



Treatment Modality and Dosage: A Treatment Court Approach

Alejandra Garcia, MSW

Senior Program Manager, National Training and Technical Assistance
Center for Court Innovation

Center for Court Innovation

Our mission is to make the justice system fair, effective, and humane. We create **operating programs** to test new ideas and solve problems, perform **original research** to determine what works (and what doesn't), and provide **technical assistance** to justice reformers around the world.

www.courtinnovation.org

Bridging the Gap

A Practitioner's Guide
to Harm Reduction in Drug Courts

by Alejandra García and Dave Lucas



Today's Agenda

1. Target population
2. Screening and assessment
3. Diagnoses entering treatment court
4. Person-centered treatment planning
5. Level of care determination
6. Treatment modalities
7. Relational strategies
8. Addressing racial and ethnic disparities



Target Population

- High risk/high needs
- Clinical eligibility: who is suitable for treatment court?
- Less well-defined than legal criteria
- Validated instruments by treatment professionals



Target Population

- Nature/severity of use and related consequences
- No/low 'motivation' does not disqualify
- Rein in the instinct to overtreat
- Social stability: puts clinical eligibility in flux



“System Use Disorder”

Consider person’s history with:

- Schools / teachers
- Child welfare / social workers
- Healthcare / doctors, nurses
- Social services / housing
- Psychiatry / doctors
- Jails and prisons / police
- Courts / judges, lawyers
- Media / journalists, public opinion

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002969>

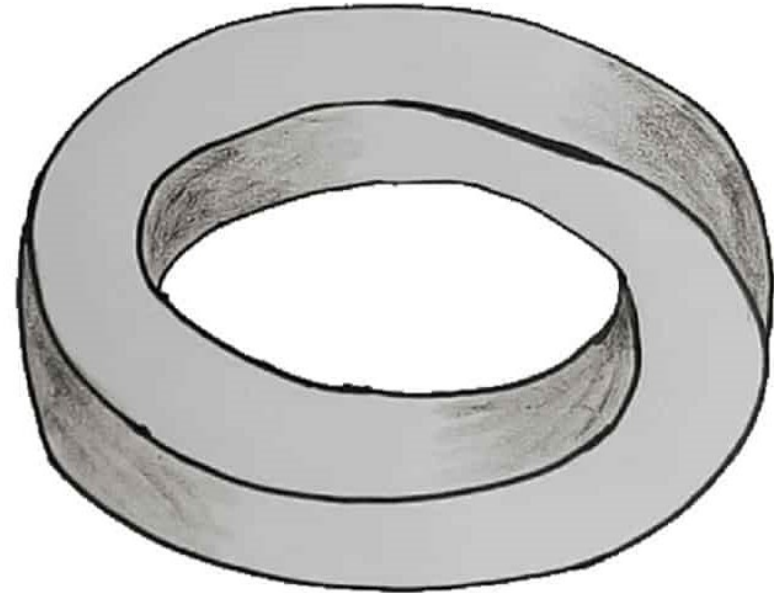
<https://www.recoveryanswers.org/addiction-101/etiology-what-causes-addiction/>

[https://www.researchgate.net/publication/232060659 Risk Factors Associated with Drug Use The importance of 'risk environment'](https://www.researchgate.net/publication/232060659_Risk_Factors_Associated_with_Drug_Use_The_importance_of_'risk_environment')

https://www.brucekalexander.com/pdf/roots_addiction_2001.pdf

Understanding System “Survivorship”

- “Mistrusting” ...intuitive
- “Hesitant” ...cautious
- “Unmotivated” ...pragmatic
- “Indifferent” ...protective
- “Ambivalent” ...seeks clarity
- “Overconfident” ...hopeful
- “Challenging” ...passionate
- “Critical” ...has standards



<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002969>

<https://www.recoveryanswers.org/addiction-101/etiology-what-causes-addiction/>

[https://www.researchgate.net/publication/232060659 Risk Factors Associated with Drug Use The importance of 'risk environment'](https://www.researchgate.net/publication/232060659_Risk_Factors_Associated_with_Drug_Use_The_importance_of_'risk_environment')

https://www.brucekalexander.com/pdf/roots_addiction_2001.pdf

Screening and Assessment

- Who conducts screening for your court?
- Trust and rapport building
- Engagement > information
- Transparency
- Collateral information



Diagnoses Entering Treatment Court



- Information will come in phases
- Trauma
- Co-occurring disorders
- Medical needs
- Substance use disorder:
 - Consider the nature of a person's use

