

# **Standard V: Substance Use, Mental Health, and Trauma Treatment and Recovery Management**



# Disclosure



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# What is the goal of treatment courts?



**Sobriety**

or



**Recovery**

# Recovery

**SAMHSA:** “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. “

## **Recovery Research Institute:**

“The process of improved physical, psychological, social well-being and health after having suffered from a substance-related condition”

## **SAMHSA 4 Major Dimensions**



**Health**



**Home**



**Purpose**



**Community**

# Recovery-focused, recovery-driven

- Moving away from compliance-driven programming
- Moving away from time-driven programming and progress
- Focus on recovery-driven programming
- Focus on adherence-driven progress
- Sequence and timing
- Empowering treatment – putting the treatment back in treatment court



# Standard V

- A. Treatment Decision Making
- B. Collaborative Person-Centered Treatment Planning
- C. Continuum of Care
- D. Counseling Modalities
- E. Evidence-Based Counseling
- F. Treatment Duration and Dosage
- G. Recovery Managements Services
- H. Medication for Addiction Treatment
- I. Co-occurring Substance Use and Mental Health or Trauma Treatment
- J. Custody to Provide or While Awaiting Treatment

# V. Treatment & Recovery Management



## B. Collaborative Person-Centered Treatment Planning

- Participants collaborate with treatment provider to set treatment goals
- Team members serve complementary roles in 1) supporting participants' treatment preferences and 2) ensuring behavioral change to protect public safety



# V. Treatment & Recovery Management



## G. Recovery Management Services

- Recovery management services are *core components* of the program
- Examples include:
  - Benefits navigators
  - Peer mentors/recovery specialists
  - Mutual peer support groups
  - Abstinence-supportive housing, education, employment services

RECOVERY

# V. Treatment & Recovery Management

## H. Medication for Addiction Treatment

- Screening upon arrest for overdose risk and other indications for MAT
- Referral to a qualified medical practitioner for evaluation
- Rely exclusively on medical practitioners when making MAT decisions (whether to use, choice of medication, dose/duration)

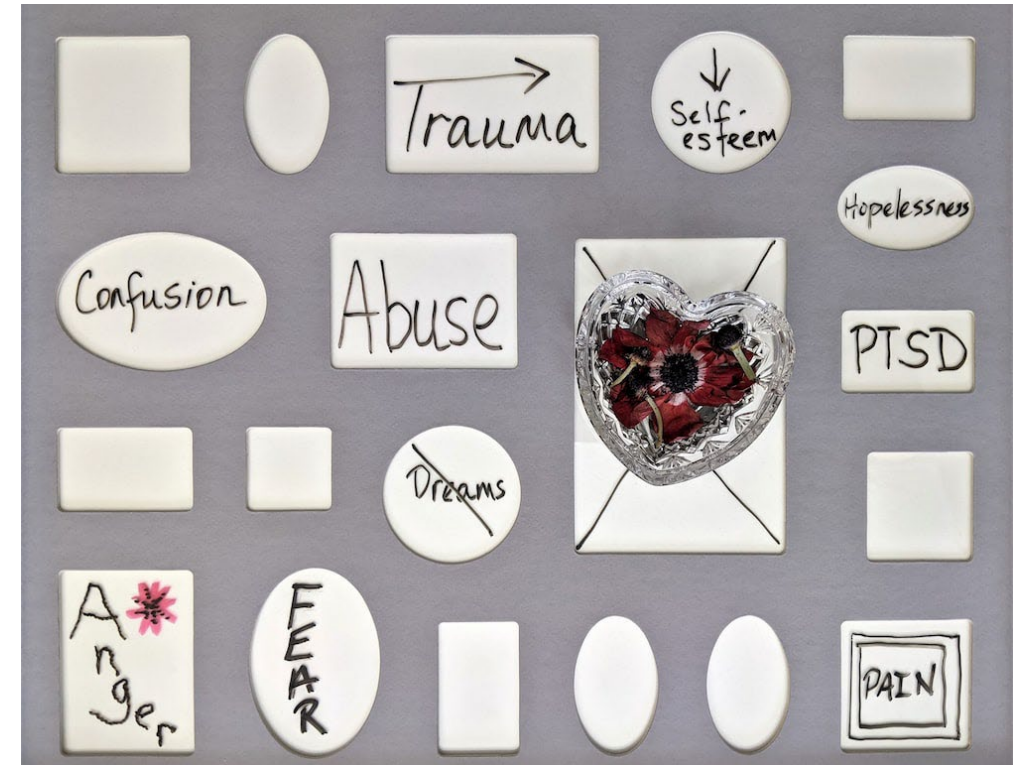




# V. Treatment & Recovery Management

## I. Co-Occurring Substance Use and Mental Health Disorders

- Screening for mental health and trauma symptoms upon arrest
- Referred for an in-depth assessment
- Team members receive annual training on trauma-informed practices in all facets of the program





