

Mental Health & Substance Abuse Treatment for Teens









Who We Treat

Adolescents 12 to 17 years old struggling with mental health, substance abuse and/or behavioral issues.

Evolve's Programs

Our admissions team is skilled in helping families and providers determine what level of care is appropriate for each teen.



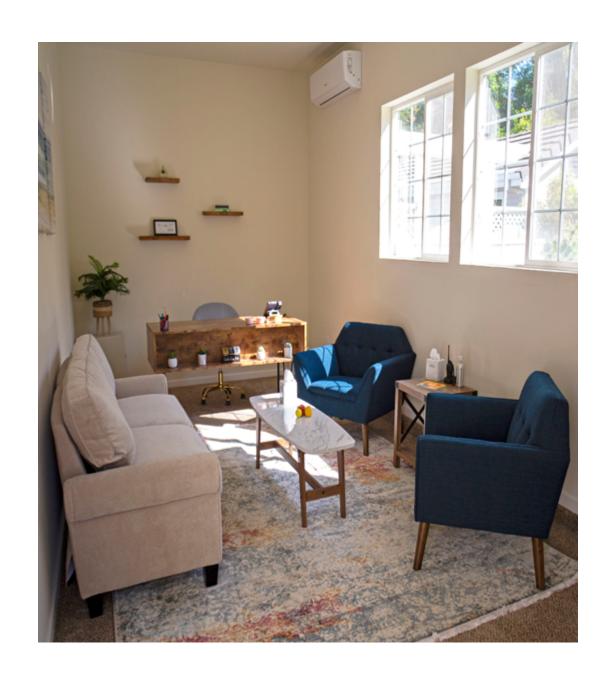
Residential Treatment Center (RTC)



Partial Hospitalization Program (PHP)



Intensive Outpatient Program (IOP)



Our Therapeutic Approach

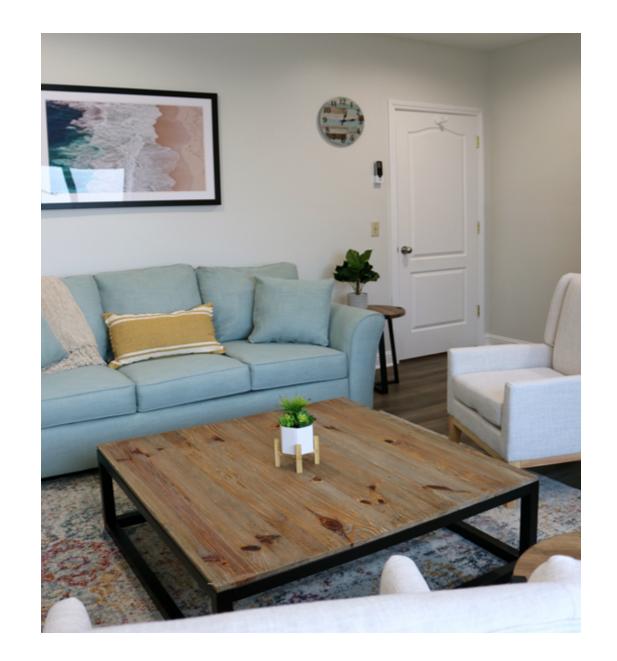


Cognitive Behavioral Therapy (CBT)

Group Therapy
(Seeking Safety, Relapse Prevention, Anger Management...etc)

Structural Family Therapy

Experiential Therapy





Dialectical Behavior Therapy at Evolve

DBT-Informed and Comprehensive DBT Programs for Teens

Comprehensive DBT Program - Evolve Tarzana (Vanalden)

Evolve Vanalden is a fully adherent Comprehensive DBT program. This location uses DBT as the main therapeutic modality and incorporates the four essential components of DBT. These include skills training, milieu-based skills coaching, DBT individual and family therapy, and weekly consultation teams.

All staff members (even our chef) receive ongoing training in DBT techniques specific to the Comprehensive DBT model. Our staff are available 24/7 for teens to receive in-the-moment, face-to-face skills coaching whenever they need it.

