


Intervention Isn't A Four Letter Word

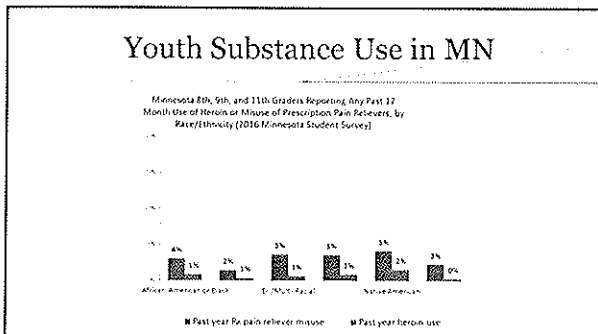
Dr. Tim Walsh
Vice President of Long Term Recovery & Mental Health Services
MN Adult & Teen Challenge
Everyday Conference
March 23rd and 24th 2017

Who We Are



- Short-Term Treatment
- Long-Term Recovery Program
- Inpatient & Outpatient
- Programs for Teens & Adults

- Personal Approach
- Relate, Engage & Inform
- Reinforce School Curriculum
- Correct Misconceptions
- Interactive

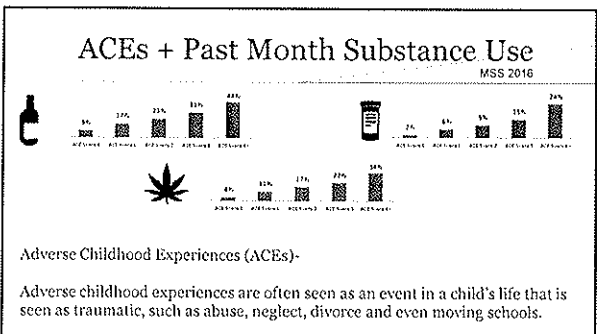


Youth Substance Trends in MN

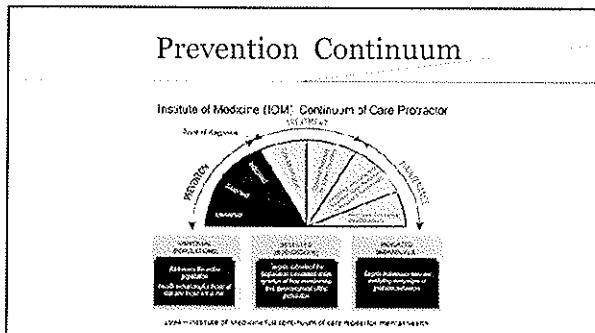
Minnesota 8th Graders Past 30 Day Use/Abuse					
	Alcohol	Binge	Cigarettes	Marijuana	Rx Drugs
2013	9.2%	2.9%	4.2%	5.2%	3.7%
2016	7.5%	2.3%	2.8%	4.4%	4.0%

Minnesota 10th Graders Past 30 Day Use/Abuse					
	Alcohol	Binge	Cigarettes	Marijuana	Rx Drugs
2013	14.7%	6.9%	7.5%	9.4%	5.6%
2016	11.7%	4.4%	4.1%	6.7%	4.3%

Minnesota 12th Graders Past 30 Day Use/Abuse					
	Alcohol	Binge	Cigarettes	Marijuana	Rx Drugs
2013	27.7%	15.8%	12.2%	16.6%	7.0%
2016	24.6%	13.1%	8.4%	15.8%	6.1%



- ### Means of Prevention
- Universal - Targets the entire population
 - Selected - Targets a subset of a population
 - Indicated - Targets individuals



Intervention

intervention
noun [ˌɪnˈtɜːvənʃən]

the act or fact of becoming involved intentionally in a difficult situation

Source: <http://dictionary.cambridge.org/>

Intervention

We can start the process of intervention early on, rather than after consequences are being seen. Consequences such as failing grades, getting kicked out of school or their living environment or getting arrested.

When to Start Intervening...

