Caring for Native Youth with Substance Use Disorders

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Mark Espinosa M.P.H.A.
Introductions:

Carrie Greene

- Licensed Professional Clinical Counselor (Ohio)
- Behavioral Health Consultant CA IHS
- Experience with:
  - Juvenile Justice System
  - ACEs
  - Intergenerational Trauma
- Caucasian
Mark Espinosa

- Health Systems Administrator
- Director of Desert Sage Youth Wellness Center
  - YRTC in Hemet, CA
- Overseeing construction of Sacred Oaks
  - YRTC near Davis, CA
- Urban & Tribal Health Clinic
- Enrolled Member of Eastern Band of Cherokee Indians
“Good habits formed in youth make all the difference.” — Aristotle
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)
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.)

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

“What’s wrong with you?”
“What happened to you?”
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
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
Health Disparities Experienced by Native American Youth

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.)
- Statistics lag behind
- Notable disparities across all categories
  - *Alcohol 10-12 y.o.
<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>6.2</td>
<td>7.7*</td>
<td>3.5</td>
</tr>
<tr>
<td>Aged 15-17</td>
<td>24.9</td>
<td>25.4</td>
<td>26.2*</td>
<td>16.5</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

<table>
<thead>
<tr>
<th>Substance Type</th>
<th>American Indian or Alaska Native</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use</td>
<td>17.3</td>
<td>15.8</td>
</tr>
<tr>
<td>Cigarette Use*</td>
<td>16.3</td>
<td>16.3</td>
</tr>
<tr>
<td>Marijuana Use*</td>
<td>15.4</td>
<td>15.4</td>
</tr>
<tr>
<td>Nonmedical Use of Prescription-Type Drugs</td>
<td>6.1</td>
<td>6.1</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>17.6</td>
<td>16.3</td>
</tr>
<tr>
<td>Cigarette Use*</td>
<td>17.4</td>
<td>17.4</td>
</tr>
<tr>
<td>Marijuana Use*</td>
<td>12.1</td>
<td>12.1</td>
</tr>
<tr>
<td>Nonmedical Use of Prescription-Type Drugs</td>
<td>6.1</td>
<td>6.1</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 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: 17.7% (American Indian or Alaska Native) vs. 13.5% (National Average)
- Cigarette Use: 19.1% (American Indian or Alaska Native) vs. 10.6% (National Average)
- Marijuana Use: 14.8% (American Indian or Alaska Native) vs. 7.0% (National Average)
- Nonmedical Use of Prescription-Type Drugs: 3.9% (American Indian or Alaska Native) vs. 3.6% (National Average)

* 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

- Adolescents must be approached differently in treatment because of their unique developmental needs, differences in their values and belief systems, and unique environmental considerations (e.g., peer influences, educational requirements).¹

- Adolescents need treatment programs that address their academic issues and make their families an integral part of the treatment plan.

- Very few adolescents attend treatment because they do not recognize they have a problem and are not voluntarily seeking help. They are more likely to be coerced or ordered into treatment by their parents, and/or the court or social service system.
Unique Treatment Needs Of Adolescents

- Treatment approaches should account for age, gender, ethnicity, cultural background, family structure, cognitive and social development, and readiness for change.

- Treatment providers should have specific training in adolescent development.

- Programs should avoid mixing adult clients with adolescents clients.
YRTC Focus

- 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;
- The development of 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 (CA)
- 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)
- 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) (*pictured here*)
- Navajo Regional Behavioral Health Center (NM)
- Native American Rehabilitation Association of the Northwest (OR)
- Yéil Jeeyáx - Raven’s Way (AK)
## IHS Operated YRTCs

<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
# Tribally Operated YRTCs

<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>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

- Psychosocial Assessments
- Individual Therapy
- Group Therapy
- Family Therapy
- Recreational/Adventure Based Therapy
- Animal Assisted Therapy
- Medication Management
- Aftercare/Discharge Plan
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
- 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 YRTCs 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 *Role* in the Continuum of Care for AI/AN Adolescents

- **Screening**
- **Service Unit/Tribal Behavioral Health Encounters**
- **Schools: Discipline and Academic Problems**
- **Courts: Juvenile Offenders and Parental**

- **Evaluation**
- **Diagnosis**
- **Referral**

- **A/SA Education**
- **Outpatient Care**
- **YRTCs**
- **Intensive Inpatient Care**
- **Relapse Prevention**

- **Recovery House/Home**
- **Family Education/Intervention**
- **Outpatient Group**
- **Support Group**
- **Tracking/Follow Up**

- **School**
- **Employment**
- **Follow-Up**
- **Recovery Groups**
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)
Coordination Across Systems

- Youth Regional Treatment Centers
- Schools
- Outpatient Facilities
- Transitional Living
- Recreation Centers & Prevention Programs
- 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 (12-17 years old)

- 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

- Client meets American Society of Addiction Medicine (ASAM) criteria
## 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

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