



# Alphabet Soup: Understanding Treatment Language, Reports & Phasing Up

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# Introductions

# Treatment providers

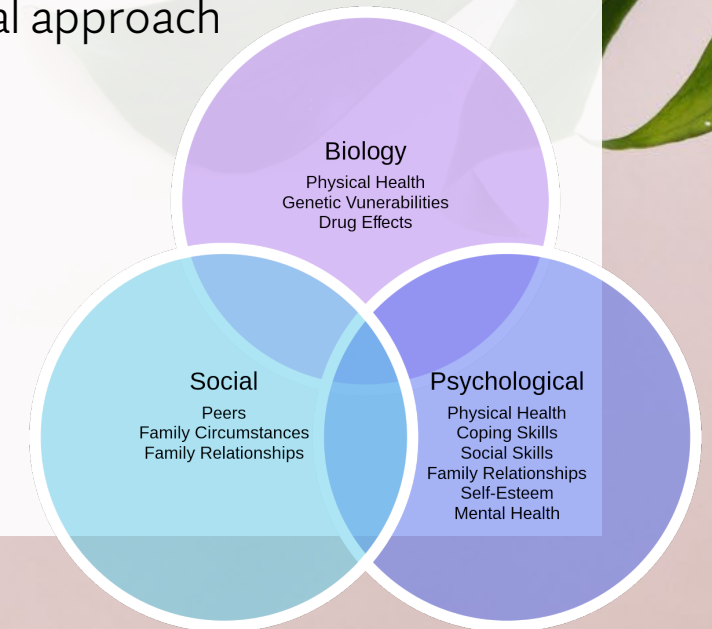
## Role on the team

- Attend staffings and status hearings
- Report on progress towards treatment goals
- Conduct assessments
  - Determine appropriateness for treatment court
  - Determine level of care
- Advocate for teams to refer to Evidenced Based Practices