# V. Treatment & Recovery Management

## J. Custody to Provide/While Awaiting Treatment

- Participants are NOT jailed to achieve treatment objectives
- Before using jail, judge must find it necessary to protect the individual from *imminent harm*
- Fear that a person might overdose is not sufficient grounds for jail detention



# Proper Use of Jail



- Imposed judiciously and sparingly
- Only for proximal goal infractions
- Only after numerous lesser sanctions have been attempted and failed, unless immediate public safety risk exists
- Definite in duration and typically last no more than 3-6 days
- Access to counsel and a hearing when facing jail

# Improper Use of Jail



- Not used during first 30-60 days
- Not for treatment
  - Minimal gains from jail/prison treatment
  - No MAT available
- No preventive detention
  - Must have clear/convincing evidence of imminent risk and no less restrictive alternative is available

# Jail Sanctions: Caution

High need individuals are vulnerable to severe negative side effects from a jail environment

- Interruption of treatment and support
- Interactions with high-risk peers
- Stress reactions
- Habituation to highest magnitude sanction
- Ceiling effect

# Why We Do Not Incarcerate for Use

Among women incarcerated in local jails, the average annual mortality rate due to drug/alcohol intoxication was nearly twice that of their male counterparts.

The median length of stay in jail before death from alcohol or drug intoxication was just **one day**.

BUREAU OF JUSTICE ASSISTANCE

## MANAGING SUBSTANCE WITHDRAWAL IN JAILS: A LEGAL BRIEF

A disproportionate number of people in jails have substance use disorders (SUDs).<sup>1</sup> Incarceration provides a valuable opportunity for identifying SUD and addressing withdrawal.<sup>2</sup> Within the first few hours and days of detainment, individuals who have suddenly stopped using alcohol, opioids, or other drugs may experience withdrawal symptoms, particularly when they have used the substances heavily or long-term. Without its identification and timely subsequent medical attention, withdrawal can lead to serious injury or death.

Deaths from withdrawal are preventable, and jail administrators have a pressing responsibility to establish and implement withdrawal policy and protocols that will save lives and ensure legal compliance. This brief describes the scope of the challenge, provides an overview of constitutional rights and key legislation related to substance use withdrawal, and outlines steps for creating a comprehensive response to SUD.

### Scope of the Challenge

Among sentenced individuals in jail, 63 percent have an SUD, compared to 5 percent of adults who are not incarcerated.<sup>3</sup> From 2000 to 2019, the number of local jail inmates who died from all causes increased 33 percent; the number who died from drug/alcohol intoxication during the same period increased 397 percent.<sup>4</sup> Among women

\* As noted in the Substance Abuse and Mental Health Services Administration's *Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings* (2019), medically supported withdrawal (also referred to as medical detoxification) is "designed to alleviate acute physiological effects of opioids or other substances while minimizing withdrawal discomfort, cravings, and other symptoms."

When Kelly Coltrain was booked for unpaid traffic violations in 2017, she told jail staff that she was drug dependent and had a history of seizures. Her request to go to the hospital for help with withdrawal symptoms was denied. She was placed in a cell that required 30-minute checks, but these checks rarely occurred. For the next 3 days, she was observed (by video camera) vomiting, sleeping often, and eating little. On her third night in jail, she started convulsing; then, all movement ceased. For at least the next 4 hours, no deputies or medical staff came to the cell to determine why she was still. Kelly's family filed a wrongful death suit, which was settled in 2019 for \$2 million plus 4 years of federal district court monitoring of the jail during implementation of new policies and procedures to ensure proper care of inmates at risk of withdrawal.<sup>2</sup>

incarcerated in local jails, the average annual mortality rate due to drug/alcohol intoxication was nearly twice that of their male counterparts.<sup>5</sup> The median length of stay in jail before death from alcohol or drug intoxication was just 1 day,<sup>6</sup> indicating that individuals on short stays, including those who are detained in pretrial status, are equally at risk.

It is not uncommon for individuals to experience substance withdrawal at the time of entry into jail, when access to their drug of choice is abruptly stopped. Estimates within specific regions vary widely, from 17 percent of people entering New York City jails being in acute opioid withdrawal<sup>7</sup> to a record 81 percent of people entering a Pennsylvania county jail needing detoxification services—half of them for opioid use disorders.<sup>8</sup>

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# V. Treatment & Recovery Management



If not jail, what?

