Caring for Native Youth with Substance Use Disorders

Carrie Greene M.S.Ed, LPCC
Mark Espinosa M.P.H.A.
Mark Espinosa

- Enrolled Member of Eastern Band of Cherokee Indians
- Health Systems Administrator
- Overseeing construction of Sacred Oaks
  - YRTC near Davis, CA
- Experience with:
  - Federal YRTC
  - Urban Clinic
  - Tribal Health Clinic

Carrie Greene

- Licensed Professional Clinical Counselor (Ohio)
- Behavioral Health Consultant CA IHS
- Chairperson of IHS National Council for Behavioral Health
- Experience with:
  - Juvenile Justice System
  - ACEs
  - Intergenerational Trauma
Objectives:

- Review Adverse Childhood Experiences (ACEs), historical trauma, and intergenerational trauma as it relates to mental health and substance use disorders

- Explain substance use and mental health disparities among the AI/AN population

- Describe services provided by Youth Regional Treatment Centers (YRTCs)
“Good habits formed in youth make all the difference.”

Aristotle
Adverse Childhood Experiences (ACEs): A Preface

- Original study completed by CDC and Kaiser Permanente 1998

- Traditional paradigm of disease process: “What’s wrong with you?”

- High risk behaviors = logical causes to poor health
ACEs Preface (cont.)

“What’s wrong with you?”
“What happened to you?”

17,000+ Americans surveyed
*Middle-Class Americans

ACEs can significantly contribute to negative adult physical and mental health outcomes

ACEs affected more than 60% of adults

Led to paradigm shift
Some stress is normal and necessary for development.

STRONG, FREQUENT, or PROLONGED, stress can be toxic.

Toxic effects worsen in the absence of the buffering protection of a supportive adult relationship.
ACEs Defined

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect
- Mother treated violently
- Household mental illness
- Parental separation/divorce
- Incarcerated household member
- Death of parent/caregiver
- Community violence
- Poverty & minority stressors
ReMoved by Nathaneal Matanick
https://www.youtube.com/watch?v=IOeQUwdAjE0
Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Source: CDC
Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Social Determinates of Health

Source: healthypeople.gov
SDOH examples:

- Availability of **resources** to meet daily needs (e.g., safe housing and local food markets)
- Access to **job opportunities**
- Access to **health care** services
- Quality of **education and job training**
- Availability of community-based resources in support of **community living** and opportunities for recreational and **leisure-time activities**
- **Transportation** options
- **Public safety**
- **Social support**
- **Social norms and attitudes** (e.g., discrimination, racism, and distrust of government)
- **Exposure to crime, violence, and social disorder** (e.g., presence of trash and lack of cooperation in a community)
- **Socioeconomic conditions** (e.g., **concentrated poverty** and the stressful conditions that accompany it)
- **Residential segregation**
- **Access to emerging technologies** (e.g., cell phones, the Internet, and social media)
- **Culture**
Substance Use AI/AN Youth

- 12-17 year olds (y.o.)
- Notable disparities across all categories
  - *Alcohol 10-12 y.o.
- Statistics lag behind
- 2009 was early in the opioid epidemic
# Table 1. Past Month Substance Use among American Indians or Alaska Natives Aged 12 to 17 Compared with the National Average, by Age Group: 2004 to 2009

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Alcohol Use</th>
<th>Cigarette Use</th>
<th>Marijuana Use</th>
<th>Nonmedical Use of Prescription-Type Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>American Indians or Alaska Natives (%)</td>
<td>National Average (%)</td>
<td>American Indians or Alaska Natives (%)</td>
<td>National Average (%)</td>
</tr>
<tr>
<td>Aged 12-14</td>
<td>10.2</td>
<td>7.7*</td>
<td>5.6*</td>
<td>3.8</td>
</tr>
<tr>
<td>Aged 15-17</td>
<td>24.9</td>
<td>26.2*</td>
<td>22.2*</td>
<td>8.5*</td>
</tr>
</tbody>
</table>

* The difference between American Indian or Alaska Native adolescents and the national average is statistically significant at the .05 level.

