

Improving Your Treatment Engagement[©]

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What Level of Substance Abuse Disorder is acceptable for your drug court?

Treatment is Often Delivered in Stages

- **Initial Stage:** Stabilization and Engagement
- **Treatment Stage**
- **Maintenance Stage**

First Stage Is Very Important

- **Initial Stage:** Stabilization and Engagement

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

1. How bad I really feel (54%)
2. The severity of my symptoms (39%)
3. My thoughts about suicide (31%)
4. My insecurities & doubts about myself (31%)
5. Pretending to like my therapist's comments (29%)
6. My use of drugs or alcohol (29%)
7. Why I missed appointments/was late (29%)
8. Pretending to find therapy more effective than I do (29%)
9. Pretending to be more hopeful than I really am (27%)
10. 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

What's Popular

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

How Effective Are They?

What Do they M.I.S.?

- Motivation

- Insight

- Skills

Treatment Must Enhance

- **Motivation** – *Why change?*
- **Insight** – *What to change?*
- **Skills** – *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

Skill
Building
&
Practice

Relapse
Prevention

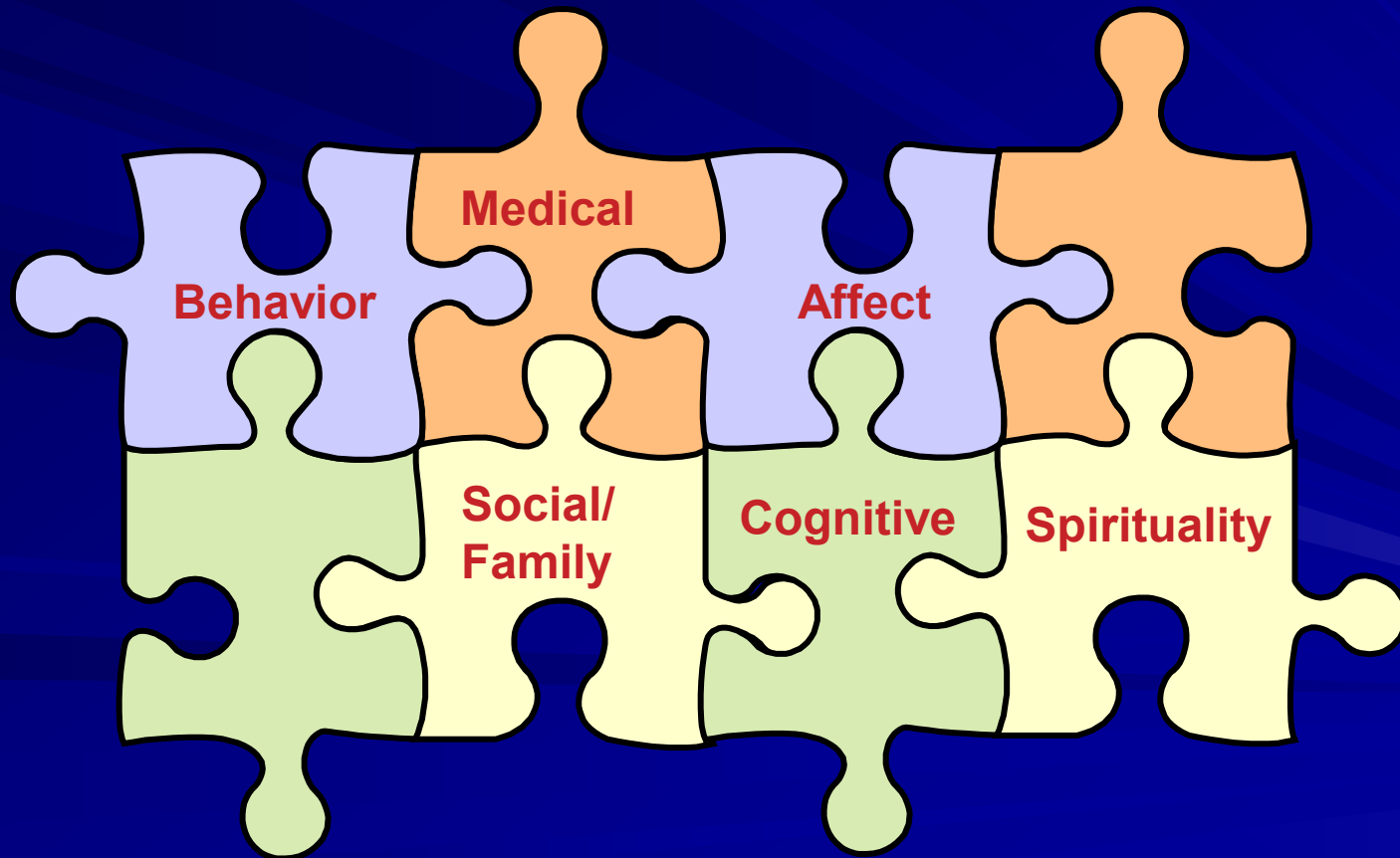
Co-
Occurring
Disorders



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.