- Start MAT if medically indicated
- Report daily to treatment, court, or probation
- Develop specialized group for persons at acute risk for overdose
- Have a responsible family member stay with participant and alert staff to problems
- Daily peer support groups
- Peer specialist accompany participant to treatment, etc.
- Frequent home visits
- Monitored home detention or curfew
- Have participant stay at a temporary peer respite

# Measuring Progress in Recovery



- Behavioral changes and self-awareness
- Reduction in substance use or abstinence
- Improved relationships and quality of life
- Clinical Stability

# Clinical Stability



- The participant is no longer experiencing
  - persistent substance cravings,
  - withdrawal symptoms,
  - anhedonia, or
  - executive dysfunction (e.g., impulsivity, stress reactivity),
  - acute mental health symptoms, or
  - cognitive impairments.



# Psychosocial Stability



*Stable housing*—The participant lives in safe, secure, and stable housing and is likely to remain in stable housing for the foreseeable future.



*Reliable attendance*—The participant has demonstrated the ability to attend services more than 90% of scheduled appointments for at least a month, which suggests that a person can likely meet treatment court attendance requirements.



*Therapeutic alliance*—The participant has developed a therapeutic alliance or collaborative working relationship with at least one staff member with whom the person feels comfortable sharing thoughts, feelings, and experiences and can acknowledge concerns



Ask for additional help or advice when needed.

# Early Remission



Early remission from a DSM-5 substance use disorder is defined as at least



3 but less than 12 months without substance use disorder criteria (except craving), and sustained remission is defined as at least 12 months without criteria (except craving). Additional new DSM-5 specifiers include “in a controlled environment” and “on maintenance therapy” as the situation warrants.

# Recurrence, Return to Use, Episode of Use

- An episode of use refers to a single occurrence or limited period in which an individual uses a substance (e.g., alcohol, cannabis, or other drugs). It is typically a one-time or short-term event where the person may or may not have intended to relapse or return to using.
- An episode of use generally doesn't signal the full re-emergence of the substance use disorder. The person may quickly return to their recovery program, with the event serving as a learning opportunity rather than a signal of relapse.

Versus

- A return to use, in the context of addiction, refers to the recurrence of habitual or sustained substance use after a period of abstinence. It involves a more entrenched return to addictive patterns, where the person may once again engage in substance use behavior in a way that disrupts their recovery and life stability.
- The return to use typically involves the individual using substances regularly or compulsively again rather than as a one-time event. It's often associated with a breakdown in coping strategies or a deeper unresolved issue in their recovery process.

# Learned Helplessness



## Repeated Non-Compliance and Perceived Futility

Efforts are futile, despite repeated efforts



## Disillusionment with Court-Mandated Programs

Disillusionment can result in a cycle of disengagement from the court process



## Court's Punitive Approach to Non-Compliance

No matter what they do, they cannot win within the court system



## Negative Feedback Loops

No matter how hard they try, they will never be able to meet the court's expectations

# Countermeasures to Learned Helplessness



## Building Hope and Self-Efficacy

- Celebrate victories and progress – ALL

## Supportive and Non-Punitive Approach

- Being accountable does not equate to punitive

## Holistic Support Systems

- Reducing barriers promotes a sense of agency (control)

# **Standard VI: Complementary Services and Recovery Capital**





# VI. Complementary Services and Recovery Capital

- A. Health Risk Prevention
- B. Housing Assistance
- C. Family and Significant Other Counseling
- D. Vocational, Educational, and Life Skills Counseling
- E. Medical and Dental Care
- F. Community, Cultural, and Spiritual Activities

# VI. Complementary Services and Recovery Capital



## A. Health Risk Prevention

- Participants receive training and resources on health risk prevention measures that are proven to reduce the risk of drug overdose, communicable diseases, and other serious health threats.





# VI. Complementary Services and Recovery Capital



## B. Housing Assistance

- Participants receive housing assistance for as long as necessary to keep them safe and enable a focus on their recovery.
- Until early remission, participants are referred to housing that follows a “housing first” philosophy and does not discharge residents for substance use.