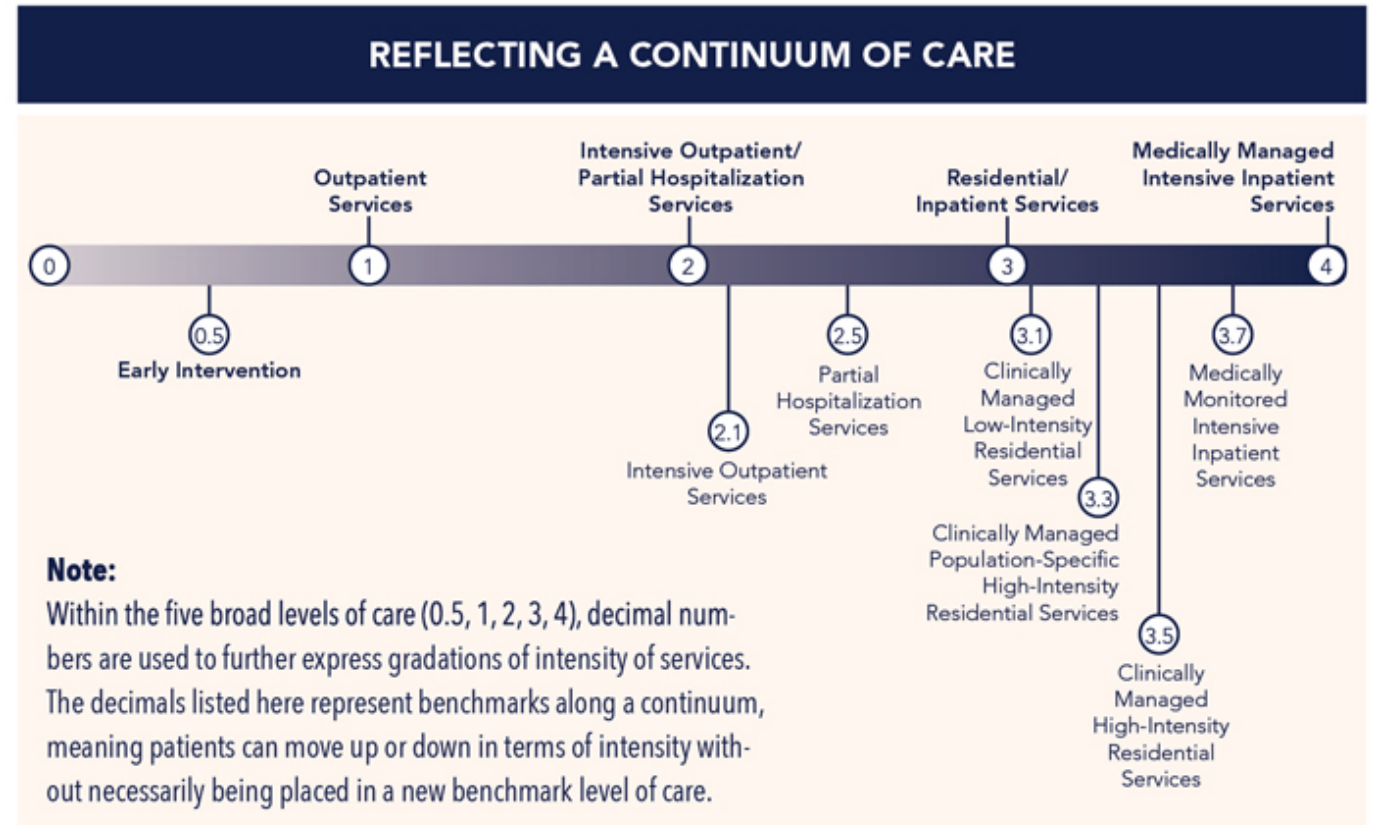
Person-centered Treatment Planning

- Strengths-based goal creation
- Collaborative
- Client-centered

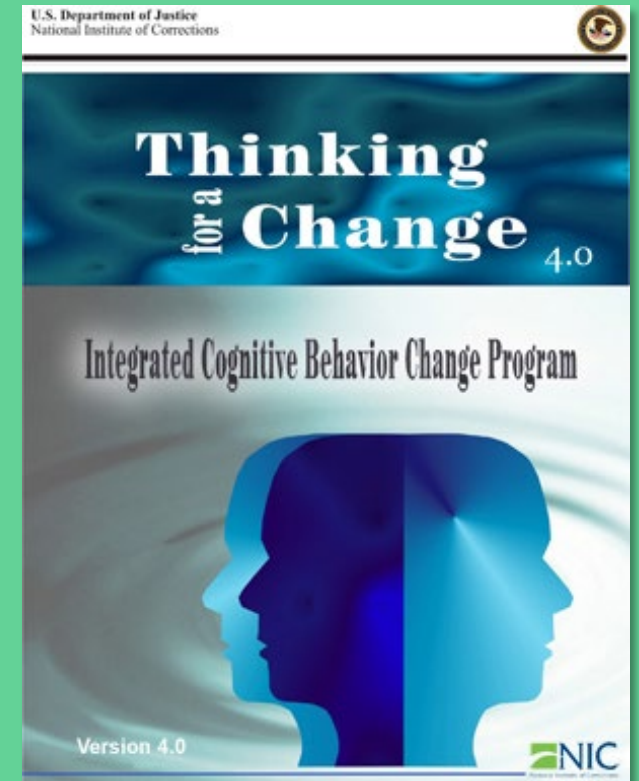
