Importance of the First 90 Days in Treatment

TREATMENT IS OFTEN
Delivered in Stages

1	2	3
Initial Stage: Stabilization and Engagement	Treatment Stage	Maintenance Stage
** This stage is very important		

Stages of Change

Precontemplation

Not yet acknowledging that there is a problem behavior that needs to be changed

Contemplation

Acknowledging that there is a problem but not yet ready or sure of wanting to make a change

Preparation

Participant is getting ready to make changes

Action

Participant is actively engaged in changing behavior

Maintenance

Participant is successful in maintaining changed behaviors over time
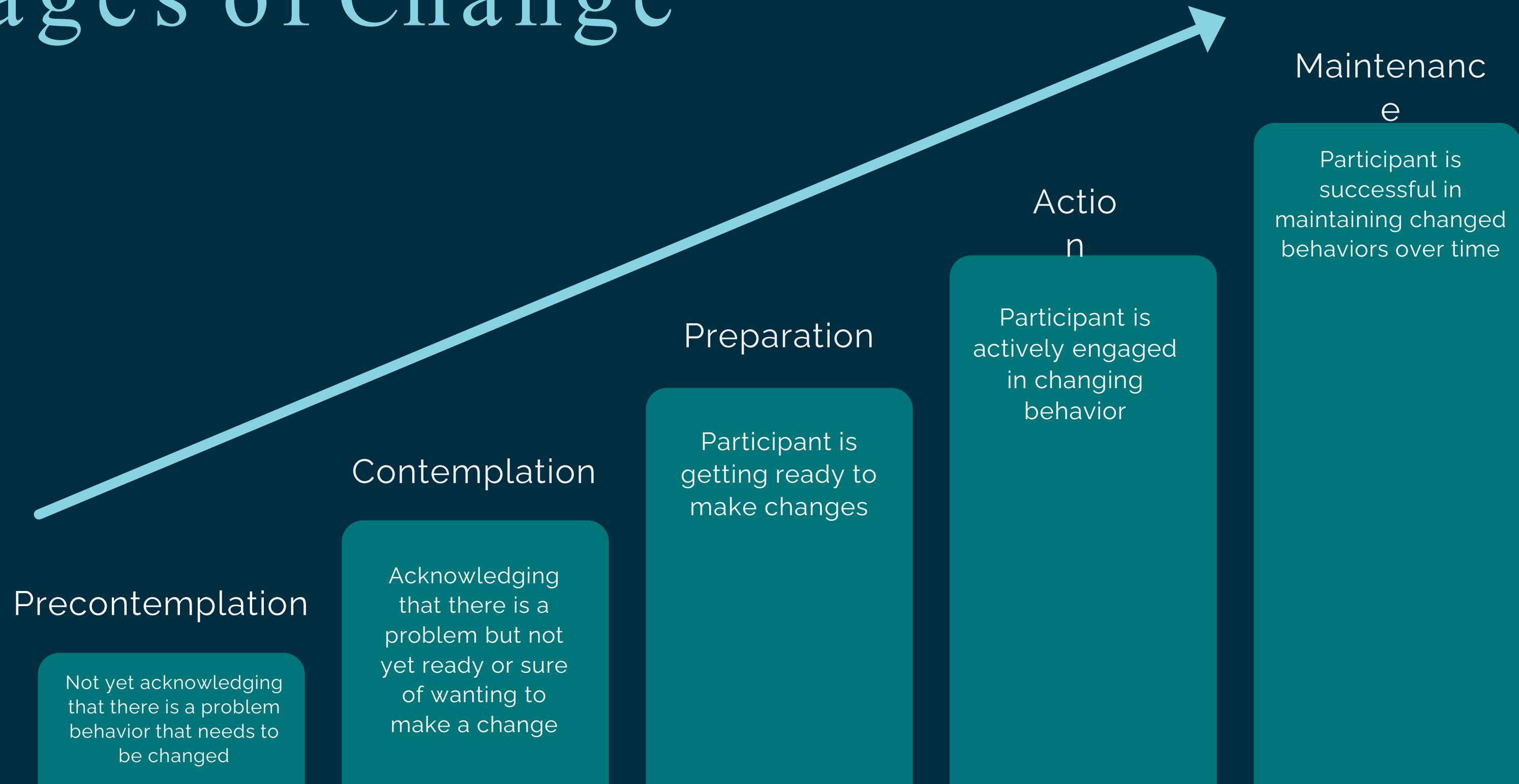
Treatment Beliefs