# Common themes?

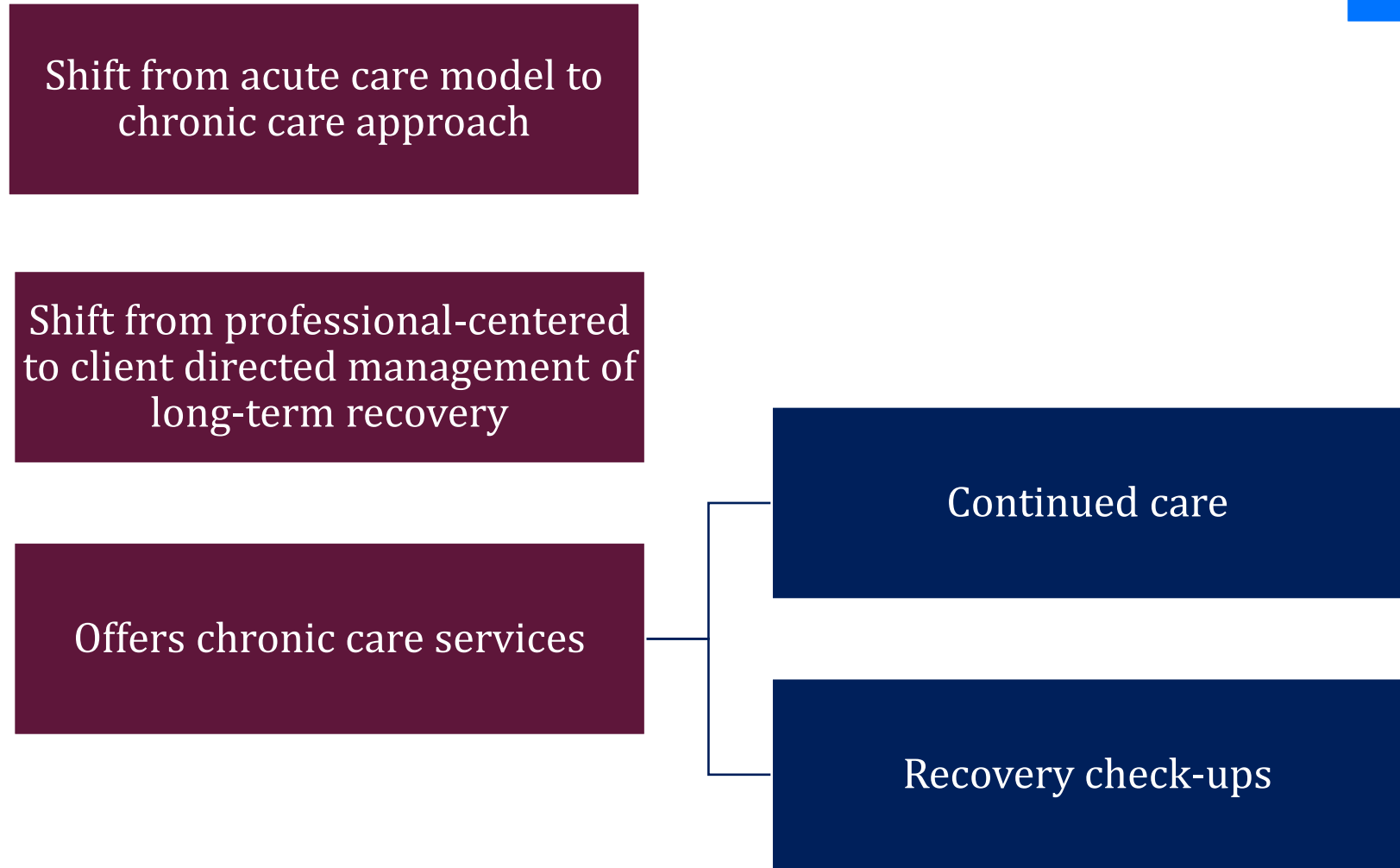
There are common themes across these definitions

