

TRUST:

Treatment for Individuals who Use Stimulants
Empirically-Supported Behavioral Treatments

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TRUST: The Components

TRUST is an integrated, evidence-based, multi-component program for the treatment of individuals with stimulant use disorder. The contents of this program include the following strategies:

1. motivational incentives (based on contingency management research),
2. elements of cognitive behavioral therapy,
3. elements of community reinforcement approach,
4. motivational interviewing skills,
5. physical exercise,
6. self-help (12-Step; SMART Recovery) program participation encouraged.

In addition, an appendix will include a set of other EBPs to augment the core program at the discretion of each organization.

(Note: Additional individual or group program components can be added to TRUST as a means to increase the intensity of the intervention to meet criteria for an ASAM level 2 program requirements.)

TRUST: The Priorities

- 1. Establish a positive, compassionate, respectful, non-judgemental relationship with individuals who use stimulants to promote their engagement and retention in treatment. Individuals in treatment die from overdose and other causes at lower rates than those who are not in treatment.
- 2. Provide incentives to promote participation (retention) in treatment. Retention is the single most important measure of treatment benefit. All treatment benefits (eg reduced drug use and criminal involvement, improved employment and other measures of functioning) are directly associated with treatment retention
- 3. Provide respectful evidence-based guidance/information/support to stimulant-using individuals that can help them make changes in their lives that will promote a reduction/discontinuation of methamphetamine/cocaine use.

Therapist Orientation

- This manual presents a framework and content for how to use evidence-based practices to address the treatment needs of patients with stimulant use disorder.
- This 12-week protocol with ongoing continuing care can be used as a stand-alone program, or integrated into an existing program to address stimulant use disorder.

Motivational Interviewing

- MI is an essential approach to interacting with patients to promote engagement and to address ambivalence.
- The spirit of MI- compassion, evoking, acceptance and empathy are fundamental to the success of treatment.
- People entering treatment are often confused, depressed, embarrassed and ashamed, and maybe defensive and must be treated with respect, compassion and dignity.

Patient Orientation Session

- Review drug history and recent events that have brought the individual to treatment.
 - Determine goals in treatment and discuss and agree on a treatment session schedule.
 - Describe the group and individual session format and content.
 - Provide a brief explanation of the incentive and exercise treatment components.
 - Begin “calendar and stickers” routine.
 - Make a specific plan for the first treatment session and help the patient schedule their time from when they leave your office until their next appointment.

The Incentive Program

- Contingency Management (CM) aka Motivational Incentives is a technique to reward patients for accomplishing tasks that support recovery.
- CM has the greatest evidence of effectiveness for stimulant disorder treatment.

TRUST Incentive Program

- Developed to be simple and Medicaid compliant
- Patients are to be informed they will receive a \$5 gift certificate for attending the Orientation Session and a \$10 gift certificate for every stimulant negative UA result submitted. They can earn a total maximum of \$75 over the course of the 12-week program
- Each organization will design their own incentive program which will hopefully deliver \$75 to each patient.
- Additional \$25 gift card to complete the evaluation.

Physical Exercise

- Evidence shows the positive benefits of exercise on mental health, particularly anxiety and depression
- Exercise can improve cognitive functioning, and reduce symptoms of anhedonia
- What do you do to motivate yourself to exercise?
- How can you encourage your patients to exercise?

CBT and CRA

- Cognitive Behavioral Therapy and Community Reinforcement Approach are both “talk therapies” intended to teach, encourage and reinforce patients to gain a better understanding of their own behavior, thoughts and emotions.
- CBT-conditioned cues or triggers and the triggering process
- CRA-educate and encourage patients to develop non-drug related behaviors, within the frame-work of a supportive community network

Continuing Care

- Chronic conditions require on-going care and attention
- This 12-week treatment episode is but the beginning of the process to discontinue substance use, develop pro-social behaviors and a healthy life-style
- A list of other EBPs that can be added to the TRUST to increase the intensity of the intervention is provided in the Appendix of the manual

Retention

- The overarching priority here is to retain patients in treatment
- The founders of AA and decades of research show that the longer a person remains involved the recovery process the less they use, are less likely to be involved in criminal activities and are a better functioning member of society
- To be precise, people in treatment/recovery die less often

Promoting Retention

- Positive, supportive, safe environment
- Non-judgmental MI interactional style
- Positive incentives
- Availability of snacks and drinks
- Transportation
- Childcare
- Flexible hours
- Telephone/text outreach
- Care Coordination

TRUST: The Components (#1)

- Orientation and engagement session. An individual session with new patients that allows a counselor to interact with new patients, learn about their situation and provide them with an overview of their treatment.
- Use of motivational interviewing. A style of communication intended to promote partnership, compassion, empathy and conversation.
- Incentives (gift cards or fishbowl) to be determined by each organization for their patients to be presented with enthusiasm and praise.
- Four (4) Drug Cessation Group (DCG) sessions (one per week). Providing information, support and encouragement to help people reduce/stop their use of stimulants. Use of MI, CBT and CRA techniques.