MOVING FROM ASSESSMENT TO TREATMENT REQUIRES ADDRESSING THE SOURCES OF ADHERENCE PROBLEMS:

- Client beliefs and perceptions about process:
  - Perceptions about treatment
  - Ambivalence about change
  - Expectations about treatment outcomes

Top 10 Lies Told to Therapists by Clients

- How bad I really feel (54%)
- **The severity of my symptoms** (39%)
- My thoughts about suicide (31%)
- My insecurities & doubts about myself (31%)
- Pretending to like my therapist's comments (29%)
- My use of drugs or alcohol (29%)
- Why I missed appointments/was late (29%)
- Pretending to find therapy more effective than I do (29%)
- Pretending to be more hopeful than I really am (27%)
- Things I have done that I regret (26%)

PICKING THE RIGHT PROGRAMS

- If your livelihood depends on it, you want to pick a sure thing!
- Using SAMHSA as a datapoint
- Scarcity of Evidence -Based Programs (EBP)
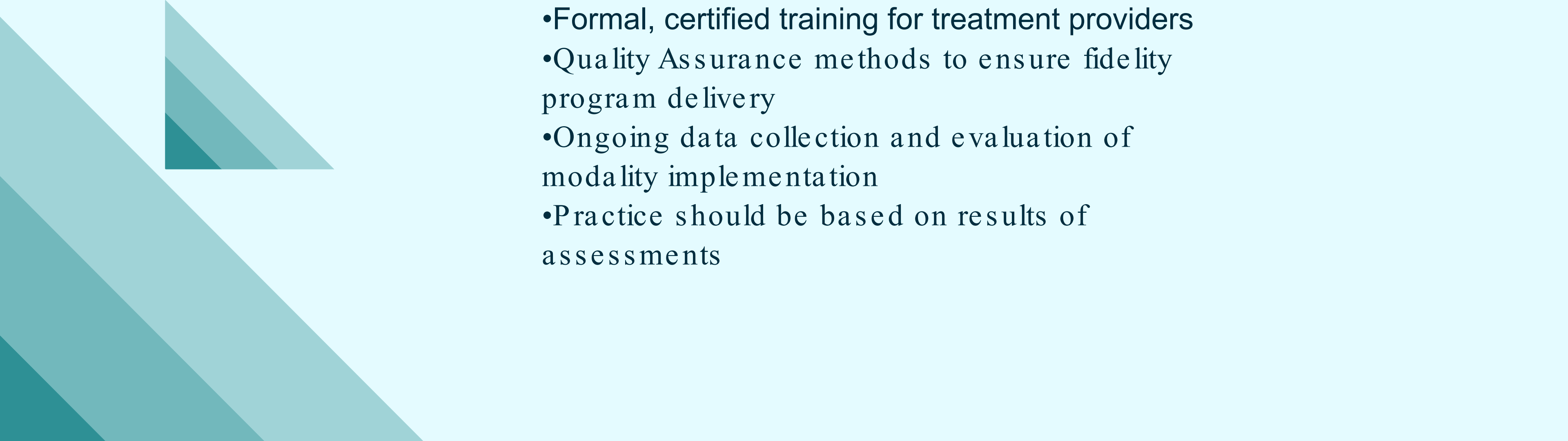- Process for becoming an EBP

EVIDENCE-BASED PRACTICES

INTERVENTIONS BASED ON SCIENTIFICALLY SOUND RESEARCH STUDIES:

- Experimental Design
- **Sufficient Sample Size**
- Matched Groups
- Control Group
- Specific Performance Indicators
- Ability to Generalize to the Field When Implemented with Fidelity

