



Top-rated education and mental health services for children, teens and young adults for over 65 years

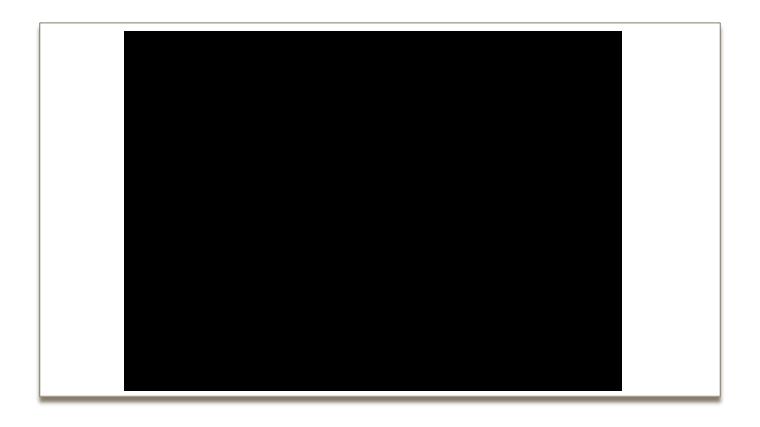
Intensive Outpatient Program (IOP) Emily Sullivan, LMFT Clinical Program Manager



Children's Health Council (CHC)

is a community-based nonprofit organization helping children, teens and young adults reach their promise and potential since 1953







CHC Teen Mental Health Initiative

July 2016, in response to community request, CHC launched the Teen Mental Health Initiative, focused on teen anxiety, depression and suicide. Providing an integrated program of community engagement and mental health education. Comprehensive mental health education for parents, teens and schools to raise awareness and remove the stigma around discussing mental health. Teen Mental Health Wellness Committee Adolescent Mental Health Services **Intensive Outpatient Program (IOP)**



Who Can Benefit From CHC IOP?

- High school teens (ages 14-18) with:
- Acute suicidal thoughts
- Acute self-harming behaviors (e.g., cutting)
- Moderate to severe symptoms of anxiety or depression
- Significant decrease in functioning at school and home
- Secondary symptoms and behaviors related to substance abuse and eating disorders



Who Can Benefit From CHC IOP?

- Ideal "step down" from inpatient hospitalization and residential treatment
- A "step up" from typical outpatient therapy when symptoms and behaviors become too high risk
- Common referral sources include inpatient mental health facilities (hospitals), emergency departments, outpatient mental health providers and physicians, or school staff
- Families can also self-refer to IOP



CHC IOP Features

- Intimate, small-group setting (8 teens)
- 12 week program, longer duration increases likelihood of desired outcomes
- Evidence-based interventions: comprehensive DBT including mindfulness, distress tolerance, emotional regulation, interpersonal effectiveness
- Phone coaching for teens and parents
- Afterschool hours, Monday-Thursday 3:00- 6:15 pm.
- Adolescent psychiatry and medication management
- Affordable and insurance based
- Financial assistance available



CHC IOP Features

- Seasoned, licensed clinicians who specialize in working with high risk teens
- Unique focus on transition support between IOP and inpatient and/or outpatient therapy
- Coordination with outside mental health providers, school staff and appropriate medical professionals
- Assistance with planning next steps for treatment after discharge
- Expected accreditation in May 2018, with Western Association of School and Colleges (WASC) to allow IOP teens to earn high school credits while in the program



CHC IOP OUTCOMES

- Reduction of suicidal thoughts and self-harming behaviors
- Reduction in symptoms of anxiety and depression
- Teens and parents learn and use DBT skills to effectively manage symptoms
- Parents improve and strengthen their parenting skills and improve family relationships
- Prevention of inpatient hospitalization or residential treatment for stabilization of symptoms
- Improvements across all areas of life: academics, friendships, family dynamics, managing emotions and coping with stress
- Help teens realize a life worth living



CHC IOP OUTCOMES

- Our data collection from our first cohort, after monitoring the students' clinical acuity over the course of treatment shows:
- Three of eight students previously made suicide attempts in the 12 months prior to enrolling in the IOP. There were zero suicide attempts made while students were enrolled in IOP.
- Relatedly, five of eight students previously required emergency room visits due to suicidal behavior/non-suicidal self-injurious behaviors in the 12 months prior to enrolling in IOP. None of the students required emergency room visits during the duration of IOP.
- Lastly, five of eight students had previously required inpatient hospitalization in the 12 months prior to enrolling in IOP due to suicidal behaviors. None of the students required inpatient hospitalization during the duration of IOP."