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## Our training

- Meet them where they're at
- Harm reduction
- Biopsychosocial approach



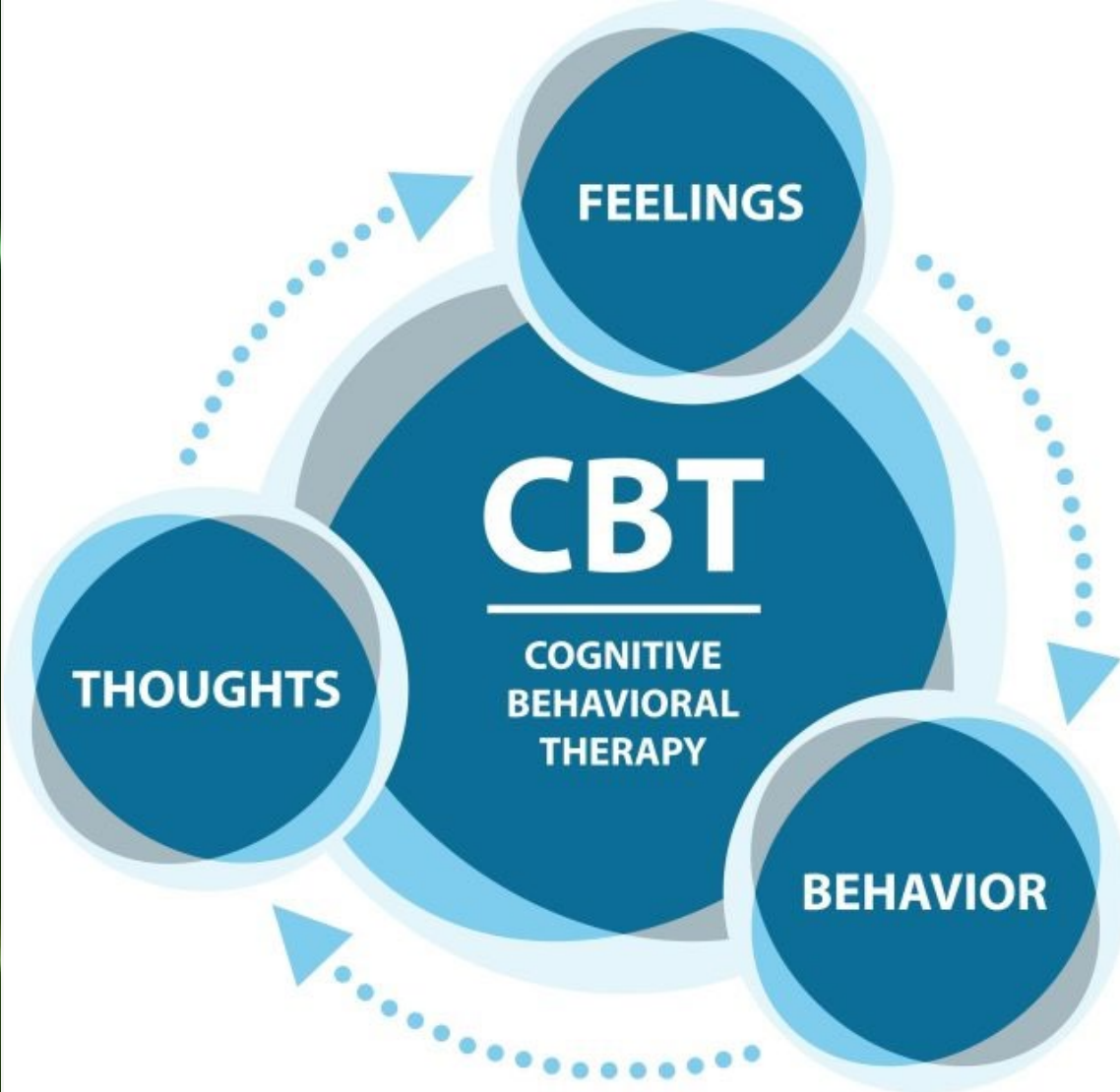




# Evidenced Based Practice

- Behavioral therapy or cognitive behavioral therapy
- Interventions are documented in treatment manuals
- Treatment providers are trained to provide within fidelity
- Adherence to the treatment is maintained

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# Cognitive Behavioral Therapy (CBT)

- CBT is the basis to many treatment modalities
- Interrupting this cycle helps lead to more prosocial behavior
- All models we discuss today are CBT based



# Matrix

## Elements of Matrix

- The Matrix Model Intensive Outpatient Program is a treatment approach for substance use.

## Treatment includes:

- Relapse Prevention Group
- Family Education Group
- Early Recovery Skills Group
- Social Support Group
- Individual Counseling
- Adjustment Group

## Duration:

- 35 weeks

## When should someone be referred

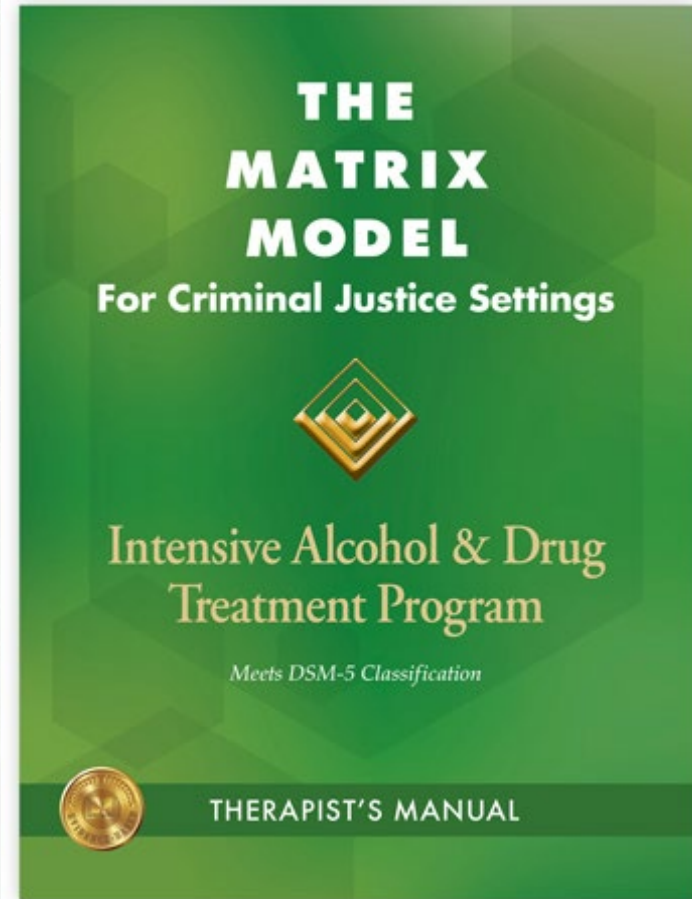
- This program is where participants often start
- If a participant returns to use while in the program, a return to a portion of Early Recovery Skills group is recommended
- Participants should be encouraged to remain in Social Support post-graduation as long as it is mutually beneficial



