

# **The Mental Health Center of Dane County, Inc.**

Child, Adolescent & Family Services  
Adolescent Trauma Treatment Program  
Adolescent Substance Abuse Treatment

NCTSN ATSSA Meeting- Boston

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# MHCDC, Inc. Mission Statement

The mission of the Mental Health Center of Dane County, Inc. is to provide individuals and families with high quality, community based, recovery oriented, trauma-informed, mental health, substance abuse, and advocacy services that respect cultural differences and foster hope, strength, and self determination. We will give priority to individuals and families with high needs and low resources.

# Child, Adolescent & Family Services Program

The Child, Adolescent, Family Program (CAF) provides clinically and culturally competent assessments, intervention, treatment, and referral services for families experiencing multiple stressors, serious mental health problems, alcohol and other drug issues, and/or child welfare concerns. Program services are child-centered, family-focused and systems oriented, and designed to enhance the natural strengths/resources of the family in support of solutions to presenting problems.

# Adolescent Substance Abuse Treatment Service Population

- Not a typical or general adolescent, out-patient AODA population.
- Primarily boys, generally aged 12-19, who have co-morbid substance abuse and mental health problems.
- 85-90% have a history of significant trauma and/or current, on-going exposure to traumatic circumstances.
- Vast majority not self- or family-referred, but rather come to treatment at the direction of the juvenile court in lieu of school expulsion, correctional placement, or some other sanction.
- 40% of the youth receive specialized educational services, primarily for ED/LD.

# Adolescent Substance Abuse Treatment Service Population

- Many of the youth have been kicked out of traditional AODA treatment services.
- Virtually all youth are using substances upon admission to treatment.
- Approximately 50% are white or Euro-American, 35% are African-American or bi-racial, 10% are Latino, and 5% are Southeast Asian.
- About 10-12% self-identify as gay or bisexual.
- Over 80% have one or more delinquency charge

# Adolescent Substance Abuse Treatment Service Population

- About 20-25% engage in cutting, burning or other self-harm behavior.
- The majority of youth have parents who currently abuse substances and/or who have un/under-treated MH or trauma issues of their own.
- About 50% of the youth live in out-of-home care and an additional 7-10% are on the run or homeless.

# Substances Most Often Used/Abused

- Most Common:
  - marijuana, alcohol, prescription medicines (Vicodin, Oxycontin, codeine, Ritalin), OTC (cough and cold medicines and derivatives), hallucinogens.
  
- Less Common:
  - cocaine, Ecstasy, inhalants, Speed / street amphetamines, methamphetamine
  
- Least Common
  - heroin, Ketamine, PCP

# Referral Sources

- 50% University Hospital & Clinics' Adolescent Alcohol-Drug Assessment Intervention Program (Court ordered and Non-court ordered)
- 35% Dane County Dept. of Human Services
- 10% Schools
- 5% Hospitals, State Psychiatric Hospital, Family, other

# Assessment

Three to four individual sessions with the adolescent focusing on functioning in several life spheres:

- ✓ family
- ✓ school
- ✓ community
- ✓ peers
- ✓ legal involvement
- ✓ specific review of alcohol/drug use and related symptoms.

# Assessment

## Continued

- A review of current mental health and symptoms including screening for trauma.
- Referral for psychiatric assessment as needed.
- Parent/caregiver input is obtained throughout assessment period.
- Collateral information from a variety of persons (school personnel, social workers, others) is also utilized.

# Assessment Measures

## Common Assessment Measures Include:

- ✓ Personal Experience Screening Questionnaire
- ✓ Child Behavior Check List
- ✓ Teacher Report Form
- ✓ Trauma Symptom Checklist for Children
- ✓ Children's Depression Inventory
- ✓ Revised Child Manifest Anxiety Scale
- ✓ UCLA PTSD Index

# Treatment Planning

- Assessment findings and recommendations are shared with the youth, and with parents whenever possible, and--with the adolescent's permission--other significant persons in the adolescent's life.
- Treatment options are discussed, barriers to treatment identified and efforts made to resolve them.
- Throughout the screening and assessment process clinicians use motivational interviewing approaches and seek clinical points of entry.

# Treatment Components

- Typically a combination of weekly individual, weekly group, and family interventions.
- Create a safe environment that increases trust and enhances motivation
- Start where the client is by helping the youth identify anything they are willing to work on, something they want to be different.
- Bring in the goals and issues related to the family, court, school.

# Treatment Components

- Use motivational enhancement strategy (Miller & Rollnick) focused on safety, harm/risk reduction, reduction of use, the reduction of delinquency and truancy.
- Build on the initial motivation and begin exploring relationship between the client's substance use and trauma history.
- Examine the stressors and triggers for use and for PTSD/anxiety/depression symptoms, and look with the youth at current strategies for managing those symptoms and reducing distress.

# Substance Use Focused CBT

- Substance abuse education
- CBT sessions to address
  - thinking errors regarding substance use,
  - enhance drug refusal skills,
  - develop strategies to address craving,
  - develop use reduction/relapse prevention plan.

# Substance Use Focused CBT

- CBT sessions also target:
  - feelings identification and affect regulation;
  - anger management;
  - education, employment and life skills;
  - interpersonal/relationship skills.

# Integrating CBT for Trauma

- Trauma and PTSD Education
- CBT--adapted from TARGET (Ford), SPARCS (DeRosa, et.al.) and CBITS (Jaycox)--to formulate constructive ways to handle symptoms, triggers, and distress without substance use, and in a manner that reduces symptoms of complex PTSD, anxiety and depression.
- Identify current trauma-related triggers, coping patterns, and core themes of self-development and interpersonal relatedness.

# Integrating CBT for Trauma

- Skills to gain control over the intense survival alarm signals that cause confusion, overwhelming negative emotions, and reactive behaviors.
- Relaxation skills, bodily self-regulation, affect regulation, memory / information processing, interpersonal problem solving, and stress management.
- Learn to recognize and consciously regulate (rather than avoiding and being controlled by) current post-traumatic symptoms.

(Ford, 2005)

# Integrating Other Aspects of Treatment

- Family Psychoeducation regarding substance use and trauma
- Brief Strategic Family Therapy  
(when parents/caregiver are available)
- Psychopharmacology
- Case Management

# Staff

- Services are provided by a multi-disciplinary team that may include CADAC III, Psychologist, LCSW, LPC, MFT, Child & Adolescent Psychiatrist.
- Cultural competence critically important. Over 50% of our consumers are persons of color. Our staff provide services in English, Spanish, and Hmong, and our bi-cultural staff help us to better address the needs of the African-American, Latino and Southeast Asian communities.