TRUST: The Components (#2)

- A weekly Recovery Skills Group (RSG) session for 12 weeks, that provides information/support/encouragement (CBT and CRA) to promote a recovery from stimulant use and improved functioning.
- A weekly Individual Coaching Session (ICS) for 12 weeks that allows for individualization of treatment, promotes engagement in new behaviors including physical exercise to develop a balanced recovery.
- A weekly Continuing Care Group beyond the 12 week program that participants are encouraged to attend for an extended period (at least 12 months) as part of a support system to prevent a return to drug use and promote long term recovery.

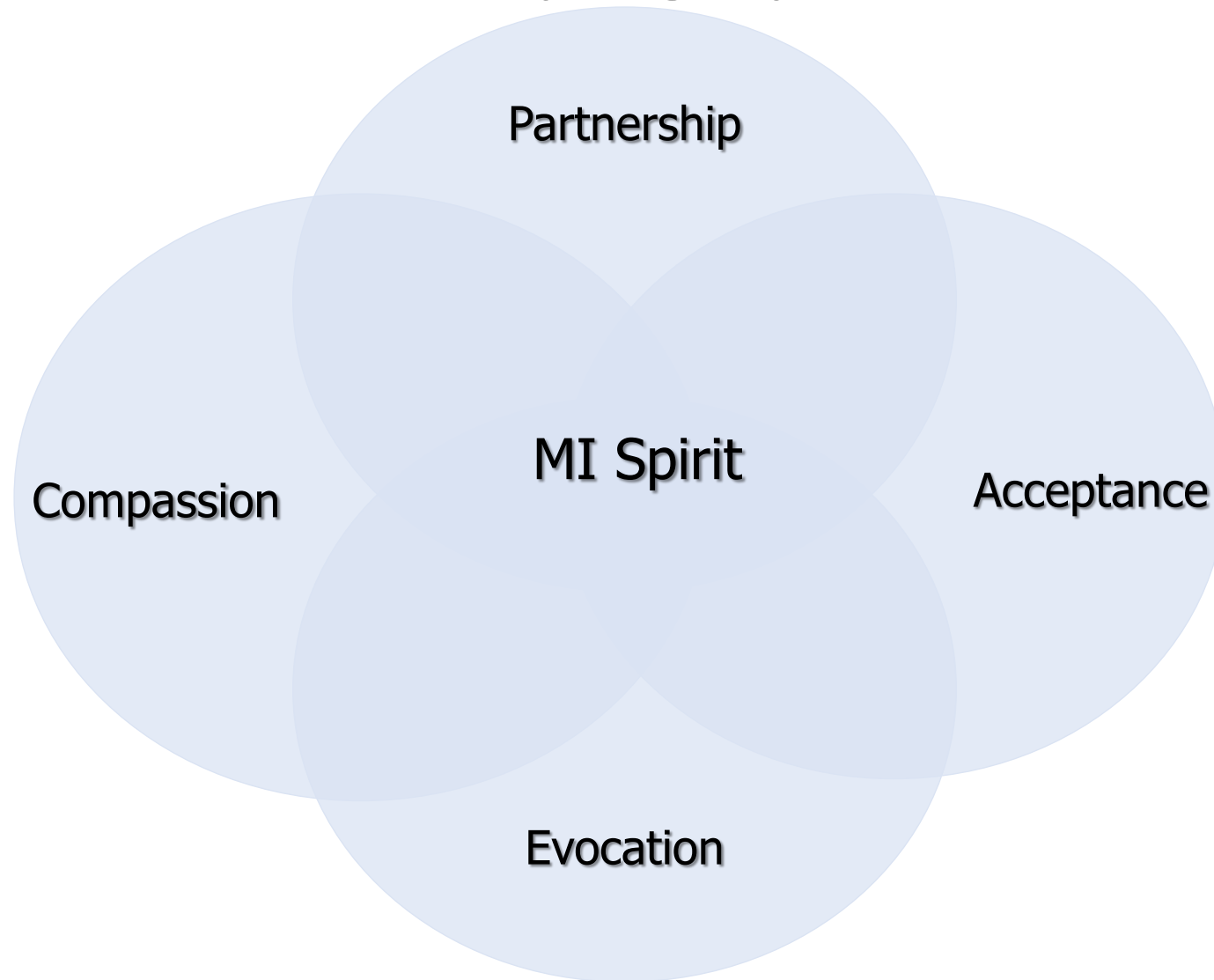
TRUST: Use across multiple levels of care

- TRUST is presented as a 2X per week, 12 week intensive program followed by ongoing care, which would qualify as an ASAM level 1 program, the level 1 configuration as described is only one way of using TRUST materials.
- You may want to use TRUST as part of an IOP or drug court curriculum. The materials are not intended to be used in an inflexible “one size fits all” type program, but should be used in ways that meets the needs of patients.
- Many individuals with StimUD need a higher level of care and TRUST can be included as part of an IOP level of care.
- In addition, now that programs are using higher levels of incentives and “real” CM, (which we strongly support) TRUST can be used to support CM programs.