# Matrix

When completed, participants should be able to:

- Identify triggers
- Identify coping skills
- Identify warning signs of relapse
- Identify and use sober supports





# Moral Reconation Therapy

## Summary of program:

- MRT is a cognitive based group
- Focus is to address criminal thinking and increase healthy decision making
- Group should be gender specific

## Duration:

- About 24 weeks

## When to refer:

- Early in the program
- Consider schedules and clinical stability



# MRT Steps

Participants will progress through

1. Honesty
2. Trust
3. Acceptance
4. Raising Awareness
5. Healing damaged relationships
6. Helping others
7. Long term goals and identity
8. Short term goals and consistency
9. Commitment to change
10. Maintain positive change
11. Keeping moral commitments
12. Choosing moral goals

# Standard Operating Procedures

Gender specific groups

Point system for groups

- 1 point for being on time to group
- 1 point for turning in practice work completed fully and on time
- 1 point for turning in planner-completed fully and on time
- 1 point for following all group rules
- 1 point for bringing relevant risky situations to group and being ready to participate

Hourly planners-15 min increments-able to see the whole week when open

Point system translates into percentage for completion of group

- 90 or higher=HIGH HONORS
- 80% or 89%=successful completion of group
- 70% or 79%=completion of group
- 69 % or lower=may need to restart group



# CBI-SA: Cognitive Behavioral Interventions – Substance Abuse

CBI-SA is a curriculum designed for individuals who are moderate to high need in the area of substance use. The University of Cincinnati Corrections Institute (UCCI) developed the curriculum, it refers frequently to the legal effects of substance use and works well with those involved in the criminal justice system.

# CBI-SA

## Elements of CBI-SA

- Cognitive, social, emotional, and coping skills development

## Duration:

- 39 Sessions

## Focus:

- Pre-Treatment
- Motivational Engagement
- Cognitive Restructuring
- Emotional Regulation
- Social Skills
- Problem Solving
- Success Planning



# CBI-SA

When completed, participants should be able to:

- Tell you the components of a behavior chain and in the proper order
- Share with you a variety of social skills and how they use them
- Identify which emotion regulations skills they use most often and how to stack emotional regulation skills
- State the components of problem solving and how they have used it when they have two conflicting wants
- Tell you what makes up their Success Plan
- At the end, participants should be able to identify a risky situation and be confident in navigating the situation to make a responsible decision

# AP

Purpose of AP:

- Structured in a way to assist participants in practicing skills they learned in CBI-SA

Refer when:

- Participants have completed all components of CBI-SA, including their success plan

Duration:

- Average 6-12 weeks
- Individualized based on participant need



# AP

Four levels of AP:

1. Graduated Practice
2. Skill Selection
3. Multiple Skill Use
4. Unguided Practice

When completed, participants should be able to:

- Recognize and manage high risk situations on their own – within the community – with confidence and accuracy