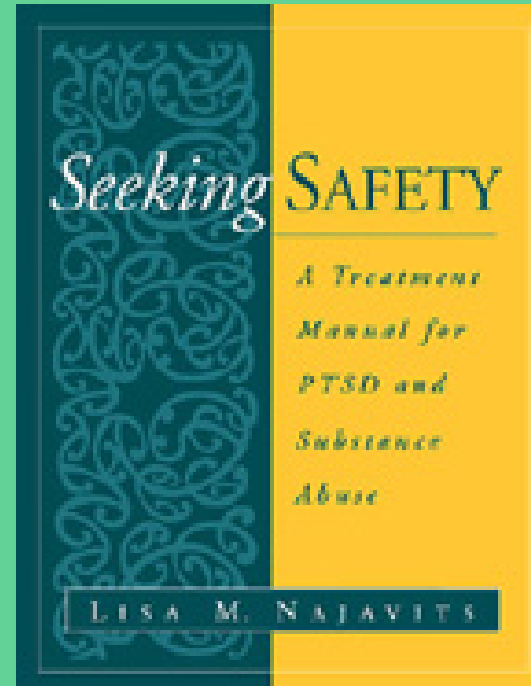


Level of Care Determination

- Clinicians' decision
- Criminal charges \neq clinical need
- Re-assessment
- Health equity
- Tailored to capacity