DBT-Informed Programs

Evolve offers DBT-informed programming at all of our other locations and at all three levels of care (RTC, PHP and IOP).

Our DBT-informed programs provide a strong skills-training component, in conjunction with other evidence-based treatment modalities such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Seeking Safety, and others. The combination of therapeutic approaches in each treatment plan depends on the specific needs of the adolescent in treatment.





Evolve's Residential Model

- 24-hour support and supervision for about 30-60 days
- 6 beds
- All genders
- Individual Therapy = 3x weekly
- Family Therapy = 2x weekly
- Psychiatric Consultation = 1x weekly
- Group Therapy and Psychoeducation several times daily
- Ability to offer 1:1 patient monitoring if needed
- Onsite nursing





DBT Skills Training for Adolescents

Alyson Orcena, LMFT

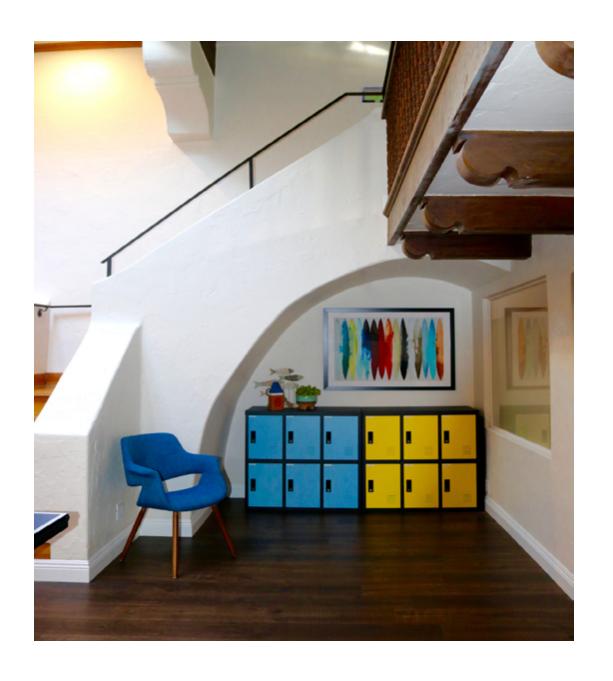
Executive Clinical Director Evolve Treatment Centers

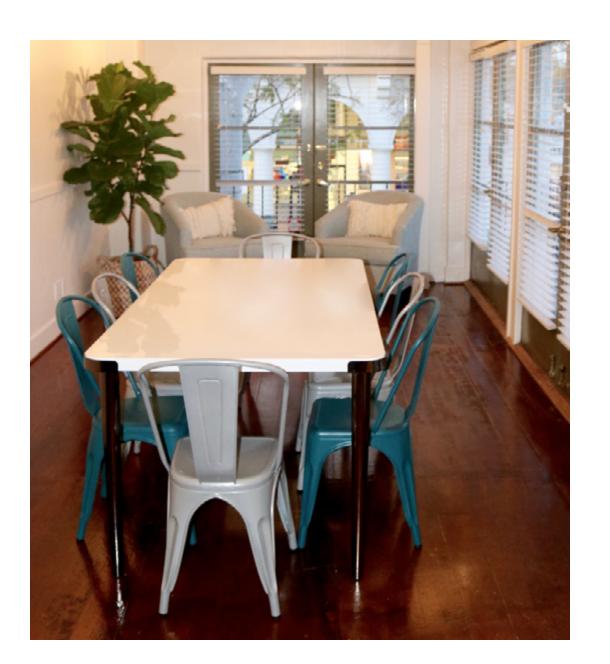
What is Dialectical Behavior Therapy (DBT)?