IDENTIFYING BEST PRACTICES: EBP CRITERIA

•Documented, structured curriculum, supported by instructional resource tools

•Formal, certified training for treatment providers

•Quality Assurance methods to ensure fidelity program delivery

•Ongoing data collection and evaluation of modality implementation

•Practice should be based on results of assessments

Things to Consider

TREATING HIGH-RISK OFFENDERS AND LOWER-RISK OFFENDERS TOGETHER IS HARMFUL

Treating non   -addicts together with addicts, as well as requiring non-addicts to attend 12-step groups is likely to reduce treatment effectiveness

Treating alcohol-only users with illicit drug users may reduce treatment effectiveness

Popular Treatment Approaches

Miller et al, 1995

WHAT'S POPULAR

- General Counseling
- **Lectures/Films**
- Confrontation
- Relaxation
- Milieu Therapy
- Group psychotherapy

What Do they M.I.S.?
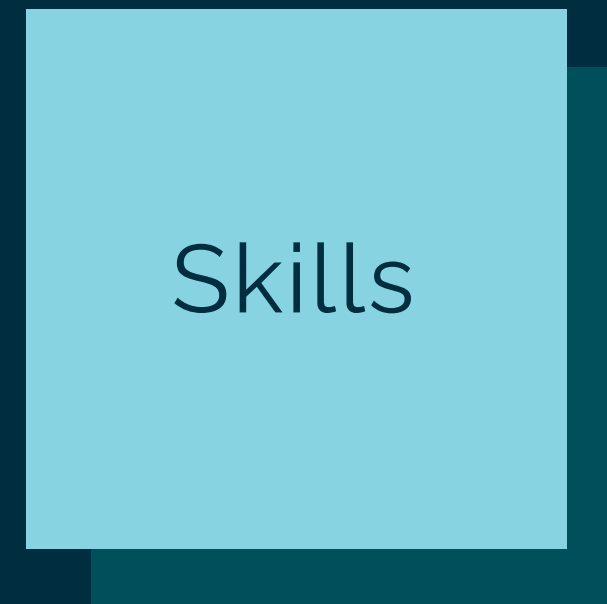
M I S

Motivation   Insight   Skills

Treatment Must Enhance

Motivation

Insight

Skills

Why change?

What to change?

How to change?

Elements of Good Treatment

- Establishing rapport
- Increasing motivation to get clean
- Sobriety sampling (trial period)
- Analyzing consumption patterns
- Increasing positive reinforcement for abstinence
- Rehearsing new coping behaviors
- Involving significant others

EFFECTIVE PRACTICES

| MANUALS | COGNITIVE Behavioral Treatment | RELAPSE Prevention | SKILL BUILDING & PRACTICE | CO-OCCURRING DISORDERS |

Programming Goals

- Is there a continuum?
- How many hours of treatment are delivered in each phase?
- What type of evidenced -based tools do you use?
- What type of ongoing training do you participate in?

Multiple treatment interventions capable of addressing each of these domains will be required for effective outcomes.

Behavior

Medical

Affect

Social / Family

Cognitive

Spirituality

"TREATMENT SHOULD BE TAILORED TO THE NEEDS OF THE INDIVIDUAL AND GUIDED BY AN INDIVIDUALIZED TREATMENT PLAN THAT IS DEVELOPED IN CONSULTATION WITH THE PATIENT"

AMERICAN SOCIETY OF ADDICTION MEDICINE'S PATIENT PLACEMENT CRITERIA - SECOND EDITION REVISED (ASAM PPC-2R)

ASAM Criteria

	Withdrawal	Medical Complications	Psych/Behav Complications	Readiness for Change	Relapse Potential	Recovery Environment
I OUTPT	No risk	No risk	No risk, or very stable	Cooperative	Minimal support needed	Supportive
II INT OUT	Minimal	Manageable	Mild, need monitoring	Cooperative but requires structure	Close monitoring needed	Not Supportive, cope-able
III MED MON RESID	Some risk, no medical	Medical monitoring	Mentally ill; functional deficits	High Resist, needs, 24 hr monitoring	Imminent danger	Toxic
IV MED MGD INPT	Severe risk	24 hr acute med care	24 hr psy & addiction tx required	NA	NA	NA

Treatment Duration

LESS THAN 90 DAYS IS OF LIMITED/ NO EFFECTIVENESS FOR RESIDENTIAL/ OUTPATIENT SETTING

- Best results if treatment last at least 12 to 24 months (with at least 200 hours of counseling)
- Minimum of 6 to 10 hours of counseling weekly in the initial phase
- Be flexible and allow for differences in treatment response

WHAT WORKS?