CHC IOP Referral Process

- Phone call from referral source and/or parent to IOP Clinical Program Manager
- Schedule 30 minute phone consultation with parents to assess acuity and needs of the teen and fit for the program
- Verify insurance
- Schedule a 120 minute intake assessment with lead clinician
- Confirm teen and parent commitment to DBT model
- Confirm start date based on "rolling" admission openings every four weeks



CHC IOP Referral Process continued

- When CHC IOP is not a fit:
- Teens whose primary treatment is for a eating disorder, substance abuse, and/or active psychotic symptoms
- Teens with significant cognitive and intellectual impairments and/or significant learning difficulties that may interfere with accessing the DBT curriculum within a small group setting
- Teens and families who are unable to make a commitment to the time intensive participation in the DBT curriculum during the 12 weeks
- The IOP team endeavors to support these teens and families with referrals to other IOP's or mental health programs that can meet their immediate needs



Dialectical Behavior Therapy (DBT)

- The program follows a comprehensive, Dialectical Behavioral Therapy model, including high fidelity to the DBT approach, as it was researched and originally developed by Marsha Linehan, PhD.
- DBT is a cognitive-behavioral treatment consisting of a combination of individual therapy, group skills training, telephone coaching and a therapist consultation team to learn skills to build a life worth living.
- DBT has been widely researched with varied populations and a research study on DBT by Rathus and Miller, 2002, with adolescents indicated "significant decreases in suicidal ideation"



DBT – What is it?

- What does "Dialectical" mean?
- Dialectical = two opposite ideas can be true at the same time, and when considered together, can create a new truth and a new way of viewing the situation.
- The core dialectic in DBT is balancing:

ACCEPTANCE

CHANGE

From DBT® Skills Manual for Adolescents, by Jill H. Rathus and Alec L. Miller. Copyright 2015 by The Guilford Press.



DBT Assumptions

- People are doing the best they can.
- People want to improve.
- People need to do better, try harder, and be more motivated to change.
- People may not have caused all of their own problems and they have to solve them anyway.

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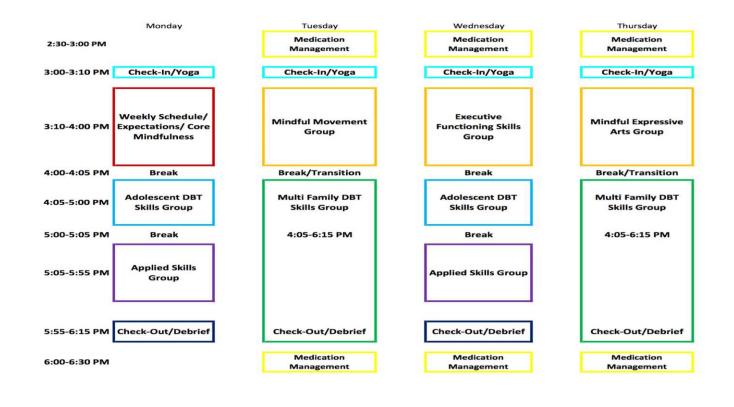


DBT - Four Modules in Skills Training

- Mindfulness: the practice of being fully aware and present in this one moment
- **Distress Tolerance**: how to tolerate pain in difficult situations, not change it
- Interpersonal Effectiveness: how to ask for what you want and say no while maintaining self-respect and relationships with others
- Emotion Regulation: how to change emotions that you want to change



IOP DAILY SCHEDULE





Let's Meet The Team

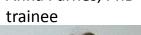


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Eric Loughhead, MFT

Not pictured-Tonia Chen, LMFT, Patty Crisostomo, PhD, and **Psychiatry Fellows** Emily Fu, MD and Shelly Tran, MD and psychology interns Alison Giovanelli and Sharon Lo



Every Teen Deserves A Life Worth Living



Thank you