TRUST Components

Motivational Interviewing

The Underlying Spirit of MI



MI Tools

- **Open-ended Questions** - ask for elaboration, more detail, in what ways, an example, etc.
- **Affirming** - commenting positively on the person's statement. Decrease Sustain Talk and Increase Change Talk.
- **Reflecting** - change talk, continuing the thought
- **Summarizing** - collecting bouquets of change talk and handing them back to your patient to digest

Implementation of CBT and CRA

- Delivered in:
 - Drug Cessation Group
 - Recovery Skills Group
 - Individual Coaching Sessions
- Using patient worksheets that ask questions and elicits information that will help guide patients throughout their recovery.

Drug Cessation Group: Format and Content

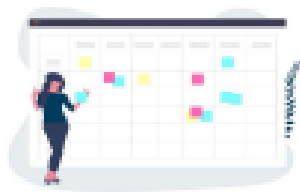
- Allow patients to introduce themselves
- Describe what brought them to treatment
- Share what they hope to gain from treatment
- ~ 30 minutes on the group topic and worksheets
 - Ask for volunteers to read the topic out loud
 - Provide ample time for patients to complete the worksheet
- All group members should be given an opportunity to share
- Group leader should tie patient's comments to the session theme

DCG Session A: Scheduling

- Helping patients create a plan for each day; develop ways to avoid being triggered to use stimulants and individuals who use is a central component of cognitive behavioral therapy and the TRUST intervention.
- Every session ends with every patient making a rough, hourly plan for the next 3-4 days.
- On a patient's first session, they are given a brief introduction to the task.
- Once group members have completed a schedule, schedules are briefly discussed and evaluated. Patients can discuss potential upcoming challenges and/or activities they may be looking forward to.

DCG Group A. Scheduling

What is scheduling?



A schedule is a plan you make for yourself. You will need to schedule recreation and rest as well as work and appointments. Scheduling will leave less room for impulsive, possibly high risk, behavior which may result in your using drugs. Scheduling helps you change your behavior in line with a new, drug-free, lifestyle.

Why should I schedule?



If you begin your recovery in a residential setting, you have the structure of the program and the building to help you stop using. As an outpatient, you must build that structure around yourself as you continue functioning in the world. Your schedule is your structure. Moving from addiction is like getting out of a mine field. You need to be very careful where you are going and where you are stepping. Initially, how you got to where you are is not important; getting out is.

Do I need to write it down?



Absolutely. Schedules that are in your head are too easily, spontaneously revised. If you write it down while your rational brain is in control and then follow it, you will be doing what you *think* you should be doing (rational brain) instead of what you *feel like* doing (addicted brain).

Daily/Hourly Schedule

Date		Date		Date	
7:00		7:00		7:00	
8:00		8:00		8:00	
9:00		9:00		9:00	
10:00		10:00		10:00	
11:00		11:00		11:00	
12:00		12:00		12:00	
1:00		1:00		1:00	
2:00		2:00		2:00	
3:00		3:00		3:00	
4:00		4:00		4:00	
5:00		5:00		5:00	
6:00		6:00		6:00	
7:00		7:00		7:00	
8:00		8:00		8:00	
9:00		9:00		9:00	
10:00		10:00		10:00	
11:00		11:00		11:00	
12:00		12:00		12:00	

Notes/reminders: _____

DCG 1 – Drugs-Drug Paraphernalia-Drug-using Friends

Drugs



It is critical to throw away any drugs you still have. Over time, you may have stashed drugs in many places, some you do not even remember. Your home, your car, and the places you go need to be as safe as you can make them.

Keeping some meth, speed, or pot around, or a few beers in the refrigerator, to prove to yourself they are not a problem is not smart. These drugs are triggers that very well could lead you to drug use.

1. Which rooms have stashes of drugs/paraphernalia?

2. Where specifically would you likely find drugs/alcohol in your house?

3. How safe is your car?

Drug Paraphernalia

Paraphernalia are items used for, or related to, your drug use. Paraphernalia can trigger intense cravings. It is important to separate yourself from all paraphernalia as early in your recovery as possible.

Research by the National Institute of Drug Abuse, using sophisticated brain imaging techniques, shows that the brains of recovering individuals who use stimulants continue to register powerful brain activity at the sight of stimulant paraphernalia long after the last use of stimulant (triggers). People without substance dependencies viewing the same images of stimulant paraphernalia show no extra brain activity. Removing triggers from your surroundings will help with recovery.

Use the following checklist to remind yourself of items that you need to get rid of and add any that might not be listed.

__ Vials

__ Pipes

__ Straws

__ Chemicals

__ Lighters/Torches

__ Spoons

__ Phone Numbers

__ Needles/Syringes

__ _____

Drug-using Friends



Friends and acquaintances who use drugs present an extreme risk. The risk is not related to who they are, whether they are close friends or casual acquaintances, or whether or not they support your recovery. The risk is that they are "triggers" for your use.