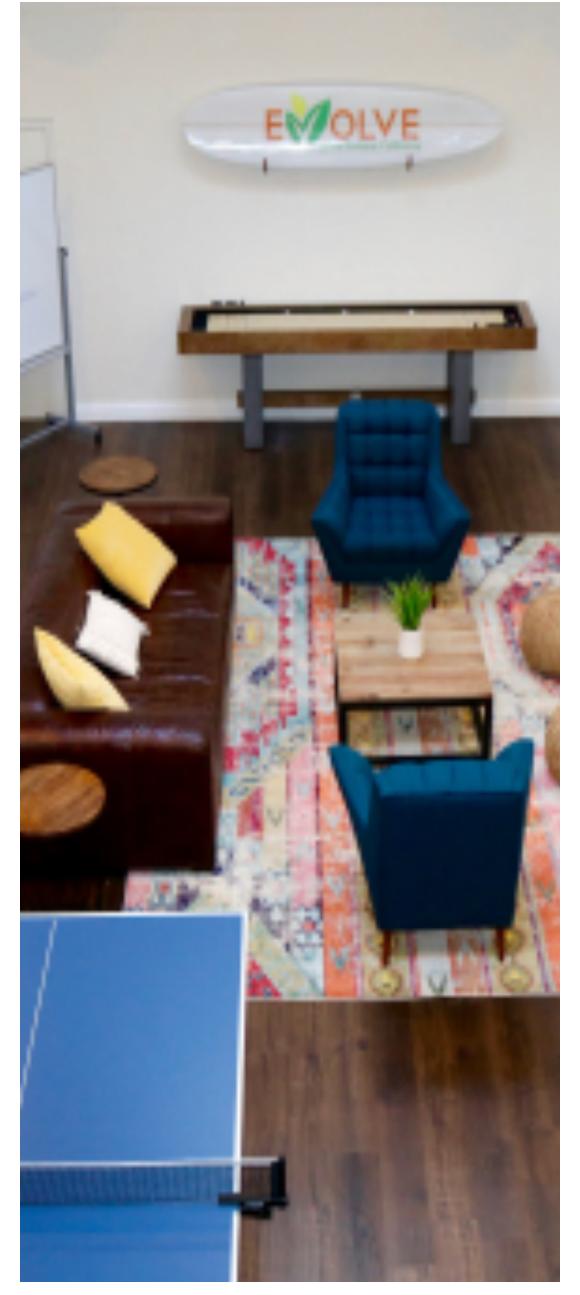
"...DBT is a mindfulness-based cognitive behavioral therapy that balances <u>change procedures</u> derived from CBT with <u>acceptance strategies</u> derived from Zen philosophy." - Linehan

- Developed by Marsha Linehan, originally for the treatment of chronically suicidal adults with Borderline Personality Disorder
- The first treatment shown through empirical research to be effective for BPD
- Additional research has shown its efficacy in teens with a variety of symptoms and diagnoses, including self-harm, substance use, eating disorders, emotion dysregulation, etc.









Standard Outpatient DBT Model

DBT Skills Training group

(once weekly)

Individual Therapy

(Usually 1-2x weekly)

• Case Management added, as needed

Phone Coaching

(24/7, as needed)

DBT Consultation Team Meetings

(once weekly)



DBT Core Strategies & Concepts

4 Core Treatment Strategies:

- 1. Skills Training
- 2. Behavioral Contingencies
- 3. Informal Exposure
- 4. Cognitive Restructuring

Key Concepts:

- Biosocial Theory and Transactional Model
- Dialectics



Biosocial Theory

Difficulty Modulating Emotions

Individuals with high emotional sensitivity are like "emotional burn victims" with nerves exposed and ready to respond to even small stimuli

Biological Emotional Vulnerability

Emotional vulnerability: high sensitivity, high intensity, and slow return to baseline

Invalidating Environment

Children in invalidating environments fail to learn how to label and regulate emotions, tolerate difficult emotions, and know when to trust that their emotional responses are valid

Borderline Personality Disorder, Disruptive Mood Dysregulation Disorder, etc.



Transactional Model

• The **transaction** between biology and the environment:

Child's biological vulnerabilities + invalidating environment (parents, siblings, etc.) → intense emotional response and dysfunctional behavioral response from child → negative responses from environment → reinforcement of negative beliefs and more dysfunctional responses from child → and so on...