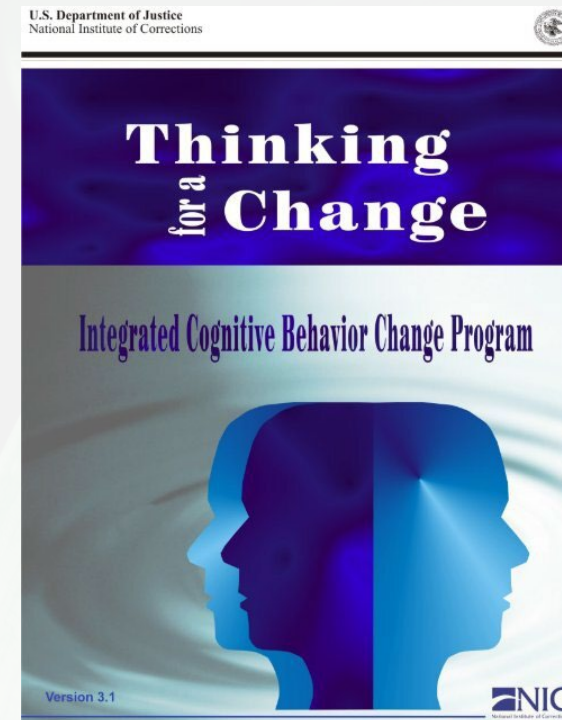
# Thinking 4 Change

## Elements of T4C

- Gender specific group
- 90 minute groups

## Duration:

- 26 sessions
- Weekly or twice weekly depending on agency





# T4C

When should someone be referred

- Someone struggles with antisocial thinking, antisocial personality disorder, or antisocial peers, and/or someone struggles with criminal thinking

When completed, participants should be able to:

- See a risky criminal situation and know how to reduce or eliminate risks using skills they learned
- Skills include thinking reports and social skills



# Seeking Safety

## Summary of program:

- Present-focused coping skills group
- Focuses on trauma and addiction
- Group should be gender specific

## Duration:

- 25 topics, generally done in a weekly group

## When to refer:

- Anytime! This group is stabilization focused
- Considerations
  - Ability to attend/schedule
  - Sobriety





# Seeking Safety Topics

- Interpersonal topics:
  - Honesty, Asking for Help, Setting Boundaries in Relationships, Getting Others to Support Your Recovery, Healthy Relationships, Community Resources
- Cognitive topics:
  - PTSD: Taking Back Your Power, Compassion, When Substances Control You, Creating Meaning, Discovery, Integrating the Split Self, Recovery Thinking
- Behavioral topics:
  - Taking Good Care of Yourself, Commitment, Respecting Your Time, Coping with Triggers, Self-Nurturing, Red and Green Flags, Detaching from Emotional Pain (Grounding)
- Combination topics:
  - Introduction/Case Management, Safety, Life Choices, Termination

# Dialectical Behavioral Therapy Skills Group

## Elements of DBT

- Educational and skills based group

## Modules

- Mindfulness
- Interpersonal Effectiveness
- Emotion Regulation
- Distress Tolerance

## Duration:

- About 34 weeks (8 months)

## When should someone be referred:

- Able to maintain some periods of sobriety
- In need of coping skills for strong emotions
- Trouble identifying and regulating emotions



# Dialectical Behavioral Therapy Skills Group

When completed, participants will be able to :

- Have improved relationships
- Regulate emotions
- Apply skills to future situations





# Individual Therapy







# Individual Therapy

Treatment Court Standards indicate this should be weekly in initial phases

## Modalities

- Eye Movement Desensitization and Reprocessing (EMDR)
- Cognitive Behavioral Therapy (CBT)
- Solution Focused
- Motivational Interviewing

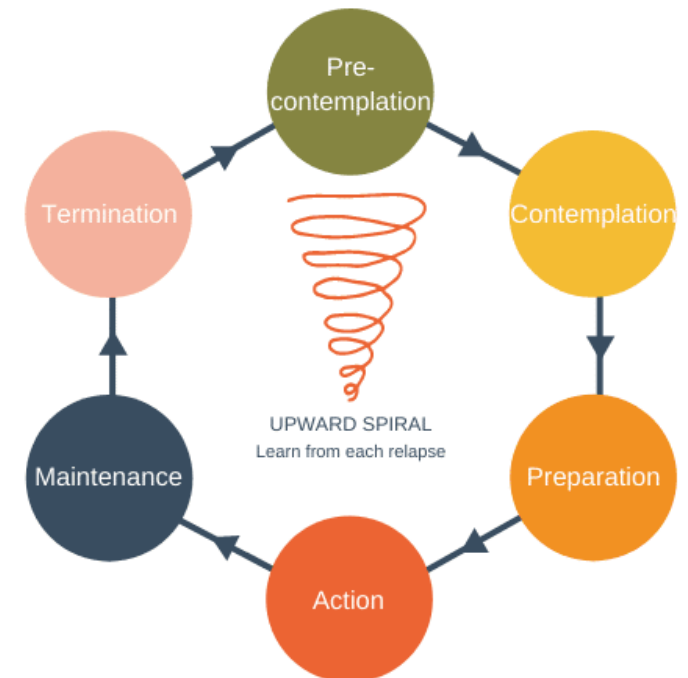
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and Recovery Management, Section D