Treatment outcome research reveals a number of effective treatment approaches or types to consider when developing a treatment continuum for Drug Courts.

Motivational Approaches

- Motivational approaches focus on engaging substance users in considering, initiating and continuing substance abuse treatment while stopping their use of alcohol and other drugs.

- Motivational approaches involve combining "motivational interviewing" with a Stages -of-Change model.

- Stages of Change include: pre -contemplation regarding change, contemplation, preparation, action, and maintenance

Pharmacological Interventions

GOALS – PROVIDE:
- RELIEF FROM WITHDRAWAL SYMPTOMS,
- PREVENT DRUGS FROM WORKING,
- REDUCE CRAVING,
- AVERSIVE REACTIONS

These actions are helpful in reducing relapse and increasing retention in programs

Cognitive Behavioral Therapy (CBT) Approaches

- A research review of meta-analyses found that cognitive behavioral approaches consistently appear to be among the most effective treatment therapy for substance abusers (Taxman, 1999).

- CBT approaches suggest that unless offenders' faulty thinking is addressed, there is a reduced likelihood of long-term change.

- The three main cognitive models now utilized by criminal justice agencies are Reasoning and Rehabilitation (R&R), Thinking for a Change and Moral Reconation Therapy (MRT®).

- Cognitive Behavioral Therapy focuses on the notion that our thinking drives a lot of our emotions.
- CBT seeks to identify thinking patterns and stop thinking "errors" from leading to emotional reactions that produce bad behaviors.
- The techniques usually involve an analysis of the persons thinking/feeling/acting.
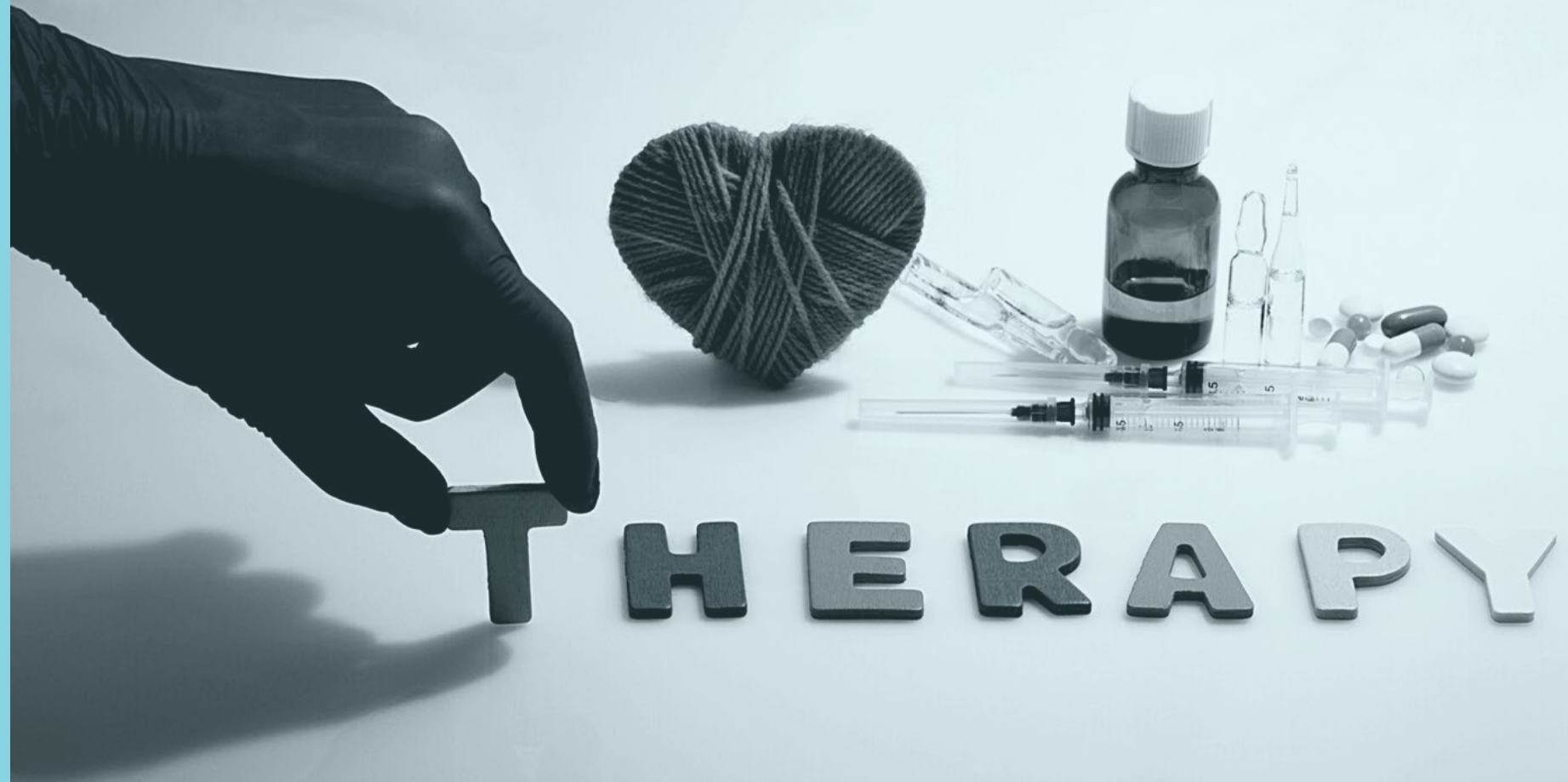
Outcomes Improve When…

