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\$500: Martin & Ann Dirks through the Winter Voice

\$350: Nani Vishwanath with handmade holiday cards fundraiser

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Thank you to our in-kind donors:

Woodland Park Zoo: 150 tickets

Seattle Aquarium: 100 tickets

Sage Studio: 15 hours of professional web design

Fikes Products: 10 suite tickets to Thunderbirds hockey game

Girl Scout Troop #40766: 150 boxes of Girl Scout cookies

Visit our website & donate securely online:

www.ryther.org

Ryther's New Intensive Outpatient Chemical Dependency Program:

An Interview with Ryther's Co-Occurring (Substance Use & Mental Health) Program Director, Deanna Seather-Brady, MSW CDP



What is Intensive Outpatient Treatment (IOP)? "IOP" is basically the middle ground between inpatient and outpatient substance abuse treatment. It's for teens who are transitioning or stepping down from a more restrictive substance abuse treatment program such as inpatient treatment or when there is a need to bump up from a less intensive program.

How do you know if IOP is appropriate? Once a teen has been assessed at Ryther using the American Society of Addiction Medicine or ASAM, the course of treatment is identified. ASAM looks at six criteria: the risks associated with withdrawal; biomedical conditions and complications; emotional, behavioral or cognitive issues; the client's willingness to change;

continued use despite consequences; and, the recovery environment. IOP is recommended when a teen's substance use has crossed the line from experimentation or abuse to chemical dependency. At this point it's physiological – the brain has changed. We often see issues such as cravings, preoccupation with getting high, higher tolerance, more drug seeking, difficulty concentrating, memory problems, continued use despite consequences, exacerbating medical or psychological issues, or behavioral and peer group changes. These teens also tend to do more poorly in school and sometimes even start getting in trouble with the law. In addition to the verbal assessment, the parents are asked to provide information about their teen's strengths and difficulties, and we get information from sources such as court, family, teachers or other therapists/psychologists. Urinalysis is also done at the time of assessment.

Is Ryther's Intensive Outpatient Treatment Program different? What I am excited about is that we are making the leap to co-occurring treatment. On Ryther's campus we have psychiatric and psychological services, dual-certified mental health and addiction therapists, experiential therapists and therapists trained in Dialectical Behavioral Therapy (DBT) skills. The data shows that over 80% of teens who abuse substances also have mental health issues so we treat both simultaneously. A part of the initial assessment dimensions includes mental health challenges, and such issues would be flagged. In these cases, if a client needs a psychiatric or psychological evaluation, an internal referral would be made.

What does the program entail? We use evidence-based practices such as Dialectical Behavioral Therapy (DBT) skills as well as experiential therapies and science-based psycho-education. DBT skills include mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness. Among teen boys in our inpatient program, this is what they say was most helpful. DBT skills help answer recovery questions like, "What do I do instead of use drugs when I get stressed out? How do I communicate effectively with other people?" Mindfulness is essential to being able to use the other DBT skills and will be practiced in creative/fun ways at every group session. With DBT, there are three states of mind: emotional mind, logical mind and wise mind. DBT teaches how to take the best of the emotional and logical minds and find that wise mind for effective decision making. This is about how to be present in the moment and not get bogged down either in the future or the past.

Additionally, participants will at some point in their IOP experience be asked to mentor someone entering the program and will be required to co-lead various modules and the experiential components of those modules.

(Continued on back panel)

Masthead Photo: Teens in treatment to overcome substance abuse share goals for their experiential session on Ryther's Challenge Course.

Healthy Children. Stronger Families.

■ From the Executive Director

I sometimes think that after 39 years in the field of community mental health and social services that I have stayed too long and can't possibly adjust successfully to all the new technology, the changes in public policy and the politics. Then I am confronted with advancements in knowledge about topics relevant to my life's work that I can actually celebrate. The most dramatic instance of this comes from the advancements made in knowledge about the functioning of the human brain and in particular brain development, the nature of most mental disorders and the interaction of drugs and alcohol with the developing brain.

The most recent case of this kind of startling data and the potential for a revolution in treatment practice has to do with adolescent brain development and drug and alcohol abuse. Not long ago we finally became aware of the fact that the areas of the brain that regulate executive functions like assessing risk in terms of behavioral choices don't really complete development until we are in our twenties. Then came a clearer understanding of the interaction of drugs and alcohol with the developing brain that explains the attraction of and addictive response to drug use that

complicates the treatment of kids using drugs. Now comes some compelling data about the connection of mental health disorders with drug and alcohol abuse and addiction. It turns out that most of the kids using drugs and alcohol also have a mental health disorder and that those kids with a mental health disorder are much more likely to use drugs and alcohol.

What is revolutionary is how all of these developments come together to alter our understanding of what we must do to make treatment interventions more successful. When I started in the field we basically had one response that was based on what we knew was most effective for most adults. We now know that the single focused approach is likely not going to produce the results we want and may even make progress more difficult. Once again, we must remind ourselves that children (including teenagers) are not just small adults. Having once raised teenagers, I suppose I should never have been surprised that I often thought I was dealing with an alien species.



Lee E. Grogg: Executive Director/CEO

■ "Alex's" Story: From rage and sadness to understanding and belonging.



Up until the age of five, "Alex" lived with his biological mother, who neglected her son while struggling with addiction. He was subjected to living in deplorable and filthy conditions which ultimately led to his removal from the home. He was also traumatized from seeing some fairly intense and "scary" domestic violence between his mother and boyfriend. His behaviors erupted while he went through a series of foster homes.