- If you can avoid these people do so.
- If you expect to run into them, you need to be clear and direct. "I'm not using anymore." "Nothing personal, but I can't be around you. It's not that I don't trust you, I don't trust me." Then immediately GO.
- If someone unexpectedly shows up at your place, be clear and direct and do not invite them inside.

Who are people you need to avoid? (first names and initial)

What will you say to these people?

DCG Session 2

Five Common Challenges in Stopping Drug Use

- How do we address the following challenges moving forward?
 - Drug Using Friends (build on what was discussed in DCG Session 1)
 - Drugs and alcohol in the home
 - Emotional triggers such as anger and irritability
 - Boredom and loneliness
 - Special occasions such as holidays, anniversaries, weddings, birthdays as well as those not-so-good occasions

DCG Session 3

Triggers and Thought-Stopping

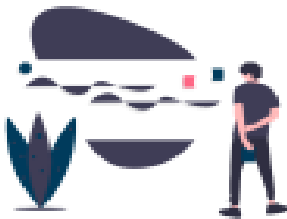
- This session helps patients explore ways to interrupt the craving cycle by helping them to recognize and manage their thoughts
 - Thought-stopping can help patients keep thoughts from developing into powerful, overwhelming cravings
 - Behavioral activation strategies including but not limited to:
 - Meditation
 - Exercise
 - Prayer
 - Talking with someone
 - Walking, Housework, Yardwork

DCG 3 – Triggers/Thought-stopping

The Losing Argument

- If you decide to stop drinking or using and end up moving toward drugs, sometimes your brain tries to give you permission to use through a process we call "drug use justification."
- Thoughts about stimulant use start an argument inside your mind, your "rational brain" versus your "addicted brain." You feel as though you are in a fight and you must come up with many reasons to stay away from drugs.
- Your addiction is just looking for the excuse, a drug use justification. The argument inside you can be part of a series of events leading to drug use.

Thoughts Become Cravings



If you allow yourself to focus on the thought and think about details and next steps (eg. get cash, call a user friend), without your awareness, you are making a choice to use drugs. The longer time period that you allow the thoughts to go on, the more likely you are to develop powerful cravings and subsequently use drugs.

The "Automatic" Process

During addiction, triggers, thoughts, cravings and use all seem to run together. However, the usual sequence goes like this:

TRIGGER → THOUGHT → CRAVING → USE

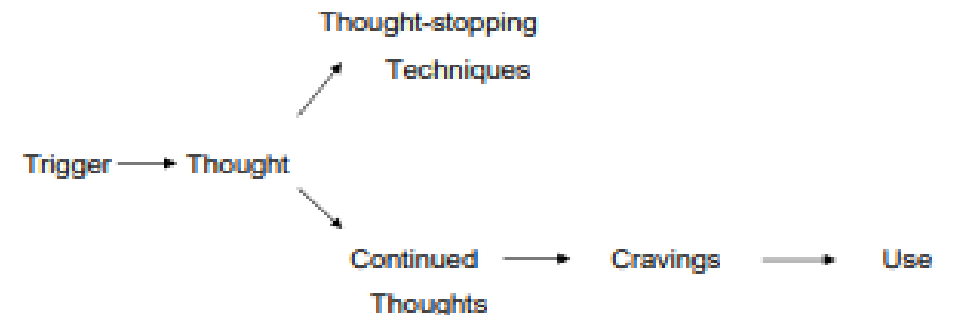
Thought-Stopping



- The key to success is stopping the thought before it becomes a craving.
- It is important to respond to the thought as soon as you recognize it occurring.
- Effective thought-stopping can prevent a craving from occurring. Once a craving occurs, there is a powerful biological push toward use. It becomes much harder to stop this process.

A New Sequence

In order to get recovery started it is necessary to change the trigger - use sequence. Thought - stopping provides a tool for breaking the process. The choice is:



You make a choice. It is not automatic.

Techniques for Thought-Stopping

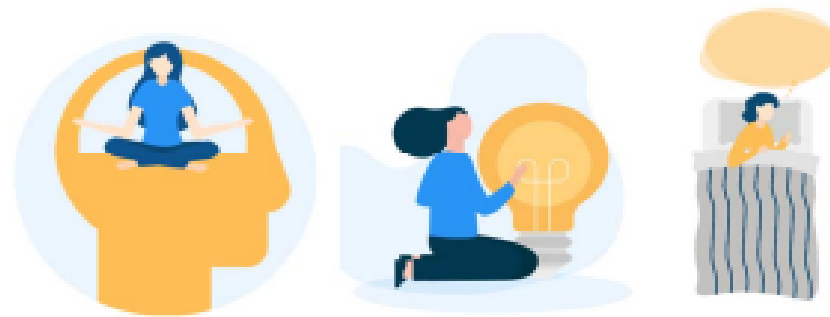
Try the techniques described and use those that work best for you.