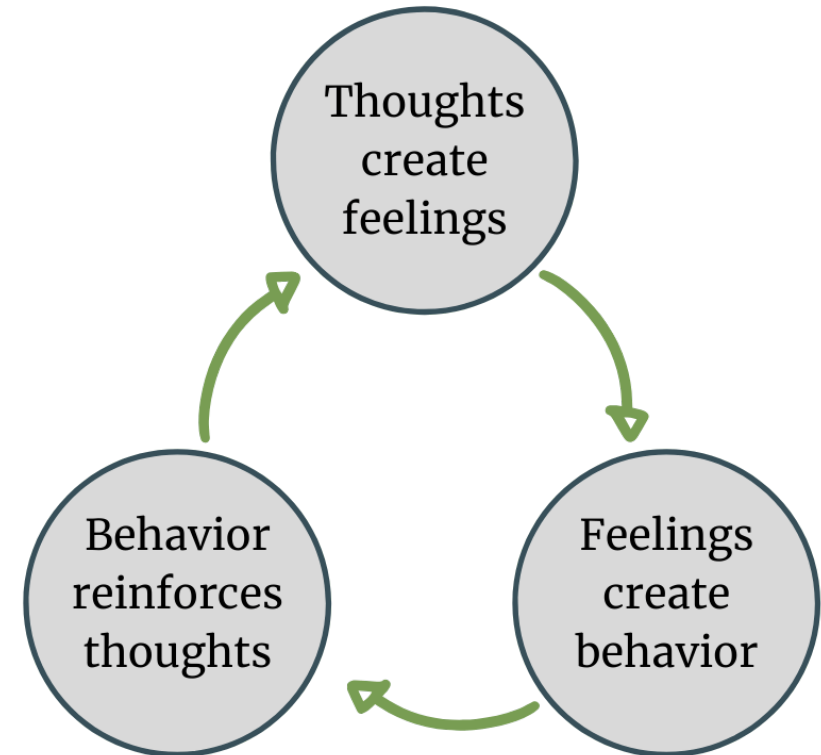
Treatment Modalities



HEAT  TIME

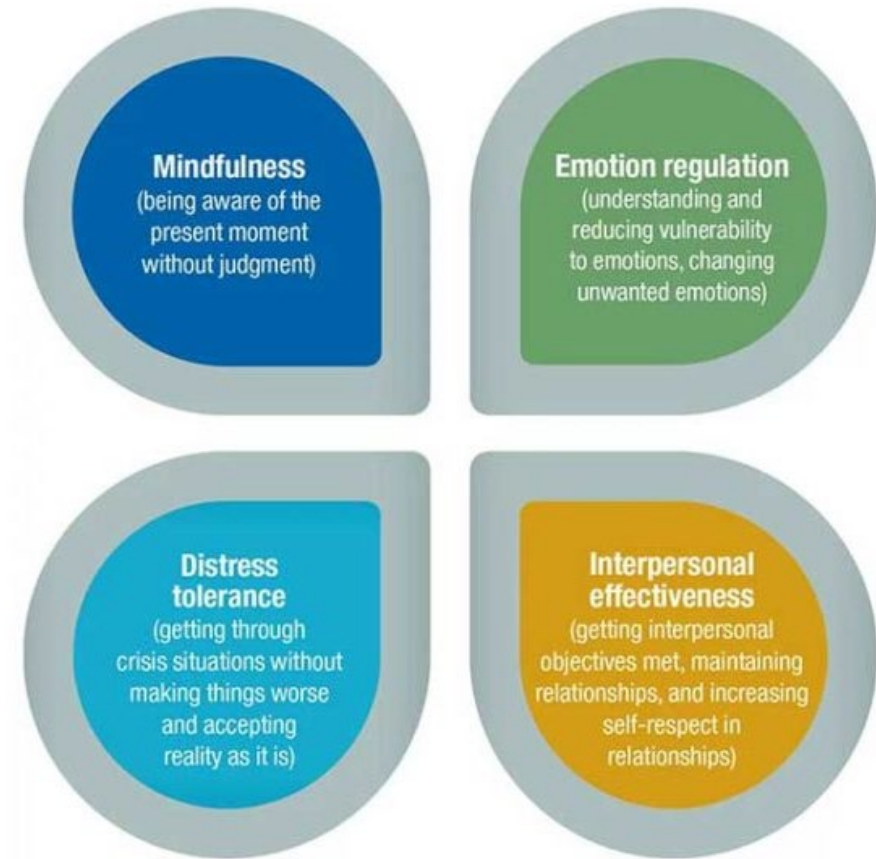
Treatment Modalities: Cognitive Behavioral Therapy

- Large evidence base (clinical and research based)
- Effective with a variety of diagnoses, including SUD, SMI, depression, anxiety
- Core principles:
 - Problems are caused by faulty ways of thinking, which result in unhelpful behaviors
 - Developing insight into thought patterns to develop better ways of coping



Treatment Modalities: Dialectical Behavior Therapy

- Adaptation of CBT to treat people with borderline personality disorder, SUD, eating disorders, and other emotion regulation issues
- Group therapy, individual therapy, telehealth
- Core principles:
 - Mindfulness
 - Emotional regulation
 - Distress tolerance
 - Interpersonal effectiveness



Treatment Modalities: Thinking for a Change (T4C)