The process of recovery is not just about abstinence

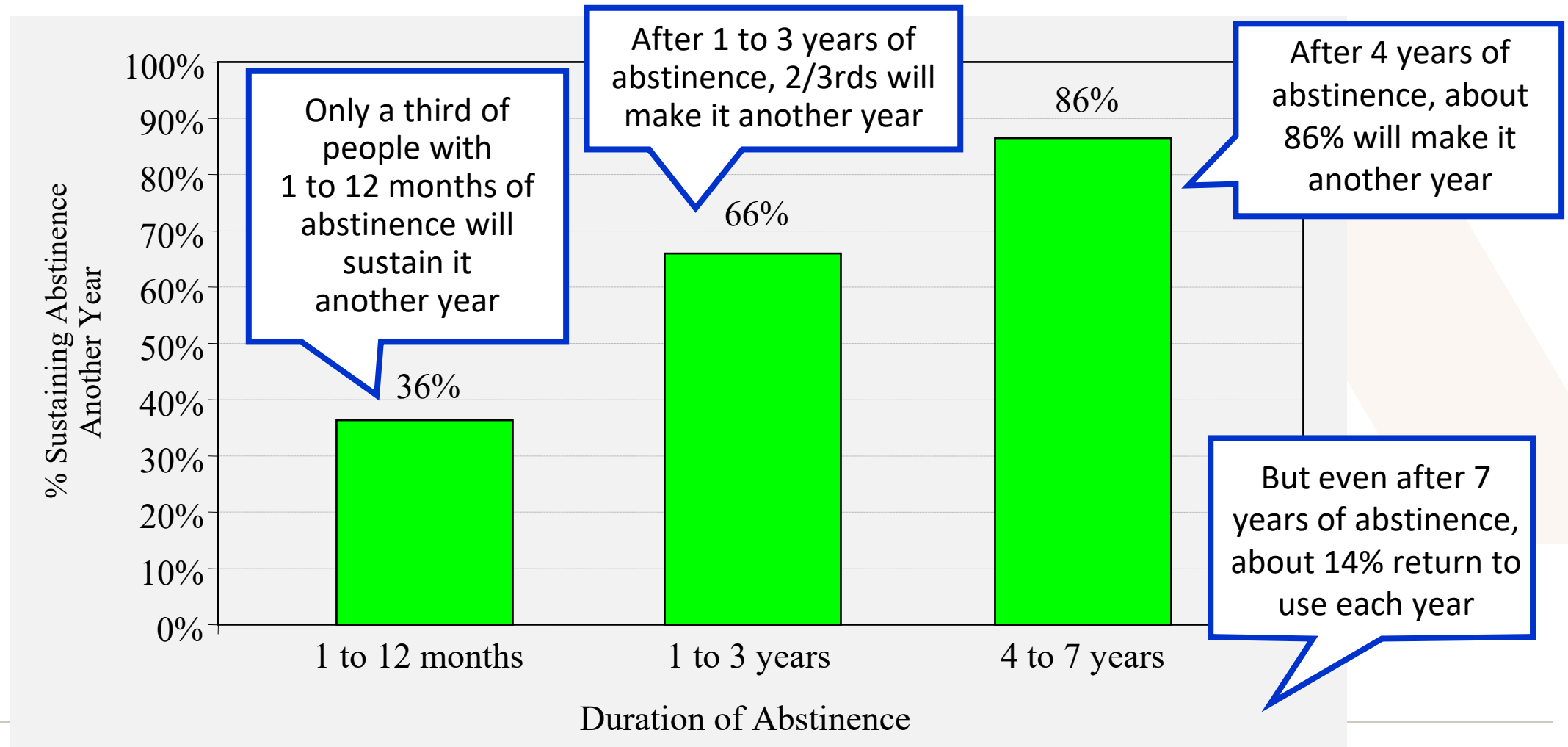
Includes:

- Empowerment
  - Well-being
  - Quality of life
  - Connectedness
- 
- 
- 

# Recovery Management Model



# Likelihood of Sustaining Abstinence Grows Over Time



# Understanding Recovery Capital

All the personal and tangible resources a person has and needs in order to initiate and sustain recovery (Granfield & Cloud, 1999; Laudet and Best, 2010; White & White, 2008).

Research is varied, but generally, three to six elements of recovery capital.





# Current Research Findings: Treatment Court Specific

A 2016 study found that treatment court clients had “restricted recovery capital portfolios”  
(*n=34*)

# Treatment Providers:

- ✓ Are proficient in their respective disciplines.
- ✓ Are licensed or fall under their licensed supervisor.
- ✓ Receive professional supervision that is consistent and ongoing.
- ✓ Receive ongoing, consistent training on the treatment court model.
- ✓ Proactively strive to enhance their understanding and capabilities of issues relevant to the field.
- ✓ Proactively provide the treatment court team with insight into general aspects of behavioral health issues ranging from diagnosis to recovery management.
- ✓ Judiciously share information with the team about a participant's treatment progress.

# In Summary



- To maximize outcomes for clients, we must think beyond the “temporary” structure of the treatment court.
- The treatment court is well positioned to assist clients by creating meaningful pathways of connectedness that last long after the court team has finished their work and support.
- For those that can make it to 7 years, their likelihood of relapse is less than 14%.
- Shift from thinking about what the treatment court “managed” to what the court assisted the client in adding to their lives.



# Acute vs. Chronic Care Model



# Acute Care Model



Brief period of professional intervention followed by cessation of services.

Screen, assess, place, treat and discharge

Works well in acute trauma settings

Less effective in SUD treatment with clients who have complex and high severity needs

# Chronic Condition Model



Long-term involvement with health care system



Continued care following treatment



Education regarding self-care



Regular check-ups



Linkage to community resources

# Compliance vs. Adherence



- Understand they are not the same
- Successful recovery and genuine adherence depends on individual's motivation from external factors (the judge is forcing me to do this) to internal motivation (I want recovery).