VISUALIZATION -There are many ways to use your imagination to substitute a new thought in place of the drug thought. Some include:

- ✓ Picture a switch or a lever in your mind. Imagine yourself actually moving it from ON to OFF to stop the drug thoughts.
- ✓ Focus on a positive memory/scene from your life that is something you enjoy thinking about. A great view from a mountain when you went on a hike. The face of your child or a parent. Any thought that has a strong positive effect.

SNAPPING - Wear a rubber band on your wrist loosely. Each time you become aware of drug thoughts snap the band and say "NO!" to the thoughts as you make yourself think about another subject. Have a subject ready that is something meaningful and interesting to you.

RELAXATION/MEDITATION - Thoughts can be avoided or replaced by taking a deep breath and then focusing on your normal breathing.



DCG Session 4

Your Brain and Stimulant Recovery

- This session helps patients better understand the conditioning process that underlies craving and drug use
- A brief explanation of the powerful conditioned cravings that persist despite one's intentions to stop using
- The automatic nature of this process is discussed in relation to Pavlov's conditioning experiments
- Patients need to understand that stimulants change the way their brain works and can result in depression, sleep disturbances, irritability, low or high energy and drug cravings

DCG 4 – Your Brain and Recovery



In understanding and dealing with addiction it is important to think about your brain regarding two very powerful and different parts:

1. The higher, rational brain. This is the decision-making part of your brain.
2. The lower, emotional centers in the brain. This is your pleasure center.

Decisions to use drugs or alcohol start in the higher brain. You weigh the positives and negatives associated with using, and when you use, the pleasurable experiences happen in the lower brain.

After a time, as the negative consequences of use mount, you have probably decided at times to stop using but you are not able to stop. You decide in your higher brain, but the decision to stop is overpowered by your lower brain.

What happens?

Most people describe cravings that overpower the rational decision to stop using.

Why does this happen?

1. After a period of regular substance use, the people, places, and circumstances that have been associated with the drug use have the power to trigger a response in the lower, "addicted," brain.
2. When this happens, you feel a craving and your thinking changes making it seem OK to use, "one more time," or "just a little bit," etc.

Why is this important?

1. The triggered reaction in the lower brain cannot be directly controlled. This automatic reaction is like a reflex.
2. No amount of good intentions, promises, or commitments will reduce the strength of the cravings.

3. If you are around people, in places, or in situations where you have used in the past, the chances are great that you will use again even if you have a sincere desire to stop using.
4. If you understand substance dependence you can begin to effectively deal with it.

What can you do about this?

1. Change your behavior so that you avoid the things that will trigger cravings.
2. Start doing new, healthy, alternative behaviors.
3. Reassume higher brain control of what you do by planning your day and scheduling you time.

Understanding the brain and addiction makes sense out of your behavior up until now and provides the key to beginning your first steps in recovery.

1. Have you tried to stop in the past and failed? What happened?

2. What could you have done differently in light of what you know now about the brain?

Recovery Skills Group

- 12 weekly 90-minute groups designed to provide information promote skill development and strategies for addressing real-life recovery related challenges
- Topics are adapted from the National Institute on Drug Abuse, Community Reinforcement Approach (CRA manual, NIDA 1998) and the Matrix Model cognitive behavioral therapy manual (SAMHSA, 2006)
- The group setting provides the opportunity for patients to learn from and support one another

Recovery Skills Group Session 1

- Building a Recovery Support Program: Mooring Lines ---Avoiding Recovery Drift
 - Designed to highlight specific behaviors that promote recovery
 - The importance of recognizing and avoiding high-risk situations
 - Description of Mooring Lines and how they support the recovery process
 - Examples of Mooring Lines to stabilize recovery

RSG 1 – Building a Recovery Support Program: Mooring Lines ----- Avoiding Recovery Drift

Mooring line – Ropes or cables that hold a boat from drifting away from its dock/pier.

Recovery from stimulants doesn't "just happen". You build the recovery with your behavior. You add new behaviors to your life. These might include: Attendance at treatment sessions, 12 Step meetings, exercise, scheduling your time, meditation, spending time with drug-free friends, yard work, etc.

These recovery behaviors become your "mooring lines". These activities keep you from moving toward drug use.

How It Happens

- Drug use does not suddenly occur. It does not happen without warning and it does not happen quickly.
- The slow movement away from sobriety can be compared to a ship gradually drifting away from where it was moored. The drifting movement can be so slow that you don't even notice it.

Interrupting the Process

- During recovery, each person does specific things that work to keep them sober.
- These "mooring lines" need to be clearly stated and listed in a very specific way so they are clear and measurable.
- These are the ropes that hold the recovery in place and prevent drift back to drug use from happening without being noticed.



Maintaining a Recovery

Use the Mooring Lines Recovery Chart to list and track the things that are holding your recovery in place. Follow these guidelines when filling out the form:

1. Identify 4 or 5 specific things that are now helping you stay sober. (e.g., working-out for 20 min., 3 times per week).
2. Include items such as exercise, therapist and group appointments, scheduling, 12-Step meetings, eating patterns, etc.
3. Do not list attitudes. They are not as easy to measure as behaviors.
4. Note specific people or places that are known triggers and need to be avoided during the recovery.