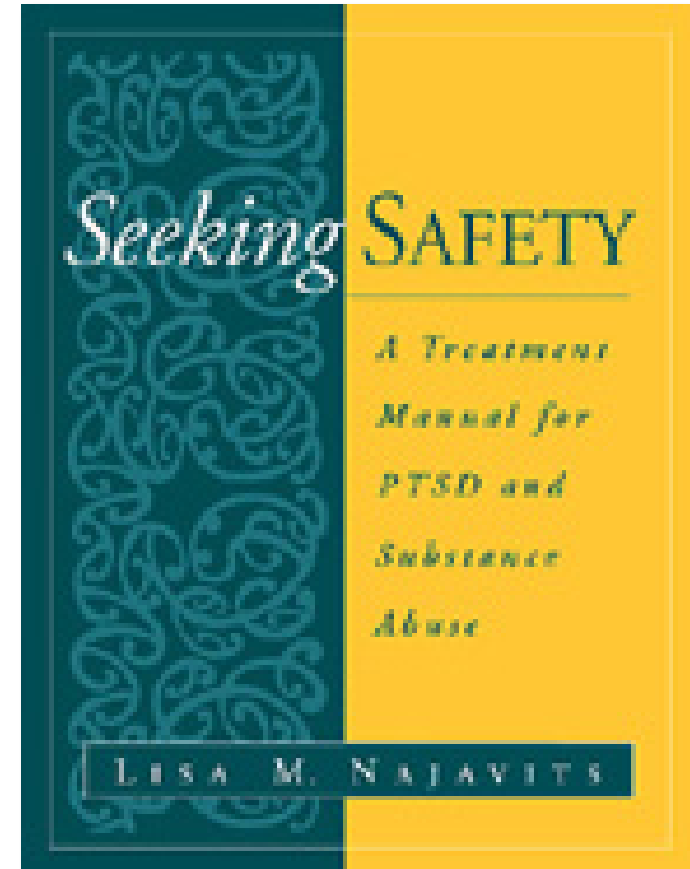


- Developed by National Institute of Corrections
- Designed for use in corrections settings
- Cognitive self-change, social skills, problem-solving
- Module-based, group settings
- Homework and feedback

<https://nicic.gov/projects/thinking-for-a-change>

Treatment Modalities: Seeking Safety

- Evidence-based for use with people with trauma and SUD
- Group and individual therapy
- Core principles:
 - Safety
 - Integrated treatment
 - A focus on ideals
 - Four content areas: cognitive, behavioral, interpersonal, case management;
 - Attention to clinician processes



Treatment Modalities: HEAT/HER

- Habilitation Empowerment Accountability Therapy/
Habilitation Empowerment Recovery
- Trauma-informed, culturally responsive, developmentally targeted
- African American men and women aged 18-29 who are justice involved
- Specifically in use in drug courts



<http://heattime.org/>

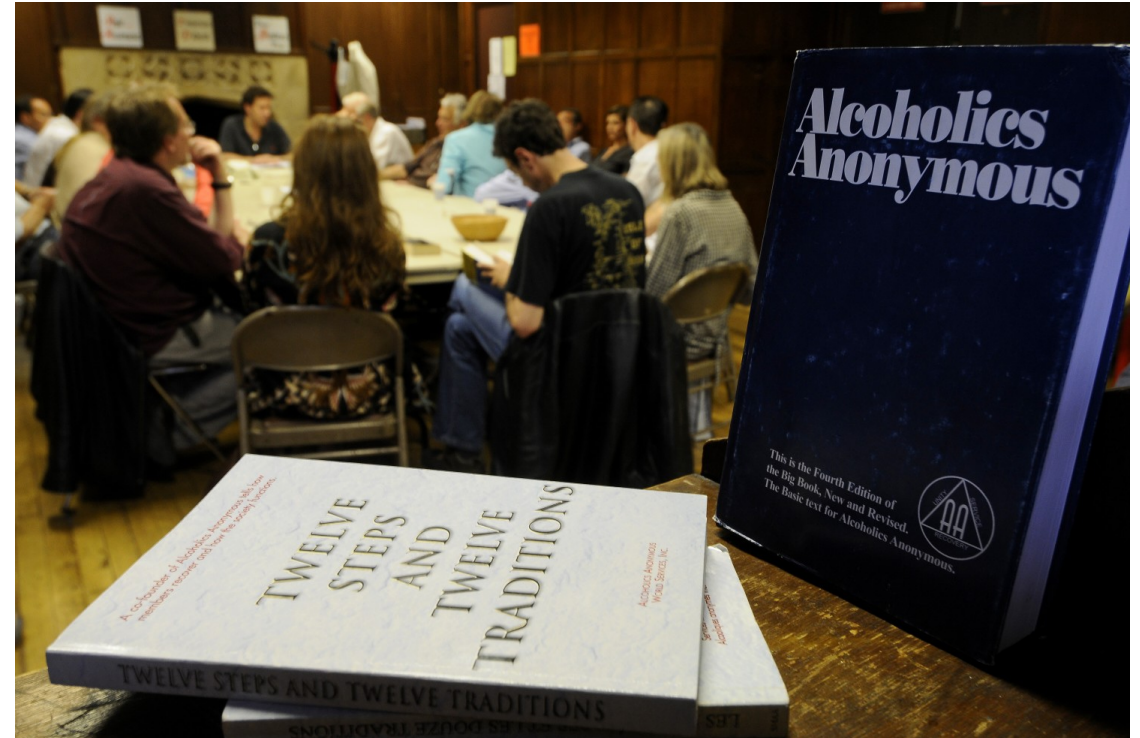
Treatment Modalities: Medications for Opioid Use Disorder

- **Methadone:**
 - Full agonist, maintains tolerance
 - Some euphoric, painkilling effects
 - Diversion potential
- **Buprenorphine:**
 - Partial agonist, maintains tolerance
 - Limited euphoric effects / has a 'ceiling effect'
 - Suboxone formulation contains naloxone
 - Less diversion potential
- **Naltrexone:**
 - Antagonist, does not maintain tolerance
 - Blocks the euphoric, painkilling effects of opioids
 - Some overdose risk upon treatment completion



