clinically impossible and ethically inappropriate
Support/Monitor Change: Phase 2

goals & activities (if services)

**Goals:**
- Move to less active role
- Support family and change agent
- Ensure program has effective change process and element
- Eliminate barriers

**Activities:**
- Refer to services
- Monitor change
- Structure supportive activities
- Encourage and reinforce family members (and providers?)
- Be an advocate for effective services and programs
Select a change program that...

- can impact “core” needs
- enhances/capitalizes on skills learned in facility
- best matches to relational styles in family,
- is one at which they can be successful, that won’t overwhelm
- and is logistically possible. Don’t over-refer...

Know the community

- Have current list of providers/agencies
- Know the transportation system
- Know the school system/contacts

Use contacts and constantly develop new ones...

- have specific referral persons in agencies (schools, mental health agencies, YMCA, boys/girls clubs)
Generalization
Positive Termination Phase...
goals/activities/focus

Goals:
• Become active again
• Reinforce positive change
• Help generalize change

Activities:
• use the community
• maintain/use community contacts
• target generalization based on relational assessment

Focus:
• relationships between the family and community