Source: 2004 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).
Figure 2. Past Month Substance Use among American Indians or Alaska Natives Aged 12 to 17 Compared with the National Average, by Gender: 2004 to 2009

- **Alcohol Use**
  - American Indian or Alaska Native: 17.3%
  - National Average: 15.8%

- **Cigarette Use**
  - American Indian or Alaska Native: 16.3%
  - National Average: 10.0%

- **Marijuana Use**
  - American Indian or Alaska Native: 15.4%
  - National Average: 7.6%

- **Nonmedical Use of Prescription-Type Drugs**
  - American Indian or Alaska Native: 6.1%
  - National Average: 2.9%

- **Alcohol Use**
  - American Indian or Alaska Native: 17.6%
  - National Average: 16.3%

- **Cigarette Use**
  - American Indian or Alaska Native: 17.4%
  - National Average: 10.3%

- **Marijuana Use**
  - American Indian or Alaska Native: 12.1%
  - National Average: 6.3%

- **Nonmedical Use of Prescription-Type Drugs**
  - American Indian or Alaska Native: 6.1%
  - National Average: 3.6%

* The difference between American Indian or Alaska Native adolescents and the national average is statistically significant at the .05 level.

Source: 2004 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).
Figure 3. Past Month Substance Use among American Indians or Alaska Natives Aged 12 to 17 Living in Poverty Compared with the National Average Living in Poverty: 2005 to 2009

- **Alcohol Use**: American Indian or Alaska Native - 17.7%, National Average - 13.5%
- **Cigarette Use**: American Indian or Alaska Native - 19.1%, National Average - 10.6%
- **Marijuana Use**: American Indian or Alaska Native - 14.8%, National Average - 7.0%
- **Nonmedical Use of Prescription-Type Drugs**: American Indian or Alaska Native - 3.9%, National Average - 3.6%

* The difference between American Indian or Alaska Native adolescents and the national average is statistically significant at the .05 level.

Source: 2005 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).
Adolescent Treatment Needs

- Unique developmental needs
- Values and belief systems are different than adults
- Environmental considerations (e.g., peer influences, educational requirements)
- Adolescents need treatment programs that address their academic issues
- Families an integral part of the treatment plan.
- Treatment is often not voluntary
  - Ordered into treatment by the court or social service system
  - Coerced by their parents
  - Under false pretenses—NOT ADVISED
Unique Treatment Needs Of Adolescents

- Account for age, gender, ethnicity, cultural background, family structure, cognitive and social development, and readiness for change.

- Providers should have specific training in adolescent development.

- Programs should avoid mixing adult clients with adolescents clients.
The primary focus of the YRTCs is to provide treatment to adolescents who abuse alcohol and/or drugs;

The treatment goals include eliminating physical and psychological dependence on alcohol and other drugs;

Treatment of physical and other illnesses identified during treatment;

Develop independent living skills;

Provision of schooling appropriate to the client’s level of academic achievement and needs; and

Helping the client to develop and implement an aftercare plan to maintain sobriety after discharge.
What Makes the YRTCs Unique?

- Emphasis on AI/AN culture is a central component:
  - Affirming cultural norms of sobriety, responsibility to the Tribe, village, band and/or clan
  - Culturally appropriate care (i.e., AI/AN practice-based and evidenced-based practices)
  - Design and location of the centers
  - Program components such as family involvement, alcohol/substance abuse education, food services, and recreation
  - Cultural and spiritual practices involving healing

- AI/AN youth have the opportunity to receive treatment in their region
IHS Operated

- Desert Sage Youth Wellness Center (SoCal)
- Desert Visions Youth Wellness Center (AZ)
- Great Plains Youth Regional Treatment Center (SD)
- Nevada Skies Youth Wellness Center (NV)
- New Sunrise Youth Regional Treatment Center (NM)
- Sacred Oaks Healing Center (NorCal)
  - *under construction
- Unity Youth Regional Treatment Center (NC)
Tribally Operated