Treatment Modalities: Mutual Aid

- 12-step and mutual aid associated with longer-term recovery for those using MAT/MOUD (Harvey, et al. 2020)
- Even better when combined with individual counseling
- This does **NOT** mean it can be mandated by courts (unconstitutional) but it can be encouraged
- Clients who voluntarily attended NA/AA after inpatient were more likely to be abstinent from opioids at follow-up (Gossup, 2007)



Treatment Modalities: Certified Peers

- Improved treatment and community relationships, access to services, program retention, and satisfaction
- Reduced criminal justice system exposure, recurrence of use, and re-hospitalizations



Telehealth and COVID-19

- What's working for clients in regard to telehealth? What's not working?
- Recovery setbacks during COVID-19
- Increasing access
- Removing barriers (e.g. transportation)
- Equipment considerations



Relational Strategies

Empowerment / Power

- Noticing' our power
- Resistance is a teacher
- Support vs Control
- What drug courts do well:
encourage collaborative planning
- Misuse of power: diminished
client buy-in, low retention rates



Motivational Interviewing

- Helps mitigate power imbalance
- Saying motivational things is not MI
- Common misstep: the 'pep talk'
- MI requires slowing down, listening
- What drug courts do well: long-term planning, re-grouping
- MI misuse consequence: clients are compliant, but not invested

O

Open-ended questions that allow patients to give more information including their feelings, attitudes and understanding.

A

Affirmations to help overcome self-sabotaging or negative thoughts.

R

Reflections as a way to express ambivalence.

S

Summarize to let your patient know that they are being heard.

Language and Stigma

- What informs the language used ...habit or research-based?
- Formalize person-first
- Move on from “substance abuse”
- What many drug courts do well: keep up with the science
- Faulty language consequence: stigmatize, demeans, alienates clients

‘ADDICTION-ARY’ ADVICE

The Recovery Research Institute’s glossary of addiction-related terms flags several entries with a “stigma alert” based on research that suggests they induce bias. A sampling:

ABUSER, ADDICT

Use “person-first” language:
Rather than call someone an addict, say he or she suffers from addiction or a substance-use disorder.

DRUG

Use specific terms such as “medication” or “a non-medically used psychoactive substance” to avoid ambiguity.

CLEAN, DIRTY

Use proper medical terms for positive or negative test results for substance use.

LAPSE, RELAPSE, SLIP

Use morally neutral terms like “resumed” or experienced a “recurrence” of symptoms.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6330014/> ;

<https://www.apa.org/monitor/2019/06/cover-opioids-stigma>;

<https://www.shatterproof.org/sites/default/files/2021-02/Stigma-AddictionLanguageGuide-v3.pdf>

<https://news.harvard.edu/gazette/story/2017/08/revising-the-language-of-addiction/>

Therapeutic Alliance

- Alliance > modality
- Alliance = trust, and agreement on goals, tasks, dose, pace = retention
- Example: one-size-fits-all pathways
- What drug courts do well: bond w/ clients
- Planning breakdown: less client voice, less client ownership of recovery



Changes in Treatment Dosage and Modality

- Reasons for a change
- Negotiation
- Aligning goals
- Flexibility and multiple plans/options
- Don't punish, try something new