“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”

ASAM Criteria

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



Medical Detoxification

- Detoxification safely manages the physical symptoms of withdrawal
- Only first stage of addiction treatment
- Alone, does little to change long-term drug use

Treatment Duration

- 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
- **Less than 90 days is of limited/no effectiveness for residential/outpatient setting**

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

- 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.

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 Reconciliation Therapy (MRT®).

Outcomes Improve When...

1. Participants receive behavioral or cognitive-behavioral interventions
2. Interventions are carefully documented in treatment manuals
3. Providers are trained to deliver the intervention consistent with the manual
4. 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

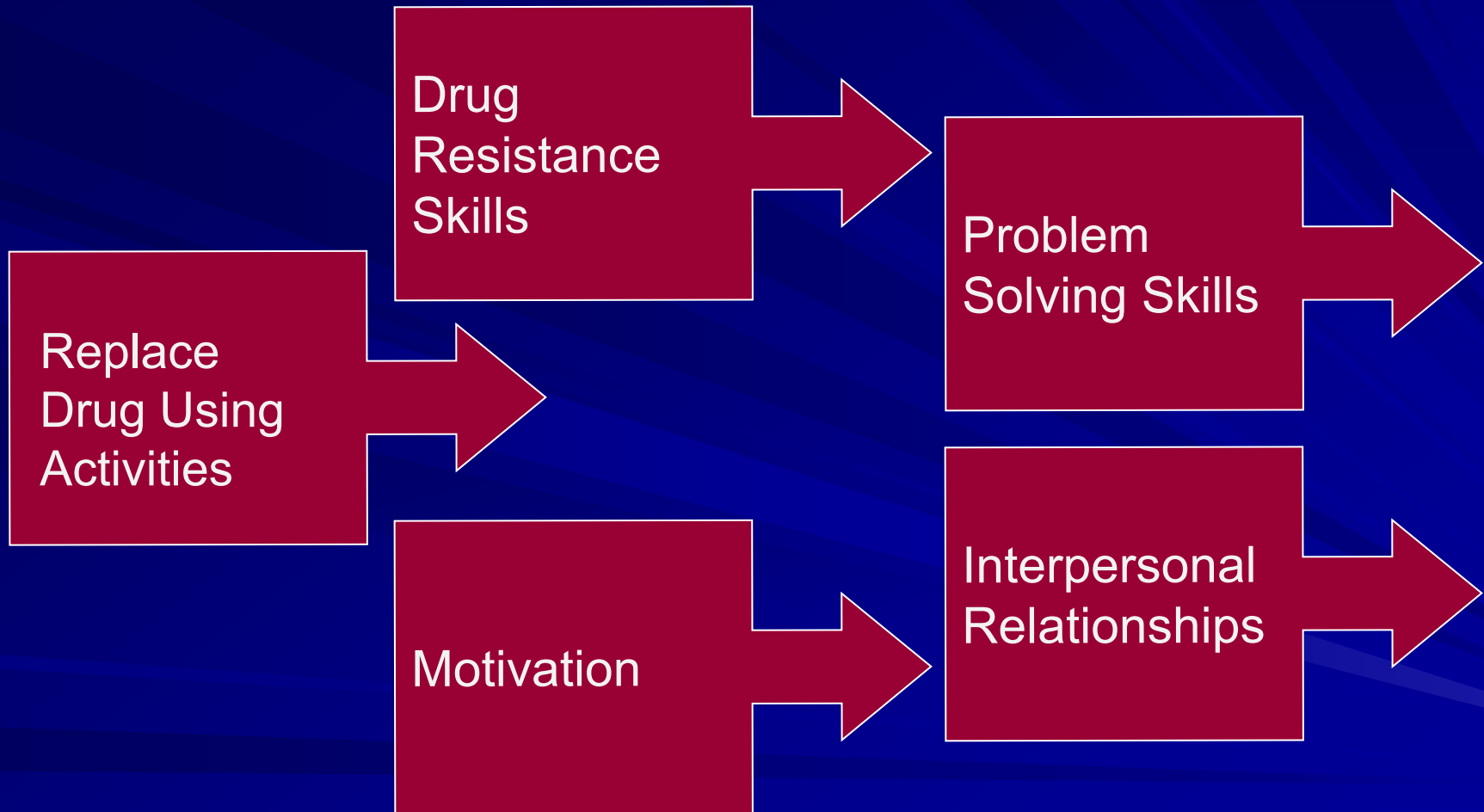
Conclusion

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.