The checklist should be completed regularly (probably weekly). When two or more items cannot be checked, it means that recovery drift is happening. Sometimes things weaken your mooring lines. Vacation, illnesses and holidays sometimes cannot be controlled. The mooring lines loosen up. Many people return to drugs during these times. Use the chart to recognize when you are more likely to use and decide what to do to keep this from happening.

RSG 1a – Mooring Lines; Recovery Chart

- In becoming sober you have had to learn to do certain new behaviors - behaviors that work for you in keeping you sober.
- Charting the new behaviors and checking occasionally to make sure the lines are secure can be very useful.

Use the chart below to list those activities that are very important to your continuing recovery. If there are specific people or things you need to avoid, list those. Look back at your list regularly to check yourself and make sure you are continuing to stay moored in your recovery.

Mooring Line Behaviors	Date (✓)	Date (✓)	Date (✓)	Date (✓)	Date (✓)
1.					
2.					
3.					
4.					
5.					
I am Avoiding	Date (✓)	Date (✓)	Date (✓)	Date (✓)	Date (✓)
1.					
2.					
3.					
4.					
5.					

Recovery Skills Group Sessions 2-3

- Internal/External Trigger Questionnaire/Trigger Chart
 - Explanation of Internal and External Triggers and their relationship to stimulant use
 - Assist patients to recognize triggers, avoid triggers when possible, and when not possible to avoid, learn to manage/cope with triggers
 - Goal is to give patients a better understanding of the reflexive nature of the craving process and how to avoid use

RSG 2 – Internal Trigger Questionnaire



During recovery there are often certain feelings or emotions that trigger the brain to think about using drugs. Read the following list of emotions and indicate which of them might trigger (or used to trigger) thoughts of using for you:

- | | | |
|--------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Neglected |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Guilty | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Happy | <input type="checkbox"/> Sexy |
| <input type="checkbox"/> Criticized | <input type="checkbox"/> Inadequate | <input type="checkbox"/> Pressured |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Insecure | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Irritated | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Jealous | <input type="checkbox"/> Bored |
| <input type="checkbox"/> Exhausted | <input type="checkbox"/> Lonely | <input type="checkbox"/> Tired |

- A. Check ☒ the above emotional states or feelings that have triggered your use of drugs recently.
- B. Has your use in recent weeks/months been:
- ☐ 1. Primarily tied to emotional conditions
- ☐ 2. Routine and automatic without much emotional triggering.

- C. Are there any times in the recent past in which you were attempting to not use and a specific change in your mood clearly resulted in your using? (For example, You got in a fight with someone and used in response to getting angry.) Yes ☐ No ☐

If yes, describe: _____

- D. Go back to the trigger chart and enter these triggers if you haven't already.

RSG 3 – External Trigger Questionnaire

1. Place a check mark next to activities or situations in which you frequently used stimulants. Place a zero (0) next to activities or situations in which you never have used stimulants.

- | | | |
|--|--|---|
| <input type="checkbox"/> When home alone | <input type="checkbox"/> Before a date | <input type="checkbox"/> After Payday |
| <input type="checkbox"/> At home with friends | <input type="checkbox"/> During a date | <input type="checkbox"/> Before going out to dinner |
| <input type="checkbox"/> At a friend's home | <input type="checkbox"/> Before sexual activities | <input type="checkbox"/> Before breakfast |
| <input type="checkbox"/> At parties | <input type="checkbox"/> During sexual activities | <input type="checkbox"/> At lunch break |
| <input type="checkbox"/> While at dinner | <input type="checkbox"/> After sexual activities | <input type="checkbox"/> At sporting events |
| <input type="checkbox"/> At movies | <input type="checkbox"/> Before work | <input type="checkbox"/> After work |
| <input type="checkbox"/> At bars/clubs | <input type="checkbox"/> When carrying money | <input type="checkbox"/> Driving near some streets |
| <input type="checkbox"/> At concerts | <input type="checkbox"/> After going past a dealer's place | <input type="checkbox"/> At a school residence |
| <input type="checkbox"/> In the park | <input type="checkbox"/> With drug using friends | <input type="checkbox"/> When driving |
| <input type="checkbox"/> When I gain weight | <input type="checkbox"/> At or near a liquor store | <input type="checkbox"/> When internet browsing |
| <input type="checkbox"/> In certain neighborhoods | <input type="checkbox"/> Texting certain people | <input type="checkbox"/> Calling friends who use |
| <input type="checkbox"/> Travelling (airports, hotels, planes) | <input type="checkbox"/> After medical visits | <input type="checkbox"/> At a pharmacy |

2. List any other settings or activities where you frequently use.

3. List activities or situations in which you would not use drugs or alcohol.

4. List people you could be with and not use drugs or alcohol.

RSG 2a-3a – Trigger Chart

Name: _____

Date: _____

Instructions: List people, places, objects, situations, and emotions below according to how likely they would trigger drug or alcohol use.