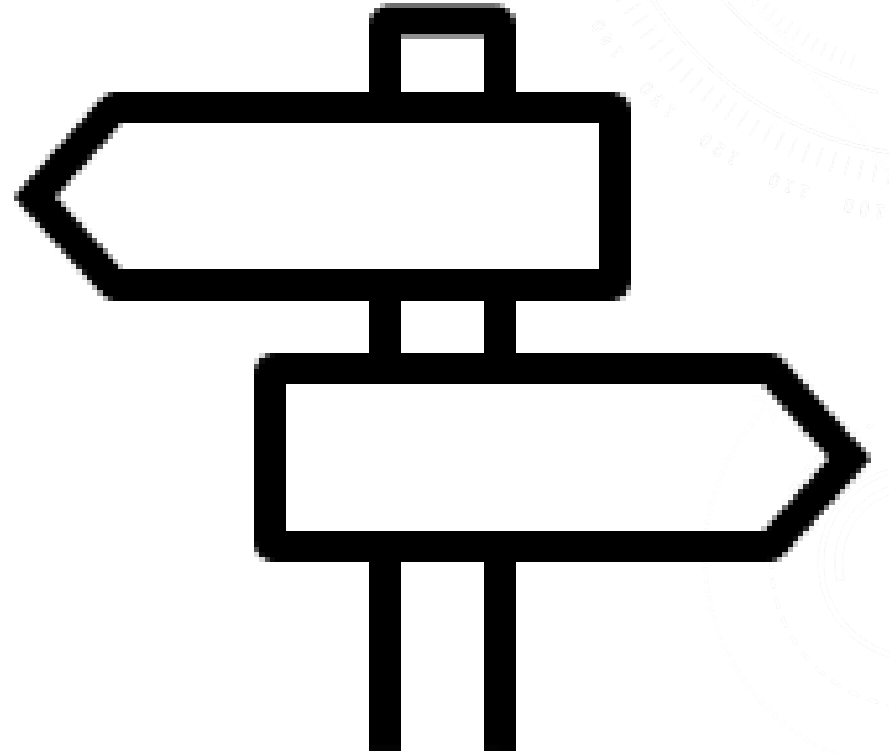


Addressing Racial and Ethnic Disparities:

Decision Points in Treatment and Service Provision

Decision Points Action Planning: Racial and Ethnic Disparities

- The National Adult Drug Court Best Practice Standards can be examined for areas of **subjectivity that impact racial and ethnic disparities** in the courts.
- The exercise results in an action plan that provides the courts with an **implementation structure for policy and program change.**



Standard V: Substance Use Disorder Treatment

SUD TREATMENT SUMMARY

Participants receive substance use disorder treatment based on a standardized assessment of their treatment needs. Substance use disorder treatment is not provided to reward desired behaviors, punish infractions, or serve other non-clinically indicated goals. Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals.

SUD TREATMENT TOPIC AREAS

- Continuum of Care;
- In-Custody Treatment;
- Team Representation;
- Treatment Dosage & Duration;
- Treatment Modalities;
- Evidence-Based Treatments;
- Medications;
- Provider Training & Credentials;
- Peer Support Groups;
- Continuing Care

Standard V: SUD Treatment

SUD TREATMENT RED CONSIDERATIONS

Does your agency have a policy to incorporate and increase client voice in treatment planning?

Does your program offer a continuum of care that is culturally appropriate, and that includes peer support groups?

Do you regularly schedule meetings with your treatment provider to discuss staff credentialing and training?

Do clients have access to treatment providers in their native language? Is language access a barrier to treatment?

Standard V: SUD Treatment

SAMPLE DECISION POINTS ACTION STEPS

- **Team Representation:** Identify where more racial and ethnic representation is needed with staff and community partners
- **Treatment Dosage & Duration:** Provide training and education on the difference between noncompliance and non-responsive to treatment interventions
- **Treatment Modalities:** Ensure you understand the diverse cultures within the SUD treatment population and are separating treatment needs
- **EBP/Medications:** Develop a resource map to identify where treatment deserts exist specifically noting where MOUD is not accessible

What is meant by culturally “safe” or
“responsive” treatment?

Whole Person Recovery

Personal

Human: values, skills, self-esteem, self-knowledge

Physical/financial: income, housing, food stability, mobility, system navigation

Social

Family, friends, partners, colleagues

Groups: recovery-oriented; activity or skill/interest-based

Cultural & Community

Shared experiences, values, spiritual/religious orientation;