- Graf Rheeneerhaanjii (AK)
- The Healing Lodge of Seven Nations (WA)
- Jack Brown Youth Regional Treatment Center (OK)
- Navajo Regional Behavioral Health Center (NM)
- Native American Rehabilitation Association of the Northwest (OR)
- Yéil Jeeyáx - Raven’s Way (AK)
<table>
<thead>
<tr>
<th>YRTC</th>
<th>Number of Beds</th>
<th>Ages</th>
<th>Gender</th>
<th>Enrollment Model</th>
<th>Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desert Sage</td>
<td>32</td>
<td>12-17</td>
<td>Co-Ed</td>
<td>Open Continuous</td>
<td>120 days</td>
</tr>
<tr>
<td>Desert Visions</td>
<td>24</td>
<td>12-18</td>
<td>Co-Ed</td>
<td>Open Continuous</td>
<td>120 days</td>
</tr>
<tr>
<td>Graf</td>
<td>12</td>
<td>12-18</td>
<td>Co-Ed</td>
<td>Open Continuous</td>
<td>90 days</td>
</tr>
<tr>
<td>Great Plains</td>
<td>17</td>
<td>13-17</td>
<td>Co-Ed</td>
<td>Open Continuous</td>
<td>90 to 120 days</td>
</tr>
<tr>
<td>Healing Lodge</td>
<td>45</td>
<td>13-17</td>
<td>Co-Ed</td>
<td>Open Continuous</td>
<td>Up to 120 days</td>
</tr>
<tr>
<td>Jack Brown</td>
<td>20</td>
<td>13-18</td>
<td>Co-Ed</td>
<td>Open Continuous</td>
<td>90 to 180 days</td>
</tr>
</tbody>
</table>

Note: Must be age 17 at the time of admission
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<th>Number of Beds</th>
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<tr>
<td>NARA</td>
<td>24</td>
<td>12-17</td>
<td>Co-Ed</td>
<td>Open Continuous</td>
<td>90 to 180 days</td>
</tr>
<tr>
<td>Navajo</td>
<td>10</td>
<td>13-17</td>
<td>Co-Ed</td>
<td>Open Continuous</td>
<td>90 days</td>
</tr>
<tr>
<td>Nevada Skies</td>
<td>16</td>
<td>12-18</td>
<td>Co-Ed</td>
<td>Open Continuous</td>
<td>120 days</td>
</tr>
<tr>
<td>New Sunrise</td>
<td>24</td>
<td>13-17</td>
<td>Co-Ed</td>
<td>Open Continuous</td>
<td>120 days</td>
</tr>
<tr>
<td>Unity</td>
<td>16</td>
<td>13-18</td>
<td>Co-Ed</td>
<td>Open Continuous</td>
<td>80-90 days</td>
</tr>
<tr>
<td>Raven’s Way</td>
<td>12</td>
<td>13-18</td>
<td>Co-Ed</td>
<td>Open Continuous</td>
<td>82-120 days</td>
</tr>
</tbody>
</table>

Note: Must be age 17 at the time of admission
Facility Staffing

- Intake/Aftercare Coordinator(s)
- Supervisory Residential Assistant and Residential Assistants (Social Services Assistants)
- Licensed Clinical Social Worker(s)
- Substance Abuse Disorder Counselor(s)
- Psych. Tech(s)
- Clinical Nurse(s)/Psychiatric
- Licensed Vocational/Practical Nurse(s)
- Cultural Coordinator/Arts
- Recreation Specialist
- Custodial Worker(s)
- Food Service Worker(s)
- Administrative Staff
Cultural Activities
Clinical Interventions
Skill Building
Education
Cultural Activities

Clinical Interventions

• Psychosocial Assessments
• Individual Therapy
• Group Therapy
• Family Therapy
• Recreational/Adventure Based Therapy
• Animal Assisted Therapy
• Medication Management
• Aftercare/Discharge Plan

Skill Building

Education
Evidence- And Practice- Based Models In Use

- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Motivational Interviewing
- Teen Matrix Model
- Project Venture, National Indian Youth Leadership Project
- White Bison: Red Road to Wellbriety
- Acceptance and Commitment Therapy
- Moral Recognition Therapy
Cultural Activities
Clinical Interventions
Skill Building
Education

- On-Site Classroom
- Online Schooling
- Credit Recovery
- G.E.D. Study
- Traditional Schools
• Job Skills
• Communication Skills
• Life Skills
• Health Skills (Nutrition, Exercise)
• Expressive Arts
• Problem-Solving Skills
• Goal-Setting
• Stress Management
• Anger Management
• Talking Circles
• Drum & Drum Ceremonies
• Traditional Teaching/Story Telling
• Sweat Lodge Ceremonies
• Traditional Arts and Crafts
• Traditional Games (Stickball)
• Spiritual Gardening
• Pow wows or other local gatherings
Family Engagement