0%  100%

Chance of Using

Chance of Using

| | | |

Never Use

Almost Never Use

Almost Always Use

Always Use

These are "safe" situations.

These are low risk, but caution is needed.

These situations are high risk. Staying in these is extremely dangerous.

Involvement in these situations is deciding to stay vulnerable to addiction. Avoid totally.

Individual Coaching Sessions

- Provides patients with an opportunity to establish an individualized relationship with a counselor
- Allows for sensitive information to be shared in a 1:1 setting
- Combines CBT and CRA concepts in combination with motivational interviewing
- An opportunity to complete the functional analysis, calendar and dots, scheduling and incentives.

ICS Rational and Content

- Patients can develop their own recovery plan with the guidance of the counselor
- Can be combined with the incentive program component
- Provides the counselor an opportunity to assist the patient in exploring and developing an exercise program
 - Exercise provides patients with an additional form of non-drug related activity which has been shown to reduce stimulant use
 - Small steps in developing an exercise routine should be supported

ICS Session Format and Content

- Once weekly, 45 minute session to address individual patient needs
- The 12 individual sessions should be balanced between planned worksheet topic coverage and an exploration of the patient's background, current life and future aspirations
- The topic can be covered in 20-25 minutes with the balance used to discuss current concerns and ongoing recovery activities
- Individual sessions should be scheduled on a day of the week that is not contiguous with the group sessions

Exercise

Exercise

- What kind of exercise should we encourage our patients to do?
- How do we motivate people to “Just Do it?”
 - Exercise that elevates heart rate to 120 beats per minute
 - Three times per week for 20 - 30 minutes
 - Start gradually, go slower for shorter periods of time
 - Obtain medical clearance

Factors to Consider in Promoting Exercise

- Convenience- The exercise has to be easy to fit into your schedule. Avoid complicated arrangements (ie., going to a gym before or after work when you have kids at home, etc.).
- Comfortability- The exercise should not be intimidating. Walking into an unfamiliar gym or class can be uncomfortable. Promote activities that are familiar and/or have friend go with you.
- Affordable-Gym memberships can be expensive, but there are low cost alternatives (YMCAs; College gyms).
- Consistency is important. Better that you do something on a regular basis than less frequent big workouts. Arnold says. "A short workout is better than no workout."

Encouraging Patients to Exercise

- Start slowly - Begin with shorter, easier exercise routines and build slowly. Too much, too fast can produce soreness and injuries.
- Familiarity - Return to sports you did earlier in life (e.g. Basketball, running, skating, etc.)
- Partner – Find a friend to go with you. Being in a group class adds social support, which adds other recovery benefits
- Logbook - Keep track. Exercise phone apps. Calendar with stickers on your refrigerator.

ICS 2– Exercise and Recovery



- People who exercise on a regular basis in stimulant treatment do better than those who don't.
- Research has been done that shows exercise can reduce anxiety, depression, weight gain and help reduce craving.
- Any exercise that increases heart rate (aerobic) and can be done for 20 minutes, 3 times per week can make a huge benefit on the health and mental health of people recovering from stimulant dependence.
- And exercise provides a new set of behaviors to use your time in a non-drug related activity.

Making a plan for exercise, one day at a time, is a really valuable way to increase your chances of success in stimulant recovery.

There are simple things you can do alone without expense or equipment (e.g., jogging, sit-ups, etc.) or there are group activities that can provide you with support and new non-drug using friends (yoga, joining a gym, aerobics classes) There are also many apps for smart phones, tablets and computers that you can use to support your exercise efforts.

1. What are some exercises that you are willing to add to your recovery plan? _____

2. List any medical or physical problems that could be obstacles to exercise? _____

3. What is the name of your doctor who could clear you for exercise? _____

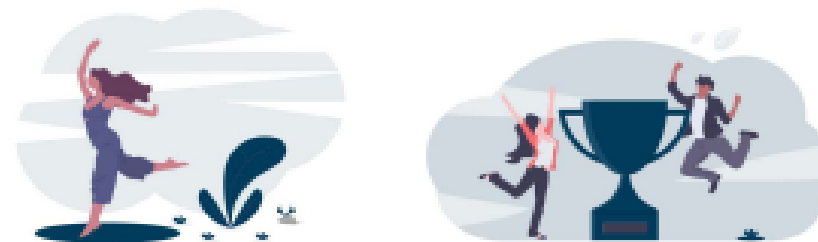
4. Do you exercise now? ____ Have you exercised in the past? ____

Describe your exercise experiences:

5. What exercise plan would work for you? Think about:

- Is there someone you could exercise with?
- Do you have any equipment (e.g., a bike, hand weights, basketball)?
- When could you block out a half hour for exercise? 3 x week?
- What exercise program has worked for you in the past?
- What kinds of things do you like to do physically?