Recovery-oriented services; visible and accessible

Well-Being

Hope for the future; happiness; future-orientation

Managed stress, anxiety, MH



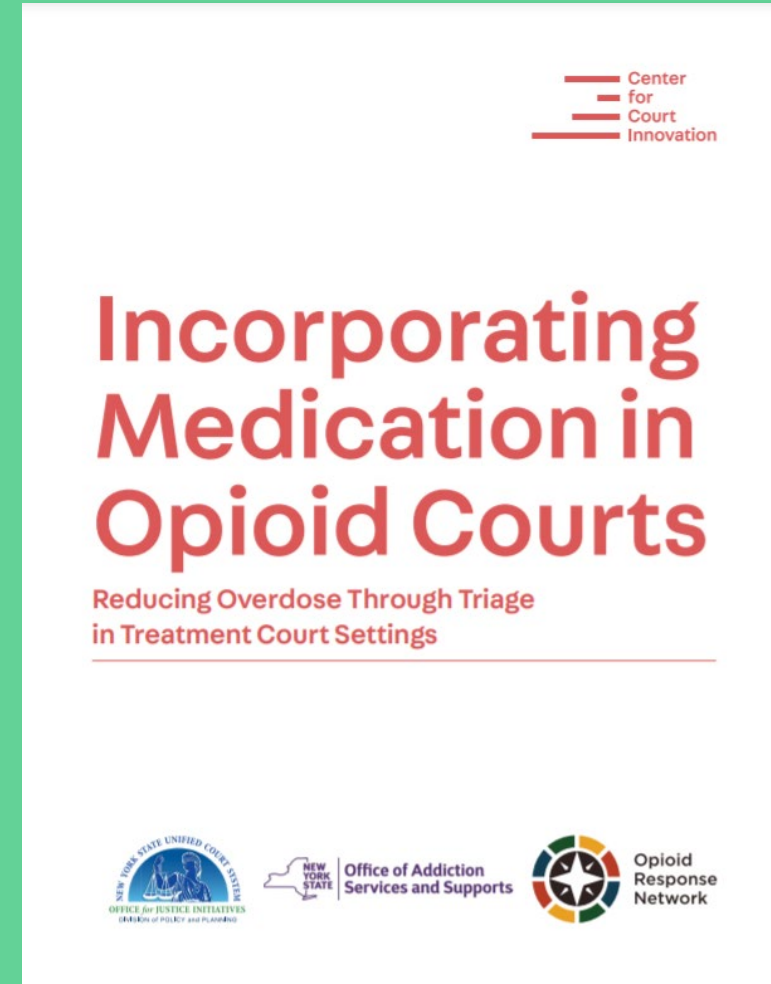
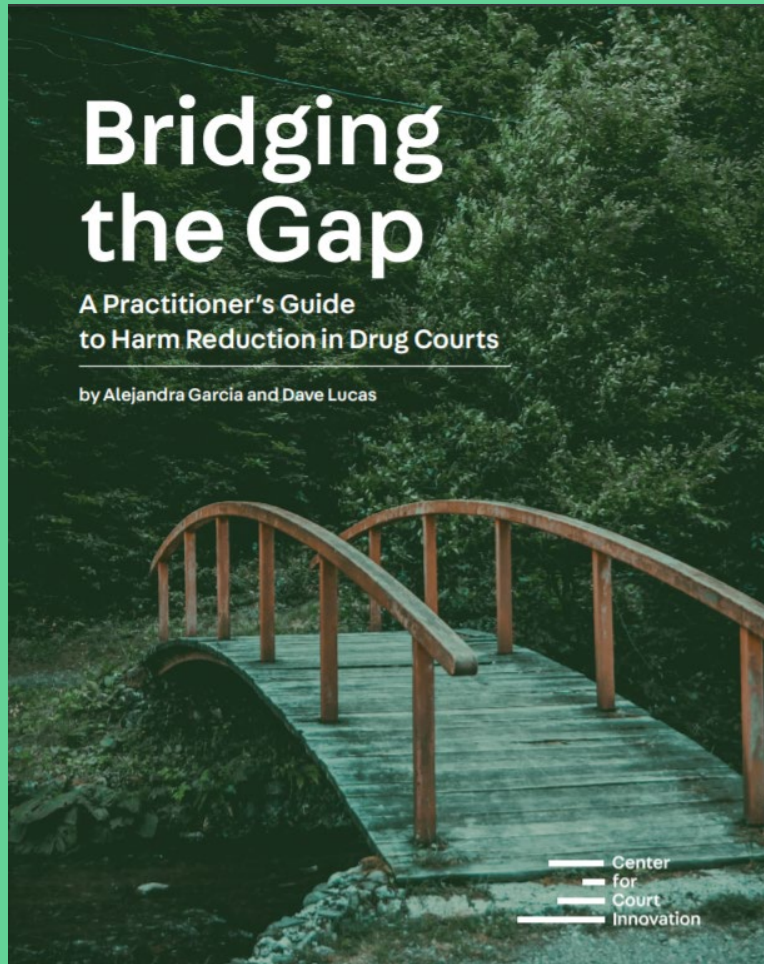
<http://www.williamwhitepapers.com/pr/2008RecoveryCapitalPrimer.pdf>

Holistic Measures of Recovery

Key outcomes, predictors of long-term recovery:

- consistent program attendance
- active group participation
- gaining new insights
- pursuing new vocational or recreational endeavors
- being a supportive peer to other clients
- taking steps to improve general health or stability
- meeting family obligations
- acquiring no new criminal charges
- staying connected with the program despite new challenges or hardships

For more information:



www.courtinnovation.org

Questions?

garciaa@courtinnovation.org