- Participants receive behavioral or cognitive-behavioral interventions
- Interventions are carefully documented in treatment manuals
- Providers are trained to deliver the intervention consistent with the manual
- Fidelity to the treatment model is maintained through continual clinical oversight

Case Management

GOALS – HELP ENSURE THAT THE IMPORTANT NEEDS OF THE PARTICIPANTS ARE BEING RESPONDED TO, AND THAT THEY MAINTAIN CONTACT WITH THE VARIOUS PROVIDERS.

- Assessment
- Planning
- Linking
- Monitoring
- Advocacy

Case Management of Other Ancillary and Ongoing Services

- Wellness practices
- Acupuncture
- Nutrition
- Stress Management
- Smoking Cessation
- Health/Dental Care
- 12-Step, Self-Help, Recovery Maintenance

Effectiveness of Treatment

- Goal of treatment is to return to productive functioning
- Treatment reduced drug use by 40 -60%
- Treatment reduces crime by 40 -60%
- Treatment increases employment prospects by 40%
- Drug treatment is as successful as treatment of diabetes, asthma, and hypertension

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WHY IS GROUP COUNSELING EFFECTIVE?

Group counseling usually is effective because members behave in ways that reflect how they are outside of the group and other members can support the individual through changing these unproductive patterns through feedback.

WHY IS GROUP COUNSELING EFFECTIVE?

Group counseling is also helpful for providing the opportunity to practice alternative ways of interacting with others who are caring and encouraging of their journey.

WHY IS GROUP COUNSELING EFFECTIVE?