***Start slowly, don't overdo it, some is better than none.
Be consistent-do a little but do it consistently***



ICS 9: Stimulants and Sex – A Natural Connection

- This session opens the door on a sensitive and important topic.
- Provides the patient an opportunity to discuss what can be an uncomfortable topic in a safe environment.
- This should be presented as a natural part of the addiction/recovery process.

ICS 9 – Stimulants and Sex-A Natural Connection



Stimulants affect the same part of the brain that controls both sexual behavior and sexual pleasure. Were any of these true for you?

In the Beginning

Stimulants increased sexual pleasure	___yes ___no
Stimulants helped sex last longer	___yes ___no
Stimulants allowed me to do things I might not otherwise do	___yes ___no
Stimulants helped me meet people	___yes ___no
Stimulants made me less anxious in new sexual encounters	___yes ___no
Stimulants added excitement to an existing relationship	___yes ___no

It is not unusual for people to experience some of the above effects from stimulant use in the beginning. As the addiction gets worse, less pleasant things often begin to happen. Did you experience any of the following?

Near the End

Continued ability to prolong sexual activity with decrease in pleasure from the experience	___yes ___no
Increased, more unusual sex (looking for pleasure)	___yes ___no
Thinking about sex and drugs became more exciting than the real thing	___yes ___no
Difficulty achieving erection (males) or orgasm (females)	___yes ___no
Using stimulants replaced sex	___yes ___no

All these things are commonly experienced when people use stimulants in connection with sex. They also move people away from sexual pleasure faster.

Many people notice that thinking about sex is a trigger for drug use. If that is true for you, be aware that you will need to avoid both the drugs and the sexual triggers, at least for a while. Use the checklist below to identify situations that may still be dangerous for you.

Are you getting triggered from any of the following?

Porn: Looking at porn internet sites or cruising through areas of prostitution can result in arousal and then cravings. It is difficult to fight this 1-2 punch from your addicted brain.

Bars/Clubs: Many people miss the social scene that goes along with using and try to return to the same places where stimulants and sex were used together. A menu for drug use.

Extra-relationship Sex: Forbidden sex can be a trigger during recovery. One of the reasons for this is that such activity may involve lying, cheating, etc. All of these are addictive behaviors.

Dysfunction: It takes a while after stopping drug or alcohol use to experience pleasurable, normal sex again. There are times it is not unusual to lose all interest in sex. For some people it's difficult not to get anxious about this.

Over time, with abstinence, normal sexual functioning will return. Some people may be faced with drug-free sex for the first time since adolescence – or ever! It's important not to rush back to sex. The triggering will occur less often and with less power over time. Let your triggers (or the lack of them) be your guide for your return to sexuality.

1. In what ways does your sexual functioning interact with your recovery?

- What are some of the challenges your patients have encountered in relation to sex during their recovery?
- How did they manage to work through these challenges?
- On a scale of 1-10, with 1 being not comfortable at all and 10 being extremely comfortable, rate your comfort level with this topic.

TRUST Chapter 10

- Continuing Care Plan
 - The TRUST 12-week intervention is intended to be an introduction to the recovery process with an emphasis on skill building to support long term recovery
 - This section is intended for the patient and counselor to identify and consider ongoing recovery support activities
 - This once weekly session is considered to be the minimum effort to continue the recovery process
 - What other recovery support services would you build into the treatment plan?

Continuing Care Group

- Provide a place to continue meeting with supportive peers
- Serves as a relapse prevention monitor
- Helps to keep patients grounded
- Provides accountability through the Mooring Lines review and group process
- Assists patients in developing new behaviors while adapting to new challenges
- Can help to identify patients who begin to flounder in recovery and reengage them in a higher level of care

CCG Group Format

- Keep the CCG group agenda and process consistent, (e.g., start group with brief check-in recent challenges and accomplishments)
- Useful to have a topic to cover to address important group issues
- Close with scheduling and an open discussion on potential challenges, events patients are looking forward to in the coming week(s).
- The TRUST program Appendix has additional materials/topics that can be utilized during the CCG

Supporting the Transition to CCG

- To reduce the challenge that transitions in recovery the counselor can:
 - Meet with the patient prior to the CCG to make the patient feel more comfortable by explaining the CCG experience
 - Have a patient from the CCG attend a RSG and welcome transitioning group members to the CCG
 - Keep the CCG group agenda and process consistent, (e.g., start group with brief check-in recent challenges and accomplishments)
 - Useful to have a topic to cover to address important group issues



Incentives

How to Structure the Use of Incentives

- Deliver an agreed upon incentive every time a specified target behavior occurs.
- Stimulant-free urine drug screens are the most commonly used target behavior are;
- Total cannot exceed \$75

Incentive Implementation

- Never use cash as an incentive
- Start providing incentives early in the process-Pt. Orientation
- Make sure all patients experience getting an incentive very quickly in their participation.
- “Front-load” incentives to address early recovery challenges
- Present the incentive with praise and enthusiasm
- Maintain excellent security and recordkeeping of incentive supply



- Thank you for your attention
- Questions?
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