Signs to look for:

- Family history of addiction
- Abuse, neglect, traumatic childhood experience
- Increased borrowing of money
- Changes in school work, missing school, or declining grades
- Increased secrecy about possessions or activities
- Use of incense, room deodorant, or perfume to hide odors
- Changes in conversation with friends e.g. talking in code
- Missing prescription drugs, narcotics & mood stabilizers
- Bottles of eye drops to mask blood shot eyes

When to Start Intervening...

Signs to look for:

- Change in behavior, small and large
- Physical effects, blood shot eyes, slow reaction time, cover ups
- Change of friends
- Change of interest without explanation
- Blame shifting, and lying, each of these may start before a negative action with substances has occurred

Critical Intervention Points in the Justice System

Places within the juvenile justice system where opportunities exist to improve collaboration, identification, diversion and treatment for these youth.



What Can be Changed?

Motivational direction
Thoughts
Behaviors
Relationships

Responsivity Considerations

- Level of psychological development
- Sensation seeking
- Motivation
- Anxiety/Psychopathy
- Social Support for service/change
- Case management strategies
- Mental disorders
- Gender
- Age
- Ethnicity/Race (Gendreau, P., Andrews, D.)

Why Responsivity & Not Causality?

Mental health issues are intermediate criminogenic risk factors or mediating risk factors. That is, when a youth has a serious emotional disturbance or mental disorder, that disorder or disturbance by definition, affects their functioning in the key areas that are known to be predictive of delinquent or problematic behavior i.e. attitudes/thinking, character/temperament, peer associations, family relationships, school performance, job performance, use of free time and drug use.

Responsivity = EBP


- What is effective correctional treatment is also effective mental health treatment. For instance, the most effective treatment for alleviating the symptoms of ADHD is a regiment of medications and intensive behavioral treatments (NIMH, internet publ., Mar. 2000). The most effective treatment for mood disorders is generally medications plus cognitive behavioral treatment and ecological supports (ibid.). The most effective treatment for PTSD seems to be cognitive-behavioral techniques (CJCA conference, 2000). However, we have to stretch the research a bit and assume that this research also applies to kids in juvenile justice custody because there is a paucity of research on the mental health needs of youth in detention.

You are Responsive (Gendreau & Andrews)

- **Education:** 75% of service delivery staff have to have an undergraduate degree, 10% have an advanced degree
- **Area of Study:** 75% of staff have a degree in a helping profession. (Gendreau found that programs that are staffed by mental health professionals are more effective in general than programs staffed by correctional professionals)
- **Experience:** 75% of staff have worked in treatment programs with offenders for at least two years
- **Personal Qualities:** Staff are hired on personal factors (e.g. empathy, fairness, life experiences, problem solving, non-confrontational but firm, etc.)
- **Stability:** 50% of staff have remained on the job for at least two years
- **Assessment:** Staff are assessed annually on clinical skills, staff receive regular clinical supervision.
- **Training:** Initial training in interventions employed (3 to 6 months), ongoing training (at least one per year)
- **Program Input:** Staff are able to modify the program structure

Personal styles that are NOT EFFECTIVE

<p>Confrontational</p> <ul style="list-style-type: none"> - Blaming - Hostile - Demanding - Commanding 	<p>Wishy-Washy</p> <ul style="list-style-type: none"> • Unclear • Non-Specific • Non-Direct 	<p>Touchy-Feely</p> <ul style="list-style-type: none"> - Sympathetic - Parenting - Friend
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Personal styles that ARE EFFECTIVE

- Empathetic
- Genuine
- Honest
- Supportive
- Trustworthy
- Directive/Intentional
- Solution-Focused
- Structured
- Contingency-based
- Pro-Social

Learning the 3 Rs
Doing EBP

- Role Model Create a Pro-social learning environment
- Reinforce Reinforce Pro-social behavior
- Redirect Redirect and intervene with anti-social behavior
- (MOST IMPORTANT "R"=RELATIONSHIP!)