# Individualized Effective Treatment



# Principles of Effective Treatment



No single treatment is effective for everyone



Readily available



Multidimensional



Program length



Treatment/services plan continually assessed and adjusted

# ASAM Principles

- Admission is based on needs
- Comprehensive multidimensional assessment
- Interdisciplinary, evidence-based, patient-centered, empathic care
- Treatment plans individualized (needs and preferences)
- Co-occurring conditions are an expectation
- Movement based on progress/outcomes
- Informed consent and shared decision-making

# Client-Centered Matters

- The risks, needs or strengths, skills and resources in assessment should not determine the service planning alone.
- The more priority dimensions can be matched to or interpreted through the patient's personal goals, the more patient-centered the plan can be.





# Timing of Clinical Intervention



Opportunity to set the stage



Designed to enhance client engagement in change process



Stages of change represent tasks required for effective change.

# Stages of Change



**Precontemplation:** Not Ready



**Contemplation:** Getting Ready



**Preparation:** Ready



**Action:** Doing (Observable)



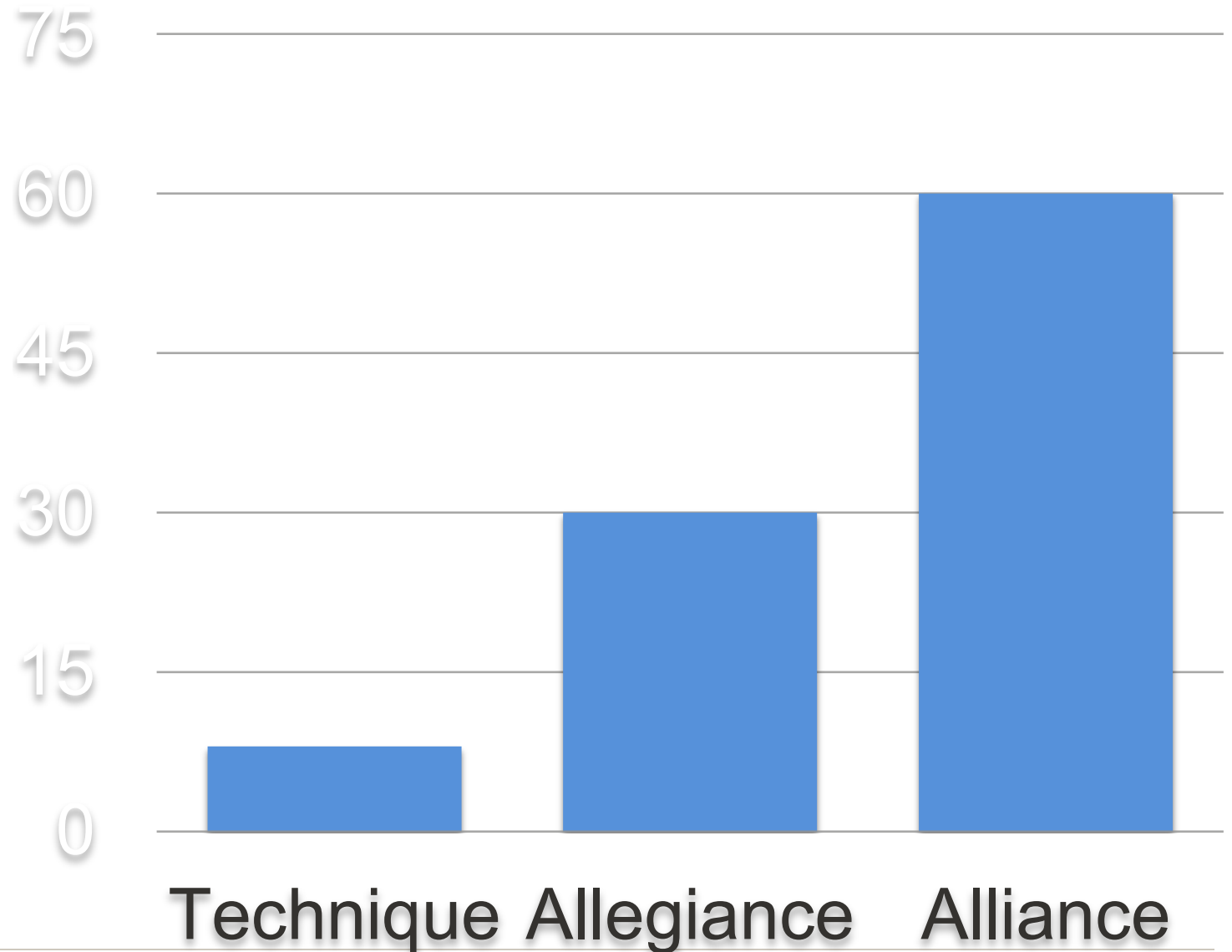
**Maintenance:** Working to Prevent Recurrence (6 mo – 5 years)

# EXPLORING AN INDIVIDUAL'S READINESS AND INTEREST IN CHANGING

- **Examples of Screening and Assessment Instruments**
  - RCQ-TV – (Readiness to Change Questionnaire -Treatment Version)
  - URICA – (University of Rhode Island Change Assessment)
  - SOCRATES – (Stages of Change Readiness and Treatment Eagerness Scale)
  - What I Want From Treatment

# What Works

- Outcomes
  - 60% due to the alliance factors
  - 30% due to allegiance factors
  - 8% due to model and technique



# True or False

Research shows that some of the treatment approaches are more effective than others.