• The environment can also reinforce out-of-control emotional and behaviors

Child self-harms \longrightarrow parent responds with nurturing, affection, and comfort \longrightarrow child is more likely to self-harm as a means of emotion regulation



Dialectics

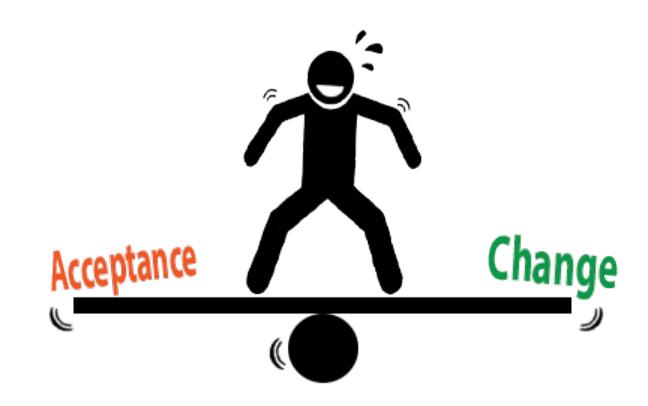
"...any given situation may give rise to a series of conflicting and opposing ideas or influences." - Linehan

The DBT therapist helps the client find the synthesis between these two opposing truths by acknowledging the "nugget of truth" in each position

Key dialectic in DBT: Acceptance and Change

Example: "I want to stop cutting and I don't want to stop cutting"

Moving away from "all or nothing" thinking





Goals of Skills Training



General Goal: "To learn how to change your own behaviors, emotions, and thoughts that are linked to problems in living and are causing misery and distress."



Skills Acquisition \longrightarrow Strengthening \longrightarrow Generalization



Target Behavior: any behavior that you want to decrease



Behaviors to decrease and increase (selected by client)

- Mindfulness skills
- •Interpersonal effectiveness skills
- Emotion regulation skills
- Distress tolerance skills



Core Mindfulness

Goals of Mindfulness:

- Reduce suffering and increase happiness
- Increase focus and control of the mind
- Experience reality *as it is*Be present to your own life and to others

Key Skill:

- The DBT States of Mind (Emotion Mind, Reasonable Mind, and Wise Mind)
- "What" Skills (observe, describe, participate)
 "How" Skills (nonjudgmentally, one-mindfully, and effectively)



DBT States of Mind

Reasonable Mind is:

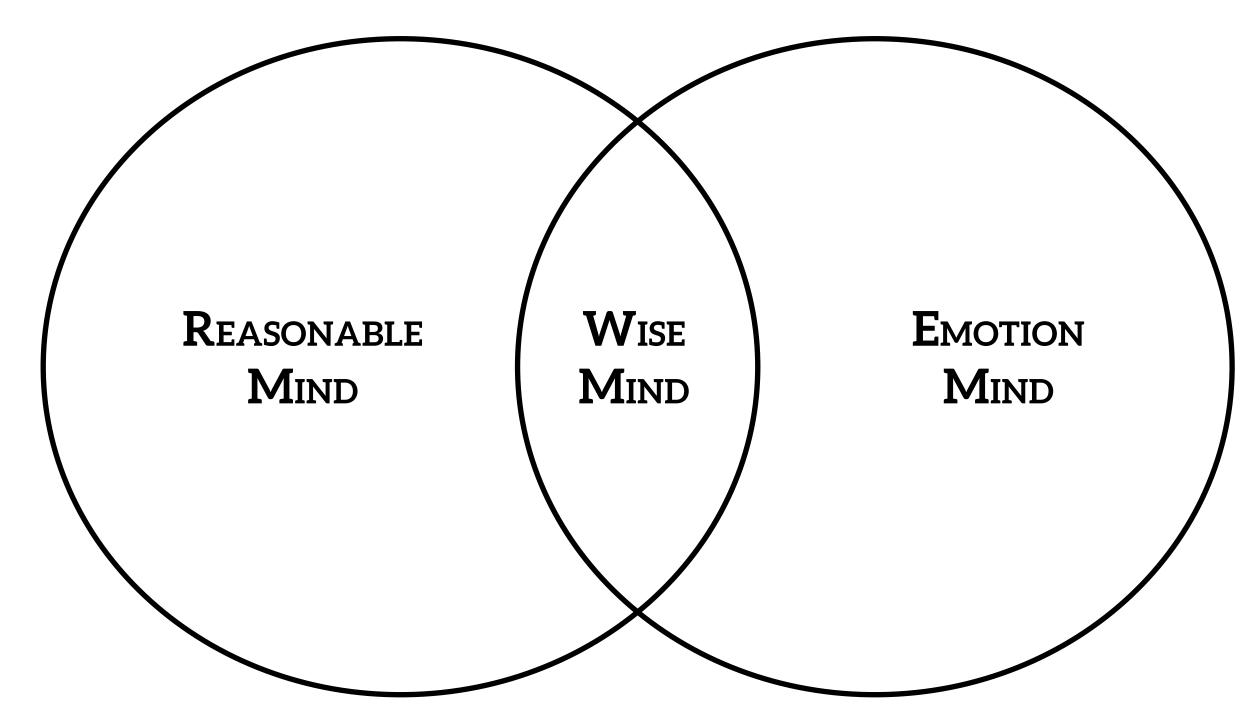
Cool

Rational

Task-Focused

When in reasonable mind,

you are ruled by facts, reason, logic, and pragmatics. Values and feelings are not important.



Wise Mind is:

The wisdom within each person

Seeing the value of both reason and emotion

Bringing left brain and right brain together

The middle path

Emotion Mind is:

Hot

Mood-Dependent

Emotion-Focused

When in emotion mind,

you are ruled by your moods, feelings, and urges to say things. Facts, reason, and logic are not important.



"What" and "How" Skills

"WHAT" do we do we when we practice Mindfulness?

- Observe
- Describe
- PARTICIPATE

"HOW" do we do this?

- ONE-MINDFULLY
- Nonjudgmentally
- Effectively



Interpersonal Effectiveness

Goals and Skills of Interpersonal Effectiveness:

Objective: asking for what you want (or saying no) skillfully

DEARMAN – **D**escribe, **E**xpress, **A**ssert, **R**einforce, be **M**indful, **A**ppear confident, **N**egotiate

<u>Relationship</u>: build relationships and strengthen current relationships; how will they feel about me based on how I asked for what I want?

GIVE - Gentle, Interested, Validate, Easy Manner

<u>Self-Respect</u>: how will I feel about myself based on how I behaved or asked for what I want? How will I feel about myself based on how I responded to unwanted requests?

FAST - Fair, no Apologies, Stick to values, Truthful



Emotion Regulation

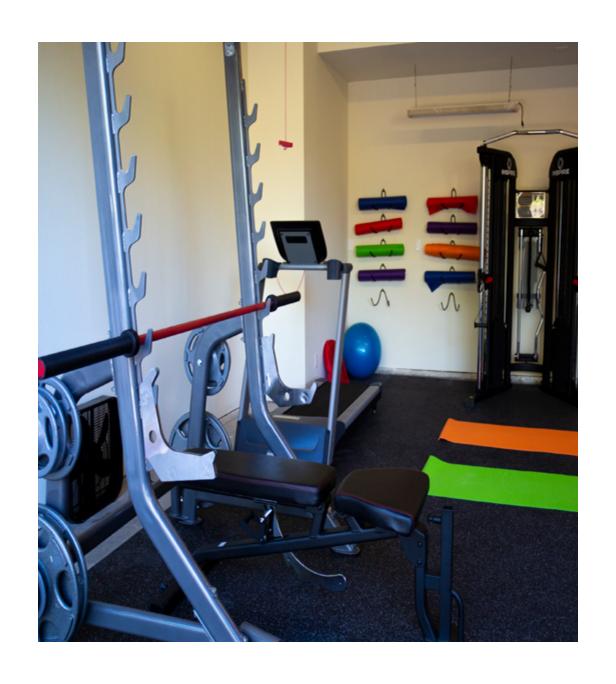
Goals of Emotion Regulation:

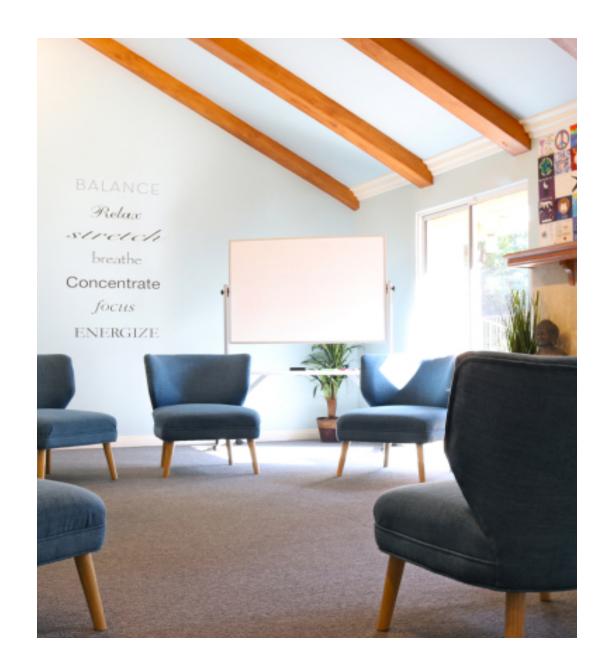
- Understand your own emotions
- Decrease the frequency of unwanted emotions (and stop them once they start)
- Decreased vulnerability to emotion mind
- Decrease emotional suffering

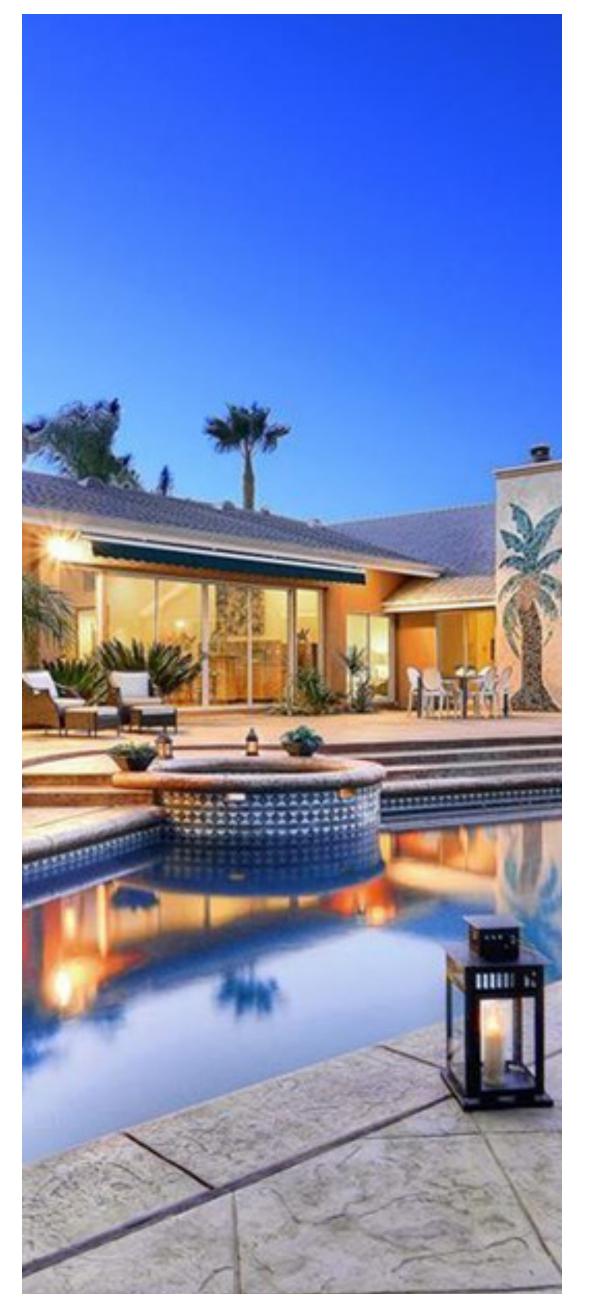
Key Skill:

- PLEASE (reducing vulnerabilities to Emotion Mind)
- Opposite Action









PLEASE Skills

Treat Physical iLlness

Balanced **E**ating

Avoid mood-altering substances

Balanced Sleep

EXERCISE



Opposite Action to Change Emotions

- Can be used when you want to change how you feel OR when acting on the emotion would not be effective
- Focuses on changing emotions through behaviors, rather than thoughts
- Must be done *all the way* in order to be effective

Example: when feeling sad and having the urge to stay in bed all day, you can change this emotion by planning an activity with friends and being *fully present* when engaging with them.

Example: when feeling angry with a sibling and having the urge to yell at them and slam doors, you can gently avoid them for the day and then reapproach with kindness later on.



Distress Tolerance

Goals of Distress Tolerance:

- Survive crisis situations without making them worse
- Accept reality as it is in the moment
- Become free

Key Crisis Survival Skills:

- TIPP
- Distract with Wise Mind ACCEPT

Key Reality Acceptance Skill:

• Radical Acceptance



TIPP

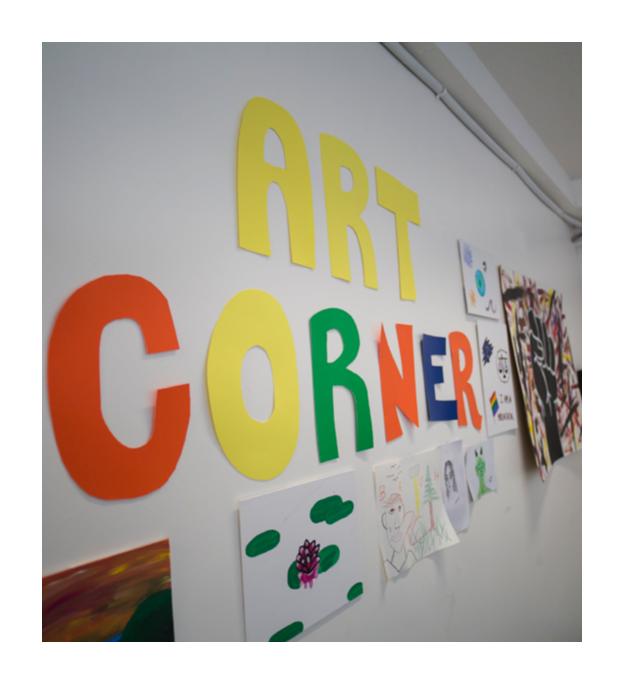
TEMPERATURE

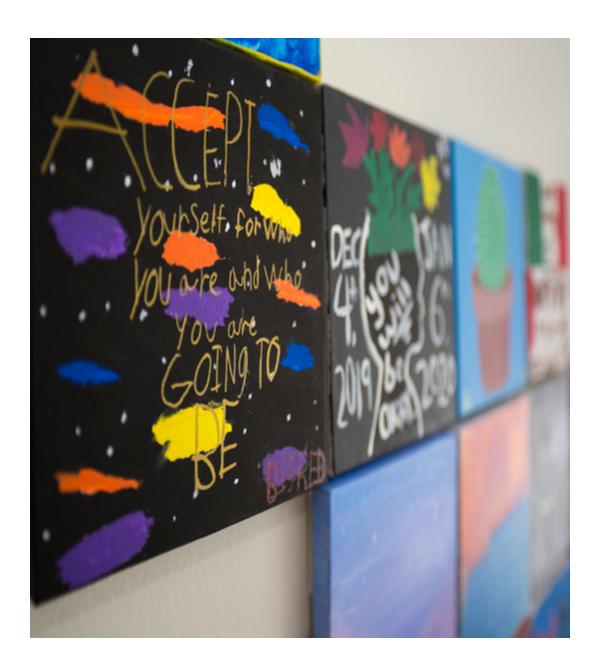
Trigger the "dive reflex" by exposing the face to cold temperature