Source: Oregon Department of Corrections

What kind of staff does it take?

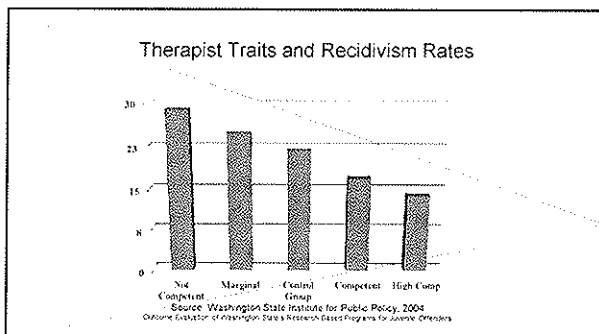
Characteristics	Skill Set
Enthusiastic	Verbal
Confident	Understand material
Intelligent	Structured curriculum
Empathetic	Directive
Authentic	MI skills (roll with resistance, etc.)
Good sense of humor	Strength based
Flexible	Use of incentives
Caring	Limit setter
Mature	

Five dimensions of successful ebp staff

<p>1. Effective use of authority</p>	<ul style="list-style-type: none"> - Firm but fair - Make rules clear, visible, understandable - Compliance through positive reinforcement - Keep focus of message on behavior, not person - Use of normal voice - Gave choices with consequences - Guide youth toward compliance
<p>2. Modeling and Reinforcing prosocial attitudes</p>	<ul style="list-style-type: none"> - Positive/negative reinforcement - Model and rehearse pro-social behavior in concrete and vivid way - Immediate feedback on why behavior was approved/dis-approved - Offender encouraged to think about why certain behavior was desirable - Role playing with increasing difficult scenarios

Five dimensions of successful ebp staff

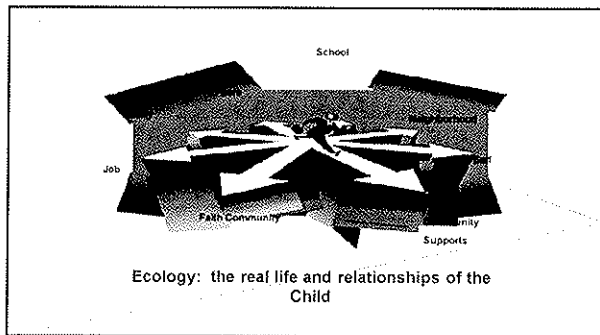
<p>3. Teaching concrete problem solving skills</p>	<ul style="list-style-type: none"> - Engage youth in resolving issues that reduce satisfaction and rewards for non-criminal pursuits - Help offender develop a plan, clarify goals, generate options/alternatives, evaluate options
<p>4. Advocacy/ Brokerage of community resource</p>	<ul style="list-style-type: none"> - Arrange the most appropriate correctional service - Speaking on behalf of client at home, school, work or other
<p>5. Relationship factors</p>	<ul style="list-style-type: none"> - Open, warm, genuine, and enthusiastic communication - Self confident - Empathetic - Flexible - Mutual respect and liking - Directive, solution focused, structured, non-blaming, contingency based communication



Ecological Validity (Henggler, et.al.)

- Interventions are thus targeted and delivered directly in the home, school, peer, and neighborhood settings in which problems arise, and the interventions are designed in full collaboration with family members and key figures in each setting (e.g. teachers, counselors, principals, etc.). The point is to get the system to orient itself towards new sequences of behavior that support the success of the youth. *The ecology is the client.*

"Mental health and juvenile justice systems provide services that have little to do with the functioning of the youth in the real world. Delinquents and their families usually have very real problems at home, in school, and in their neighborhoods. Yet, mental health services typically attempt to "fix" these problems by talking with the youth in an office for 50 minutes per week. More restrictive services such as incarceration and residential treatment attempt to address these same problems by removing youth from their home, school and neighborhood, and providing services in some distant location. Then the youth is returned to the exact same home, school and neighborhood where little has been done to prepare for his or her return. Even if the out-of-home placement did provide useful interventions, it is unreasonable to expect changes to be maintained if the youth's environment has not been altered to support such change." (Henggeler, *Focal Point*, Vol. 11, no 1).



