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.

- Anxiety
- Depression
- Suicidality
- Psychosis
- Non-Suicidal Self-Injury (NSSI)
- Borderline Personality Disorder
- Substance Abuse
- Behavioral Disorders

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)**

Therapeutic Approach

- **Dialectical Behavioral Therapy** (DBT)
- **Cognitive Behavioral Therapy** (CBT)
- **Solution Focused**
- **Behavioral Activation**
- **Structural Family Therapy**
- **Motivational Interviewing**
- **Seeking Safety**
- **Relapse Prevention**

Evolve's Residential Model

- 24-hour support and supervision
- Length of stay 30-60 days
- 6 clients per home
- Co-ed
- Individual Therapy 3x weekly
- Family Therapy 2x weekly
- Psychiatric Consultation 1x weekly
- Group Therapy and Psychoeducation 4x daily
- School Time 2 hours daily (Monday – Friday)
- 3:1 client to therapist caseload
- Ability to offer 1:1 patient monitoring if needed
- Onsite nursing 8+ hours daily

Evolve's Outpatient Model

Partial Hospitalization Program (PHP)

- Full day of programming, five days a week
  - Individual therapy sessions 2x weekly
  - Family therapy session 1x weekly
  - Psychiatry session 1x weekly
  - Group Therapy and Psychoeducation daily
  - Academic support

Intensive Outpatient Program (IOP)

- Minimum of three hours of programming three to four days a week, depending on the needs of the teen and family
  - Individual therapy sessions 1x weekly
  - Family therapy session 1x weekly
  - Psychiatry session 1x weekly
  - Group Therapy and Psychoeducation daily

Dialectical Behavior Therapy at Evolve

DBT-Informed and Comprehensive DBT Programs for Teens

DBT-Informed Programs

Evolve offers DBT-informed programming at all our 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, and others. The combination of therapeutic approaches in each treatment plan depends on the specific needs of the teen in treatment.

Comprehensive DBT Program - Evolve Tarzana (Vanalden)

*Recommended for individuals with BPD

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 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.

Evolve Tarzana - Vanalden

Residential Treatment Center (RTC)

Evolve Vanalden, is a fully compliant Comprehensive DBT residential treatment center, designed for healing and growth. 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.

Teens live onsite for an average of 30-60 days, receiving round-the-clock treatment, support, and supervision. We provide a safe, nurturing environment where our teens can develop practical coping skills, learn about themselves, have fun, and build enriching new relationships.

Evolve Vanalden specializes in treating teens who have difficulty regulating emotions, are engaging in high-risk or self-injurious behaviors, or are suffering from suicidal ideation. Many of our teens exhibit the traits associated with Borderline Personality Disorder, and other high-acuity mental health issues and co-occurring disorders.

Understanding Borderline Personality Disorder (BPD) in Teens

Alyson Orcena, LMFT

Executive Clinical Director, Evolve Treatment Centers

What is Borderline Personality Disorder?

Per the DSM-V:

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts.

- Behavior must deviate significantly from what is normative for age and culture
- Behavior patterns endure across multiple contexts (school, home, with friends, etc.)
- Leads to significant impairment in functioning (no friends, frequently absent from school, etc.)

Possible Traits & Behaviors

Frantic efforts to avoid real or imagined abandonment

- Re-assurance seeking
- Flooding someone with calls and texts

A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealizing and devaluing

- One day is gushing about their new best friend, the next day this friend is considered terrible
- Frequent break-ups and blow-ups

Possible Traits & Behaviors (Cont.)

Persistently unstable sense of self

- Changes their behavior, interests, and identity based on who they are hanging out with
- Often “tries on” other mental illnesses
- Cannot identify their own values

Impulsivity in at least two areas that are potentially self-damaging

- Sex, substance abuse, reckless driving, binging, etc.
- Does not include impulsive self-harm or suicide attempts

Recurrent suicidal behaviors, gestures, or threats, or self-mutilating behavior

Possible Traits & Behaviors (Cont.)

Affective instability due to a marked reactivity of mood

- Mood fluctuates quickly throughout the day
- Intense episodes of sadness, irritability, or anxiety that last a few hours up to a few days

Chronic feelings of emptiness

Inappropriate, intense anger or difficulty controlling anger

- Frequently loses temper, constantly angry, gets into fights

Temporary, stress-related paranoia or severe dissociative symptoms

- Fearing others are out to get them or hate them
- Zoning out

Internalizing vs Externalizing Behavior

Internalizing

- Fear of rejection or abandonment
- Unstable sense of self
- Unstable relationships, devaluing and idealizing

Externalizing

- Anger outbursts
- Suicidal behaviors
- Non-suicidal self-injury

What Causes BPD?

Interaction between biological and the environment

Some studies indicate the presence of certain biogenetic temperaments (phenotypes) that contribute to BPD that may be inherited at a level of 52-68%

- Emotion dysregulation (i.e., high emotion sensitivity)
- Interpersonal hypersensitivity
- Impulsivity

Various psychosocial stressors may combine with biological temperament to create a "perfect storm"

- Around 70% have a history of physical and/or sexual abuse
- Invalidating environment during childhood

(Gunderson, 2011)

Normal vs Abnormal

Many teens might display one or more of the traits and behaviors listed without having BPD. Some BPD traits and behaviors are normal teen behaviors, amplified.