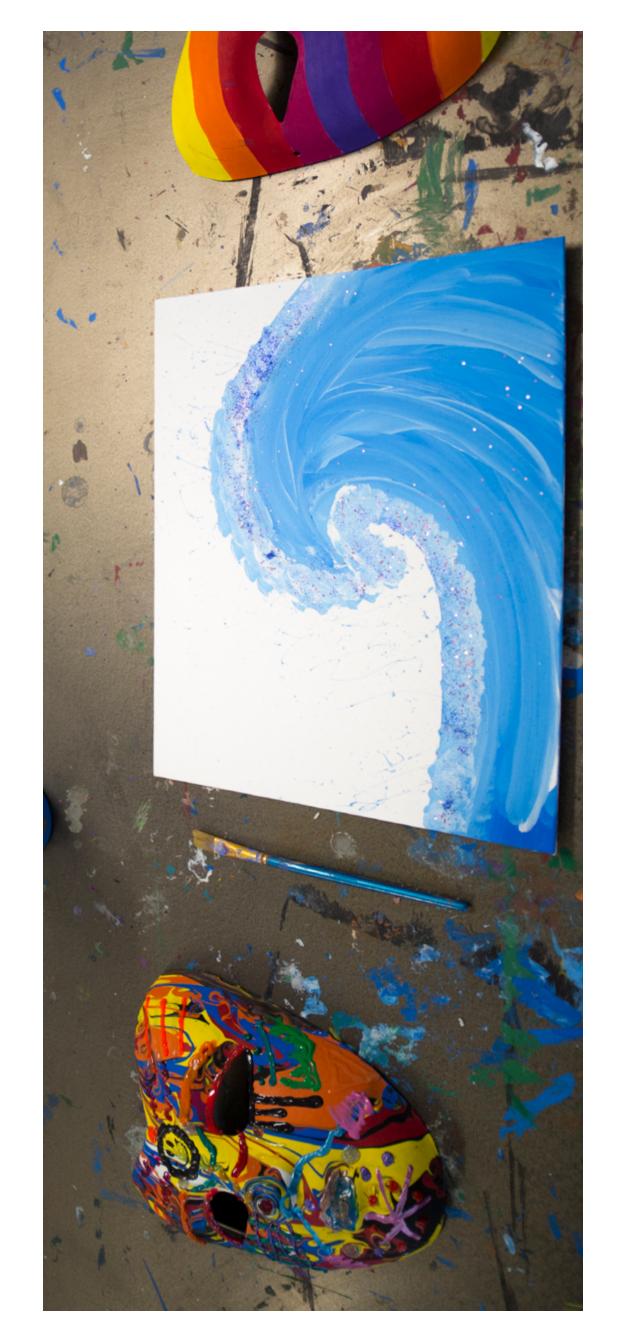
Intense Exercise

PACED BREATHING OF PROGRESSSIVE MUSCLE RELAXATION









Distract with Wise Mind Accepts

ACTIVITIES

CONTRIBUTING

Comparisons

EMOTIONS

Pushing Away

THOUGHTS

SENSATIONS



Radical Acceptance

- Pain without acceptance leads to suffering
- Accepting what cannot change as well as what must change
- Does not mean you agree with or like the current circumstances
- Sometimes we must turn the mind back to acceptance, again and again
- "It is what it is" instead of "this cannot be!"



Five Options for Solving Any Problem

1. Problem Solving

Change the situation; avoid, leave, or get out of the situation

2. Change how you feel about it

Emotion Regulation Skills (Check the Facts, Opposite Action)

3. Accept and tolerate the problem

Crisis Survival Skills, Reality Acceptance Skills

4. Stay miserable

Refuse to use skills, do what works, or change what needs to be changed (willfulness)

5. Make things worse

Engage in target behaviors



Questions?

Sources:

Linehan, M. (1993). Cognitive-Behavioral Treatment of Borderline Personality Disorder. New York: The Guilford Press.

Linehan, M. (2015). DBT Skills Training Manual. New York: The Guilford Press.

Miller, A. and Rathus, J. (2015). DBT Skills Manual for Adolescents. New York: The Guilford Press.

Thank You!



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