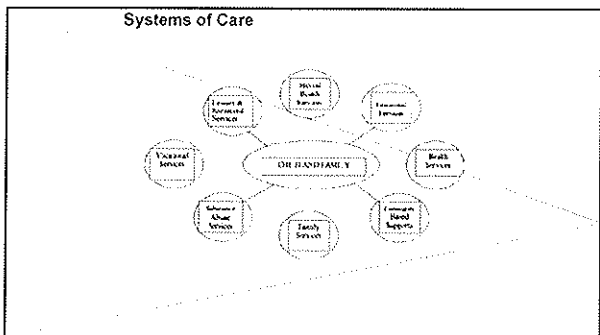
Elements of Multisystemic Therapy
(Henggeler, et al in Trupin, 2005)

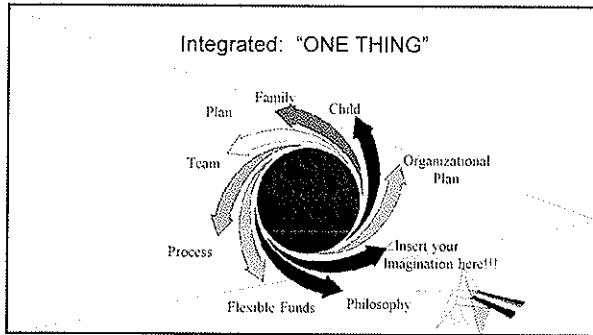
- Finding the fit
- Positive & strength focused
- Increasing Responsibility of family
- Present-focused, action-oriented & well-defined
- Targeting sequences
- Developmentally appropriate
- Continuous effort
- Evaluation and accountability
- Generalization

Common Goal:
Increase Pro-social Competence

- School Attendance / Achievement
- Employment Vocational Training
- Recreation
- Church
- Recovery Support

Trupin, Gains Center, SAMSHA 2005

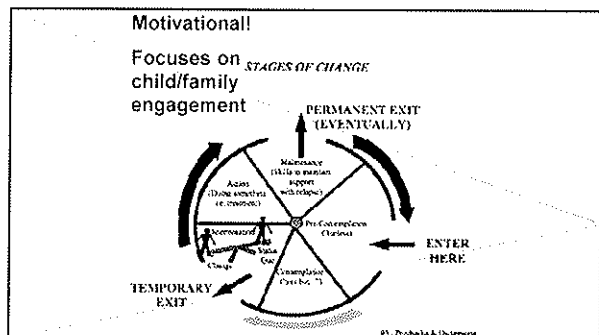




Continuum of Care


REFERRAL⇒	SCREENING⇒	TREATMENT PLANNING⇒	PROGRAMS & SERVICES⇒
TRANSITIONAL PLANNING⇒	TRANSITIONAL SERVICES⇒	AFTERCARE COMMUNITY SUPPORT⇒	FOLLOWUP

- Culturally Competent Approach:
Overarching Principles
- Culturally matched/competent therapists
 - Model and enhance families' advocacy skills with systems
 - Address historic distrust, passivity, anger and other volatile emotions and use as levers for change
 - Respect culture through strength-based, family centered and unconditional approach
- (Owens, 1995)




- Motivational Enhancement Therapy (MET)
in Trupin, 2005
- Feedback of personal risk or impairment
 - Emphasis on personal responsibility
 - Clear advice to change
 - Provide a menu of options
 - Therapist empathy
 - Facilitation of client self-efficacy
 - Develop discrepancy between current behavior and stated goals