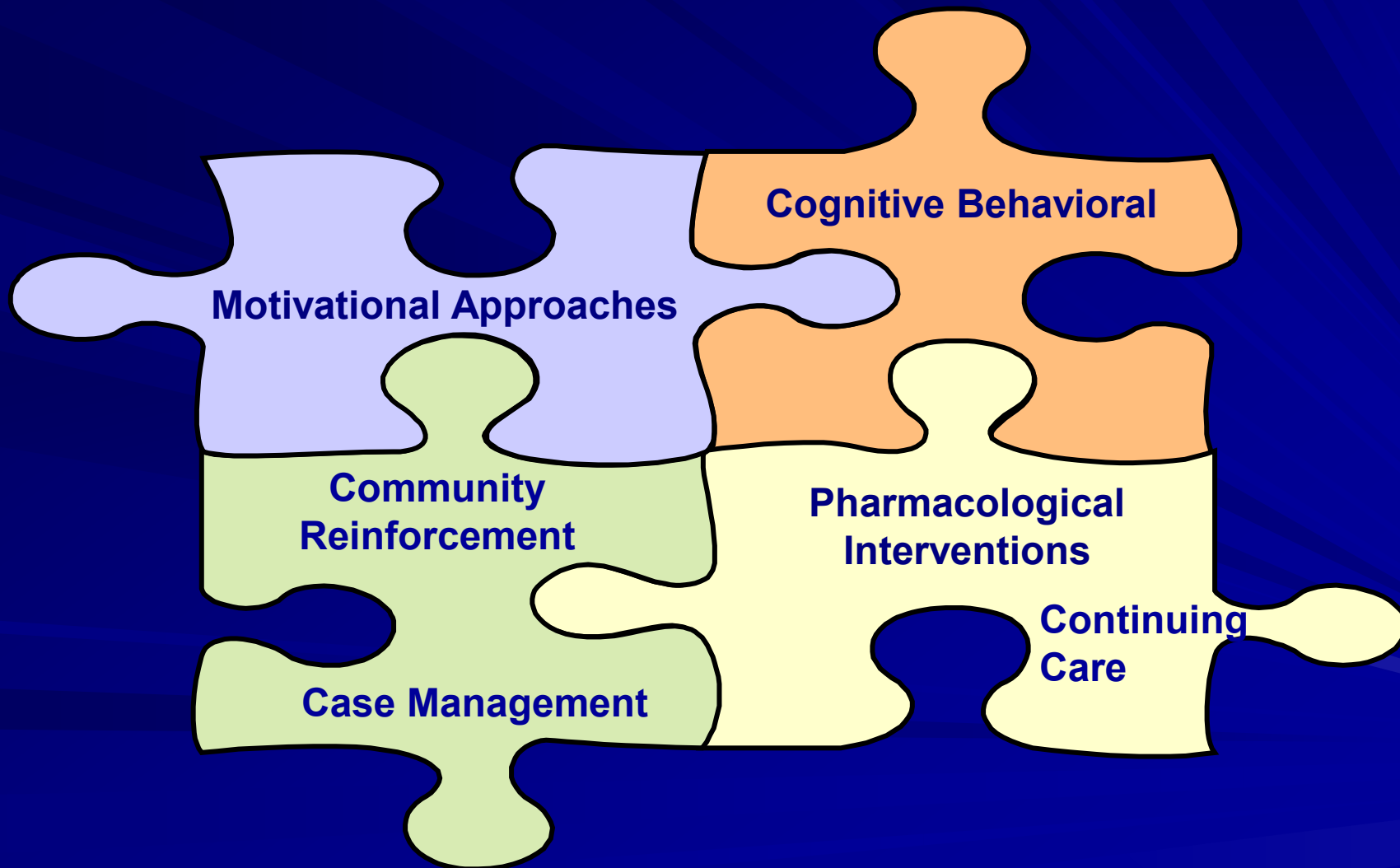
Equally important is the delivery of treatment services and types that have been demonstrated effective and is provided by properly trained and supervised clinicians.

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

Counseling and Other Behavioral Therapies



For the BEST OUTCOMES Provide a Puzzle of Evidence Based Approaches



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