- In some facilities, family suites are available.
- Family Days
  - Some YRTC's bring residents and families together for 2 to 3 days of therapy, and education on the following topics:
    - Family systems
    - Communication and family dynamics
    - Parenting
    - Recovery support & relapse prevention
YRTC Primary Services Are Protective Factors For Suicide

YRTC Services

• Clinical Interventions
  • Clinical Care: Effective clinical care for mental, physical, and substance use disorders

• Education
  • Clinical Care: Easy access to a variety of clinical interventions and support for help seeking

• Skill Building
  • Coping Skills: Skills in problem solving, conflict resolution, and nonviolent handling of disputes
  • Skills: Frustration tolerance and emotion regulation

• Cultural Activities
  • Culture: Cultural and religious beliefs that discourage suicide and support self preservation

• Aftercare/Discharge Plan
  • Family and Community Support: Support through ongoing medical and mental health relationships
  • Resilience: The ability to bounce back after experiencing trauma or stress, to adapt to changing circumstances, and respond positively to difficult situations
Figure 1: Continuity of Care for Adolescent Alcohol/Substance Abusers, Adapted from materials developed by Robinson
Aftercare

- Aftercare is essential to the success and continued sobriety of the adolescent and includes family, community, relatives, healthcare providers, BH providers, outside agencies, and support staff.

- In 2017, IHS has granted two 3-year demonstration grants to YRTC facilities to develop national models for aftercare in tribal/urban communities.
  - Desert Sage Youth Wellness Center (IHS)
  - Healing Lodge of Seven Nations (Tribal)

- The goal of the Aftercare Grant is to measure the effectiveness of treatment as well as to assist the youth/provider to maintain sobriety when they complete treatment.
Coordination Across Systems

Youth Regional Treatment Centers
Outpatient Facilities
Recreation Centers & Prevention Programs

Schools
Transitional Living
Detention Centers, Tribal Police, Tribal Courts
Admission Criteria

- Please refer to each YRTCs website for intake packet and specific requirements for the facility you are interested in:
  - [https://www.ihs.gov/yrtc/treatment/](https://www.ihs.gov/yrtc/treatment/)

- Youth is in the appropriate age range

- Must be eligible for direct care from IHS/Tribal facility

- Client must meet Diagnostic Statistics Manual (DSM) 5 criteria for a substance use disorder
  - There may also be co-occurring disorders

- Most YRTCs are in the range of ASAM Criteria 3.1 and 3.5 (Clinically Managed Low-Intensity Residential Services to Clinically Managed High-Intensity Residential Services)
# Common Diagnoses/Dual Diagnoses

<table>
<thead>
<tr>
<th>Substance Use Disorder Diagnoses</th>
<th>Mental Health Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use Disorder</td>
<td>Conduct Disorder</td>
</tr>
<tr>
<td>Cannabis Use Disorder</td>
<td>Generalized Anxiety Disorder</td>
</tr>
<tr>
<td>Opioid Use Disorder</td>
<td>Major Depressive Disorder</td>
</tr>
<tr>
<td>Stimulant Use Disorder</td>
<td>Oppositional Defiant Disorder</td>
</tr>
<tr>
<td>Tobacco Use Disorder</td>
<td>Post Traumatic Stress Disorder</td>
</tr>
</tbody>
</table>
Conditions that require further evaluation:
(may preclude admission)

- **Medical instability:**
  - any person who is experiencing an acute medical problem that would interfere from benefiting from the treatment program.

- Actively **suicidal** or have recently committed self-harm

- Actively **homicidal** or recent acts of serious violence

- Actively **psychotic** or impaired in reality testing

- **Refusal** to participate in the treatment program

- **Significant runaway risk** - YRTCS are not lock down facilities

- Current admission of **sibling** or close family member
IHS, Medicaid, or private insurances cover the cost of treatment for most youth.
Contact Information

**Carrie Greene, LPCC**
Behavioral Health Consultant
California Area IHS
650 Capitol Mall, Suite 7-100
Sacramento, CA 95814-4706
916-930-3981 x 331

**Mark Espinosa**
Health Systems Administrator
California Area IHS
650 Capitol Mall, Suite 7-100
Sacramento, CA 95814-4706
916-930-3981 x 315