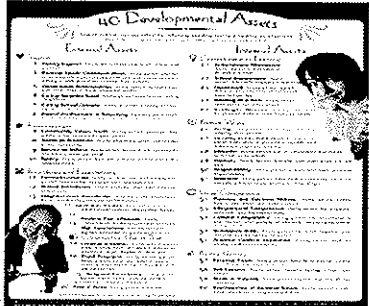
- Elements of Mental Health Intervention
(Trupin, 2005)
- Focus on community intervention
 - Build coping skills
 - Monitor mood, behavior, anxiety
 - Assess need for medication
 - Coach system(s) on implications/needs of mental illness
 - [http://ga.mscenter.samhsa.gov/html/resources/presentation_materials/pp/LJ/uxenide/Diversion10-11-05_pp#323.41,Elements of Mental Health Intervention](http://ga.mscenter.samhsa.gov/html/resources/presentation_materials/pp/LJ/uxenide/Diversion10-11-05_pp#323.41,Elements%20of%20Mental%20Health%20Intervention)



Is Strengths Based

Strengths are anything--assets, supports, skills-- that will help the offender to live successfully and responsibly. The strengths-based approach is to discover, focus on and build upon the positive aspects of the child and the family. Strengths must be an integral part of assessment, treatment planning and service delivery. You need to find out what strengths the youth possesses, how you can build on these strengths in the program and use these strengths as the levers or motivators to get the juvenile to do the hard work of change.



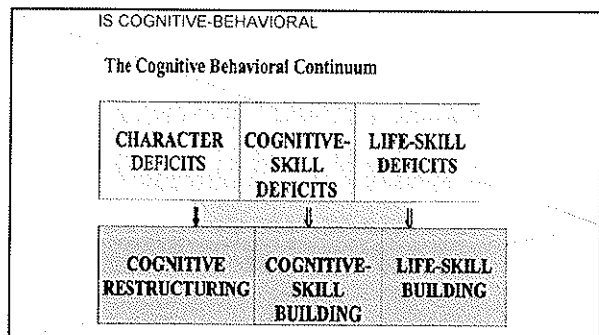


40 Developmental Assets

Assets are the positive qualities that help young people become self-motivated, self-directed, and self-disciplined. They are the skills, talents, and resources that help young people become self-motivated, self-directed, and self-disciplined. They are the skills, talents, and resources that help young people become self-motivated, self-directed, and self-disciplined.

Utilizes Social Learning....

- A role model the individual can relate to
- Direct instruction on the skill by R.M.
- Demonstration of the skill by R.M.
- Role play by youth
- Positive reinforcement of youth by R.M.
- Feedback to youth by R.M. & trusted adults &peers
- Skill practice to mastery
- Transfer of skill to real world situations
- Use of sanctions and rewards in real world to support learning
- Relapse planning & modify ecology/support system



Common Goal:
Increase Parental Effectiveness (Trupin, 2005)

- Increase monitoring
- Increase modeling of responsible behavior
- Contingency management
- Increase positive parent-child interactions

Addresses Co-Morbidity/Co-Occurrence & Interaction of Problems:
Elements of Substance Abuse Intervention

- Focus on community intervention
- Monitor use and provide clear contingencies
- Relapse prevention
- Education/support
- Motivate youth and family to change (Motivational Enhancement Therapy)

Is Transferable/Generalizable (Bandura)

- the treatment environment is similar to the community environment. Thus, the more treatment is a world unto itself, artificial, and self-contained, the less likely it is to be effective.
- ⊗ the youth has ample opportunity to practice the learned behavior in the new environment (i.e. home/community),
- ⊗ there are consistent incentives/reinforcers to maintain new thinking and behavior within the community environment.

Is Transferable/Generalizable (Bandura)

- ⊗ Treatment environment approximates some of the same challenges as the real world (without being antisocial or having a negative therapeutic milieu)
- ⊗ Learning is slowly phased from the treatment environment to the community environment. The youth is likely to kick into old thinking and behavior if he or she is introduced to the community environment cold from the treatment environment. Likewise, with a dramatic phase shift, the youth is likely to revert to what is comfortable for him or her i.e. automatic thinking and reflexive behavior—the same old, same old.
- ⊗ The behavior has some real world application.