# Individual Therapy

How do we know it's working?

- Increased use of coping skills
- Recognition of triggers and warning signs
- Decrease in substance use
- Progression through stages of change and motivation

## The Stages of Change Model



# Putting it together

- How to facilitate these conversations with teams
  - Be curious!
    - Does your treatment program use the ASAM?
    - What treatments do your programs provide?
    - Are you aware of some of the evidenced based practices in this area or open to training?



# Phase Structure Changes

## Phase Focuses:

1. *Acute Stabilization*
  2. Psychosocial Stabilization
  3. Pro-Social Stabilization
  4. Adaptive Life Skills
  5. Recovery Maintenance
- Crisis intervention
  - Orient to the program
  - Ongoing assessment
  - Treatment plan

# Phase Structure Changes

## Phase Focuses:

1. Acute Stabilization
  2. *Psychosocial Stabilization*
  3. Pro-Social Stabilization
  4. Adaptive Life Skills
  5. Recovery Maintenance
- Stable housing
  - Reliable attendance
  - Therapeutic alliance
  - Clinical stability

# Phase Structure Changes

## Phase Focuses:

1. Acute Stabilization
  2. Psychosocial Stabilization
  3. *Pro-Social Stabilization*
  4. Adaptive Life Skills
  5. Recovery Maintenance
- Prosocial routine
  - Prosocial skills
  - Abstinence efforts



# Phase Structure Changes

## Phase Focuses:

1. Acute Stabilization
  2. Psychosocial Stabilization
  3. Pro-Social Stabilization
  4. *Adaptive Life Skills*
  5. Recovery Maintenance
- Life Skills Curriculum
  - Adaptive Role
  - Early Remission
  - 90 days of clinical stability and abstinence

# Phase Structure Changes

## Phase Focuses:

1. Acute Stabilization
  2. Psychosocial Stabilization
  3. Pro-Social Stabilization
  4. Adaptive Life Skills
  5. *Recovery Maintenance*
- Recovery-Management Activities
  - Prevention Plan
  - Restorative Justice Activity
  - Abstinence Maintenance



# Phase Structure Changes

## Clinical Stability

- Determined by treatment provider
- “Treatment professional must be confident that they are no longer experiencing clinical symptoms that are likely to interfere with their ability to attend sessions, benefit from the interventions, and avoid substance use, including withdrawal symptoms, persistent substance cravings, anhedonia, executive dysfunction, and acute mental health symptoms like depression or anxiety.”



# Phase Structure Changes

## Phase Focuses:

1. Acute Stabilization
2. Psychosocial Stabilization
3. Pro-Social Stabilization
4. Adaptive Life Skills
5. Recovery Maintenance

## Abstinence:

- Often a distal goal in Phase 1 and 2, may be proximal goal in Phase 3
- Abstinence should be a proximal goal by Phase 4
- This phase is the only one with a time requirement of approximately 90 days of sobriety
- Abstinence should be a managed goal in Phase 5

# Phase Structure Changes

## Sanctions v. Service Adjustments

- Use service adjustments NOT sanctions until distal goals become proximal
- This is after participants are in early remission
  - Early remission is 90 days without clinical symptoms that interfere with ability to attend sessions, benefit from interventions, or avoid substance use
  - Treatment providers notify team when the participant has been clinically stable long enough for abstinence to be considered a proximal goal
  - Treatment provider also notifies team if the goal returns to being a distal goal

# Phase Structure Changes

- No more compliance dates!
- More focus on clinical stability
- Phasing up happens when proximal goals become managed



# Thank you!

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