Typical Teen Behavior	BPD Behavior
Occasional interpersonal difficulties	Constant blow-ups and break-ups
Sometimes feeling down or moody	Frequent and significant mood swings
Trying new things, self-discovery	No consistent interests or values
Occasionally getting angry and yelling at parents	Frequent/severe anger outbursts
Feeling touchy or sensitive at times	Extreme emotion sensitivity/difficulty regulating emotions

What People Think it Means to Have BPD

- Media depictions
- Manipulative
- Lying
- Always unpleasant to be around, unlikeable
- Too difficult to work with
- A “life sentence,” so doesn’t necessitate residential treatment
- Cannot be present in teens

The Realities of BPD

- People with BPD have learned how to get needs met in ways that might cause other problems
  - Avoiding abandonment by intensely clinging to friends or threatening suicide → friends stick around at first, but may become overwhelmed and eventually leave
  - Self-fulfilling prophecy
- “Lying” is not a diagnostic criteria for BPD
  - May be an associated trait and can occur as a way to avoid abandonment or rejection
  - Can be associated with ODD, Conduct Disorder
- BPD can present itself in several different ways.
  - People with BPD can be highly empathic and care deeply about others.

The Realities of BPD

- Not a "life-sentence"
  - Gunderson et al, 2011:
  - Longitudinal study of 175 patients, age 18-49
  - Over 10 years, 85% of patients experienced remission of symptoms
  - High rates of remission and low rates of relapse in the 10 years after onset, particularly with externalizing criteria (suicidal behaviors, self-harm, etc.)
  - Impairment in social functioning tends to persist
- Can be present in teens (more on this later)
- Similar to adults, teens with BPD tend to experience more co-occurring mood disorders, substance use disorders, etc. than teens without BPD (Ha et al, 2014)
  - Presentations are complex, severe, and often necessitate higher levels of care in order to stabilize

So… Can You Diagnose Teens With BPD?

<u>YES!</u>

- It is a long-standing misconception that BPD cannot be diagnosed prior to age 18
- Hesitancy to diagnose BPD in teens often due to:
  - False belief that it is not permitted
  - Lack of training on effective assessment for BPD
  - Lack of awareness of current research showing the validity in doing so

Some Research Findings

Becker et al, 2002

- “In hospitalized patients, borderline personality disorder and its symptoms appear to be as frequent for adolescents as for adults.”
- More research was needed

Glenn & Klonsky, 2013

- Study of 174 adolescents in inpatient and PHP settings
- “30% of patients in the current sample met criteria for BPD. The nine BPD criteria demonstrated good internal consistency, equivalent to rates reported in adult samples”
- “Reliability and validity remained satisfactory even when analyses were limited to younger adolescents between the ages of 12 and 14”

Diagnosing BPD in Teens

Per the DSM-V: "For a personality disorder to be diagnosed in an individual younger than 18 years, the features must have been present for at least one year."

- Use of valid and reliable screening tools
  - Borderline Personality Function Scale for Children (Sharp et al, 2014)
- Clinical interview with teen and parents
- Presence of "internalizing" criteria (fear of abandonment, lack of sense of self, etc.)
  - "Inappropriate anger and suicidal/self-harm behaviors provided the greatest sensitivity in predicting BPD diagnoses, whereas efforts to avoid abandonment, unstable relationships, and identity disturbance provided the greatest specificity. Identity disturbance also provided the highest positive predictive value for BPD diagnoses, whereas suicidal self-harm behaviors provided the highest negative predictive value." (Glenn & Klonsky, 2013)
- Assess impact on functioning in multiple areas

Why Diagnose BPD in Teens?

- Early diagnosis → early intervention → improved outcomes
  - Bornovalova et al, 2009:
    - Teens with BPD will not necessarily present with the same severity of pathology in their 20's as they do in their teens
    - Symptoms may peak at around age 14-17, which makes the case for early intervention to prevent more severe outcomes
- Ability to focus on effective treatment (Dialectical Behavior Therapy, Mentalization Based Therapy, etc.)
- Reduce stigma
- Increase validation through understanding and education

Effective Treatment:
Dialectical Behavior Therapy (DBT)

- Skills-based therapy that draws on cognitive therapy, mindfulness, and dialectical philosophy

- Skills training focuses on reducing problem behaviors and increasing skillful behavior from four modules:
  - Core Mindfulness
  - Interpersonal Effectiveness
  - Emotion Regulation
  - Distress Tolerance

(Linehan, 1993)

Dialectical Behavior Therapy

Pistorello et al, 2012:

- DBT led to greater reduction in suicidal behaviors, depression, self-harm, BPD traits, and psychiatric medication use compared to TAU (treatment as usual; lead to ”greater improvements in social adjustment” (Pistorello et al, 2012)

Koon et al, 2001:

- In a group of female veterans with BPD: compared to TAU, those in DBT reported “significantly greater decreases in suicidal ideation, hopelessness, depression, and anger expression.”
- Significantly decreased parasuicidal behavior, anger, and dissociation

Effective Treatment: Mentalization Based Therapy

- Helps individuals to more effectively name, perceive, and interpret the behaviors, thoughts, feelings, etc. of self and others
- May be especially helpful for those with relational trauma
- “…more effective than TAU in reducing self-harm and depression. This superiority was explained by improved mentalization and reduced attachment avoidance and reflected improvement in emergent BPD symptoms and traits.” (Rossouw & Fonagy, 2012)
- “…mentalization may be an important treatment target, influencing BPD symptoms and interpersonal functioning in adolescents with BPD. ” (Quek et al, 2019)

Questions?

Resources

Dialectical Behavior Therapy - Evidence-based treatment for BPD

- Evolve Treatment Centers www.evolvetreatment.com/teen-dbt-programs
- Behavioral Tech www.behavioraltech.org

BPD Resource Center

www.nyp.org/bpdresourcecenter

National Education Alliance for BPD

www.borderlinepersonalitydisorder.org

Global Alliance on Prevention and Early Intervention for BPD

www.borderlinepersonalitydisorder.org/what-is-gap/

Thank You!

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