Division One
Cross-Systemic of Alignment
& Engagement, 2016

- Share goals
- Measurable outcomes
- Commitment to unconditional care
- Shared formulations
- Shared work among systems & providers

Mental Health & Responsivity

- Programs and services are integrated as a comprehensive continuum of effective juvenile services. Referral to screening to treatment planning to programs to services to transition to aftercare to followup.
- Services are based upon empirically validated theory and research.
- The service delivery system is family/child-centered, flexible, integrated, seamless, strengths-based and transitions towards informal and non-categorical supports.

Mental Health & Responsivity

- The integrity of the paradigm of change is maintained throughout the continuum of services and is reinforced through a clear philosophy, policy, practice, and an effective model of supervision, consultation, and training for staff.
- Quality Assurance, measures of results, client surveys, and independent research are components of programs and services.
- Program is geared towards "ecological validity": everything is done with the goal of transfer to the youth's real life and real world application.

Mental Health & Responsivity

- Change is viewed as multisystemic: targeting the interaction and influence of the youth's family, peer group, school/education, neighborhood/community, spirituality/faith, job/career, and personality.
- Sanctions and interventions are graduated: the intensity, duration and level of services is based upon assessed risk level.
- The approach is multimodal: it combines and integrates the most effective approaches which address all areas of the youth's functioning e.g. family, peers, mental health, chemical use, educational, vocational, etc.

Mental Health & Responsibility

- Interventions are targeted to decrease dynamic criminogenic risk factors--those factors which are predictive of delinquent behavior and are subject to change.
- The most intense, restrictive and structured interventions are reserved for highest risk level
- Interventions are targeted to increase developmental assets: strengths, supports, resiliency factors, which support the youth's success in life and responsible/prosocial behavior.
- Positives/reinforcers outweigh punishers 4 to 1.



- Progress is defined by an increase in developmental assets and a decrease in criminogenic risk factors, it is not defined as completion of program tasks or hoops. Length of service is also based upon this definition of progress.
- The Responsivity Principle is operative in all programs and services; counselor skills and style plus the type of intervention are matched to the key learning characteristics of the client e.g. gender, race, culture, ethnicity, developmental level, learning style, motivation.

• The quality of therapeutic relationships is half the equation of effectiveness therefore counselors and other supports must be able to build rapport, model prosocial behaviors, and attitudes, provide effective direction, hold the accountable, with dignity, care and respect.

• The quality of contingency management is the other half of the equation of effectiveness therefore the program must be based upon sound motivational, learning, social learning, and cognitive-behavioral theory and practice.

• Address the youth's motivational, character, cognitive and life skill deficits.

Recap

- Cognitive: address the long-term thinking patterns of delinquents that drive their behavior.
- Behavioral: effectively manage the contingencies of delinquent behavior patterns (e.g. reinforcement, situation/context, environmental cues, etc.)
- Strategic: are directed towards pro-social goals.
- Motivational: addresses the delinquent's inclination (or lack thereof) to enter into, continue and adhere to a treatment program.
- Multisystemic/Ecological: change the systems that support delinquent behavior (e.g. peers, family, community, job, school, etc.).

Recap

- Multimodal: combine effective approaches into one comprehensive strategy (e.g. education + vocation + family therapy + individual cognitive-behavioral + community reintegration...)
- Experiential/Concrete: are geared to the learning style of the delinquent.
- Functional: making real changes that work to make the family/child more successful in the community.
- Matching/Responsive: individualized to address the particular needs or characteristics of each delinquent (e.g. considers gender, motivation, personality, age, race, intellect, cognitive & moral development, learning style)
- Strengths-based: build upon the factors that are predictive of prosocial, responsible and socially successful behavior.