Group counseling sessions are usually the most effective method for addressing various interpersonal issues, including loneliness, shyness, excessive dependence, frequent arguments, difficulty trusting others, discomfort in social situations, and lack of intimacy.
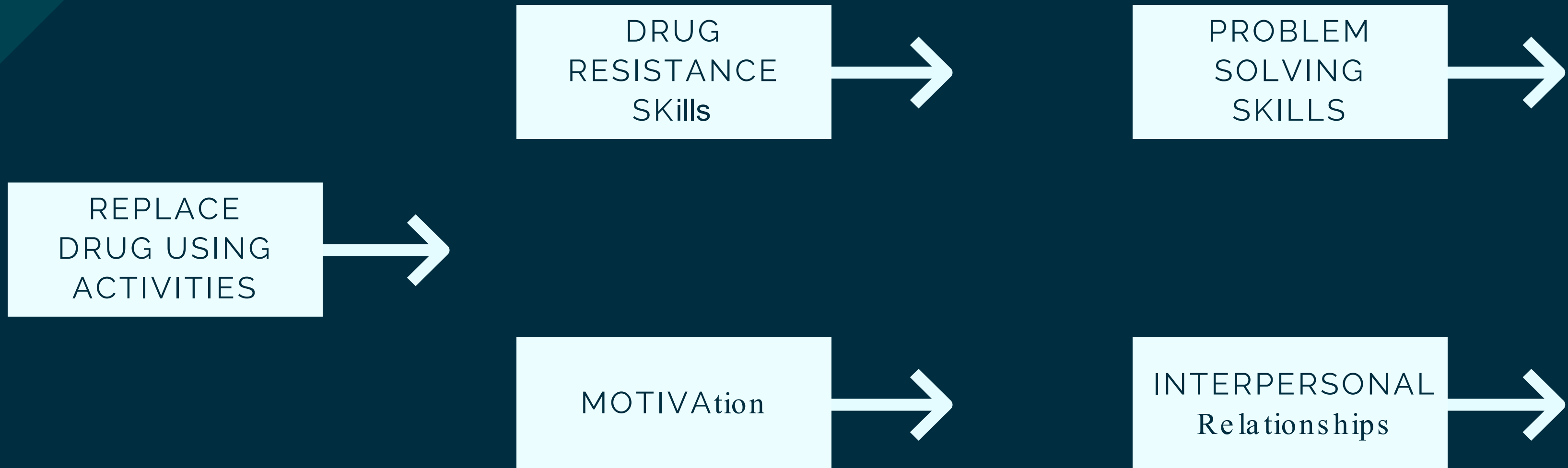
CONCLUSION

Research suggests that the most important issue in Drug Court is to create an environment in which participants remain engaged in treatment for significant periods of time. The design of drug court provides this structure.

Equally important is the delivery of treatment services and types that have been demonstrated effective and is provided by properly trained and supervised clinicians.

The combination of treatment retention and high quality therapies results in vastly improved treatment outcomes.

COUNSELING AND OTHER BEHAVIORAL THERAPIES

DRUG RESISTANCE SKills →

PROBLEM SOLVING SKILLS →

REPLACE DRUG USING ACTIVITIES →

MOTIVAtion →

INTERPERSONAL Relationships →

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For the **BEST OUTCOMES** Provide a Puzzle of Evidence Based Approaches

Cognitive Behavioral

Motivational Approaches

Pharmacological Interventions

Community Reinforcement

Case Management

Continuing Care

Continuing Care

Graduates of substance abuse treatment programs require at least monthly contacts, either in person or by telephone, to check in about their progress, to monitor them for impeding signs of relapse, and to make treatment or aftercare referrals as required

Continuing Care

IN ADDITION TO COUNSELOR FACILITATED AFTERCARE SESSIONS, PROGRAMS SHOULD ALSO HAVE THE CAPACITY TO PROVIDE CASE MANAGEMENT SERVICES TO CLIENTS WHEN NEEDED.

CONTINUING CARE / AFTERCARE SHOULD ADDRESS:

- Employment/Education Guidance
- Housing Referrals/Sober Living
- Strengthening of Family & Significant Other Relationships
- Relapse Prevention

Treatment Competence

SERVICES MUST BE TAILORED TO THE POPULATION AND TAKE INTO ACCOUNT THE FOLLOWING:

- Culture
  - Race/Ethnicity
  - Gender-Specific Issues
- Frequently abused drugs
- Co-occurring Disorders
- Child Care Issues and Transportation

HIV/ AIDS, Hepatitis and Other Infectious Diseases

- Drug treatment is disease **prevention**
- Drug treatment reduces likelihood of HIV infection by 6-fold in injecting drug users
- Drug treatment presents opportunities for screening, counseling, and referral

QUESTIONS?

Contact Us!

We'd love to hear your thoughts!

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