Alex was fortunate that he finally found a foster family that would stick by him and not give up. His behavior began to stabilize and he was doing better until his foster mother became pregnant. Alex's behaviors then "went through the roof," leading to extreme tantrums and very unsafe behavior directed to him as well as towards his foster mother. Emergency hospitalization was next, followed by entry into one of Ryther's Sub-Acute Residential Treatment cottages.

Despite understanding and being accountable for his actions, Alex struggled to open up. Ryther's team believed he was ready to start the on-campus Grief and Loss group in addition to his individual therapy so that he could process what had happened to him, grieve the loss of his biological family and realize a sense of closure. Chelsea, his Ryther Case Manager, shares the thought process he underwent: "My [biological] mom is my mom and she'll always be my mom, but I have a lot of sad memories and I want to let those go and just remember the good things and try to move forward."

After the 12 weekly sessions and a "graduation" from Grief and Loss group, his foster family could re-enter the picture and be part of the team. His foster family was very committed to Alex and considered him a part of their family. Chelsea shares, "In family therapy, Alex would get upset by a question and run and hide behind the couch. They would continue on and say 'Alex, please join us whenever you're ready. We want you to be here. You're a part of our family.' Slowly but surely, he moved closer to them both literally and emotionally."

Alex and his foster family started home visits while he was at Ryther. It was still rocky at the beginning. However, a turning point came after a particularly difficult day when Alex turned to his foster parents and said, "Maybe it's time I start to call you mom and dad." Alex is back home with his foster family and is in process of being adopted by his new mom and dad. He has a really bright future ahead of him. Plus, he's pretty excited to be a big brother.

Save the NEW date: Tuesday, Nov. 19th

Join keynote speaker Maud Daudon, President & CEO of the Seattle Metropolitan Chamber of Commerce at the Grand Hyatt Seattle for our annual fundraising luncheon.

To sponsor or host a table, contact Ryther at 206.517.0204.





Getting ready for the Rummage Sale

Ryther News League

Sharon Setzler, Ryther League Chair:

What an inspiration it was to see the dedication and teamwork that came about as we planned and hosted our first Rummage Sale at Ryther last month. The hardest work was all the sorting, cleaning and set up. Many League members got to meet and work together – some for the first time. I heard that the friendships that were formed during this event were well worth all the effort it took to make it a success. The League also celebrated its 75th year of serving children at Ryther by serving lots of cake to shoppers! There were lines before we opened and \$2,600 was raised. With our storage areas cleaned out we are now ready to make a real difference in the merchandise we sell at our Ballard R-Shoppe located at 5435 Ballard Avenue. So bring in your quality used clothing and small household items to Ryther during business hours, and we will raise money for the important work at Ryther. Besides the Rummage Sale, League members provided an afternoon of bingo games, 47 super Easter baskets, 20 kid haircuts, 8 birthday cakes and 3 weekend art projects, not to mention lots of cookies. It’s all worth it when we read a note like this one from a teen in Cottage B, Ryther’s Co-Occurring Inpatient Substance Abuse Program:

Dear Easter Bunny, I’m very thankful for the basket you provided for me and my peers and I’m very thankful and grateful for spending Easter sober. Thank you for what you have done and hope you spent a great Easter just like I did. Sincerely, “J”.

Call 206.517.0215 for information about joining the League.



■ **Ryther would like to thank the amazing volunteers who gave their time, dedication and energy. We couldn’t do the hard work with the kids without you, and the children notice these kind acts as well.**



The **Junior League of Seattle** hosted an Easter Activity Day for the children in Sub-Acute Residential Treatment – there were cookies, egg hunts and field games on a sunny day!



Women’s Philanthropic Investment Group (WPIG) once again shared craft and snack activities with the children and volunteers on Ryther’s Volunteer Appreciation Night.



Starbucks Coffee Company brought close to 90 volunteers over 2 days to improve Ryther’s campus to build sheds and flower boxes, weed, landscape, paint and dig 3 French drains plus hand out treats to the children and teens.



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Appt. Hours & Bellevue office
 Seattle: 8am - 7pm Mon. – Thurs., Fri. until 5pm
 Our Bellevue office at 14715 Bel-Red Road, Building G, Suite 100, Bellevue, WA 98007 has availability for evening and weekend appointments.



Ryther
Voice

SPRING 2013

(Ryther's Intensive Outpatient Treatment program interview continued from front page below)

What should clients expect? There are three sessions per week. Monday and Wednesday evenings for group sessions (each 2.5 hours) and a third day is for individual therapy. Group sessions include experiential activities during the last hour. The activity relates to the DBT skill that is worked on during the first part of the session. The activities are fun and active as well as developmentally appropriate based on adolescent brain development. We have a low ropes course, a climbing wall and a portable ropes course so we can do activities inside or outside. Random urinalysis will be done at Ryther.

How long is the program? In order to graduate from IOP the client must participate in the entire 12 week program. If a client misses a session

it can be made up. Clients can join anytime. Among other things each participant's individual therapist will help support DBT skills group and review the Mindfulness module if missed to get him or her up to speed in order to step right into the group.

What about family involvement? We offer a twice monthly parent group. Plus, once or twice a month a parent might join the individual therapy session. We keep parents in the loop about what we're working on and provide psycho-education. We will also offer family therapy.

If you would like more information, please call us at 206.517.0234. Currently for this program we only accept private pay or insurance.

**There's Still
 Time to Enroll:**

Ryther's **Aspiring Youth Summer Camps** for campers ages 8 and up provide an exciting choice of activities, from video production to habitat restoration to art. Some campers are shy, some are quirky and some are twice exceptional. Some of our campers have a diagnosis of Asperger's Syndrome, ADHD, learning disabilities or other similar traits. Visit AspiringYouth.net or call 206.517.0241.

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