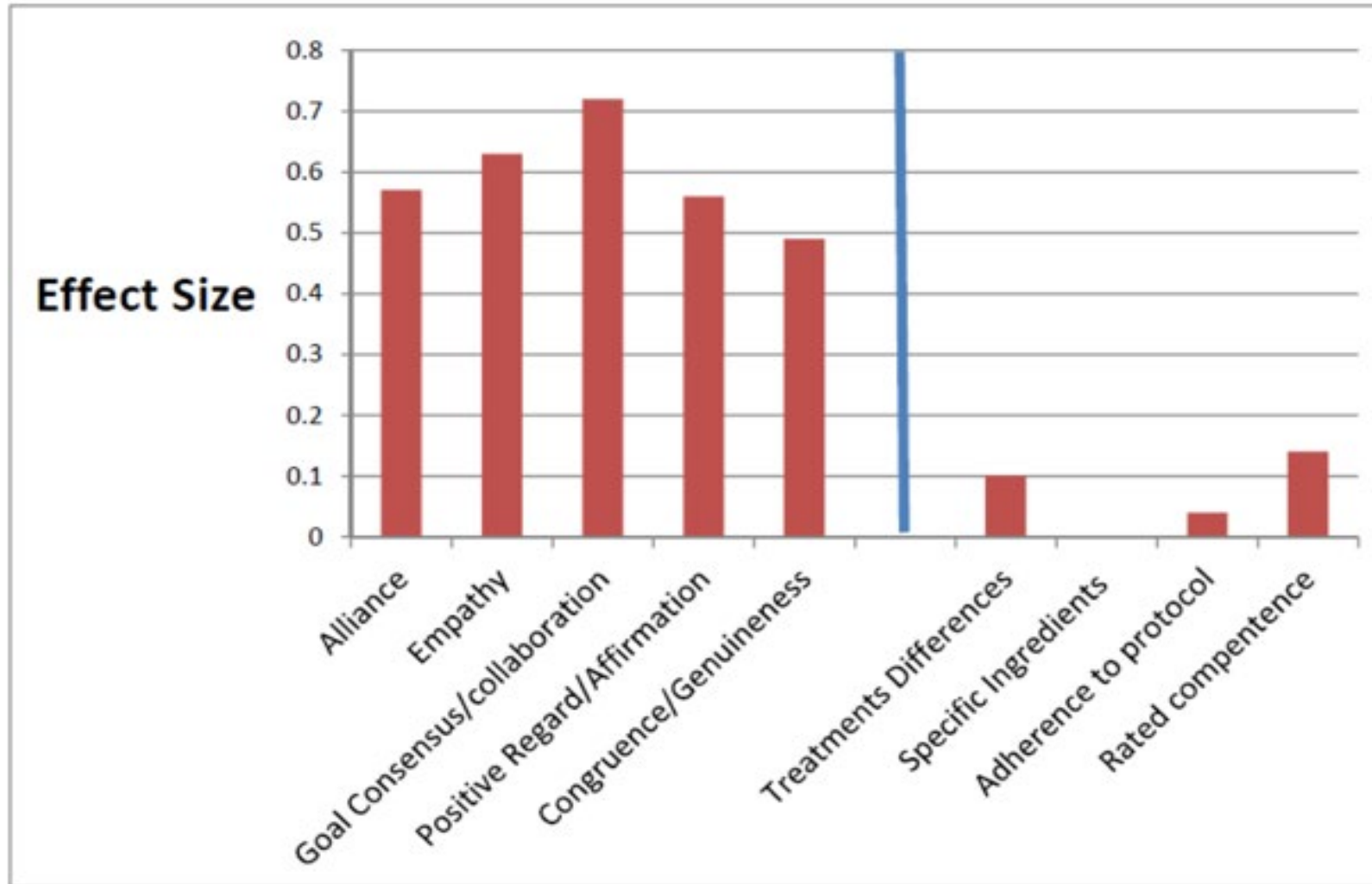


# False

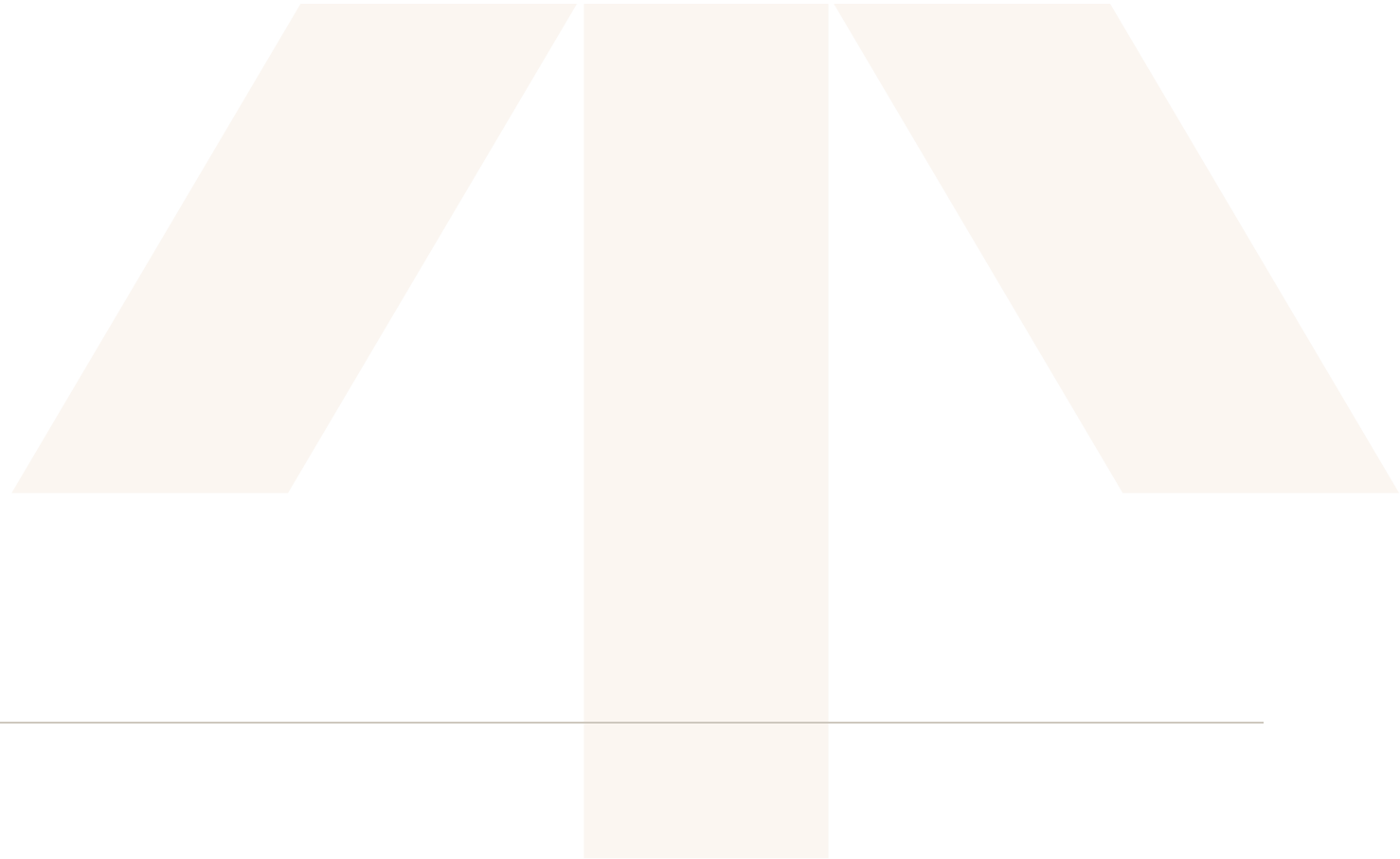
ALL approaches work equally well with some of the people some of the time.



# How Change Happens



**“The opposite of addiction isn’t sobriety. It’s connection.” – Johann Hari**







# IT TAKES TIME....

- More than half of individuals that go through treatment for addiction need multiple episodes
- Progress in recovery is often cyclic, with episodes of abstinence, relapse and treatment

## IT TAKES TIME....

By some estimates, it can take 8-9 years for an individual to reach full recovery and it usually includes 3-4 treatment episodes.



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# But Our Treatment Court is Time-Limited

Treatment court programs offer 12-18 months of treatment, support and accountability.

It is often the foundation and connections to building a long-term recovery plan for the individual



# ACCEPT

- **A** ssess what is and is not working in the treatment plan
- **C** hange the treatment plan to address those identified problems or priorities
- **C** heck the treatment contract if the participant is reluctant to modify treatment plan
- **E** xpect effort in a positive direction – “do treatment” not “do time”
- **P** olicies that permit mistakes and honesty; not zero tolerance
- **T** rack outcomes in real time – functional change (attitudes, thoughts, behaviors) not compliance with a program.

- Dr. David Mee-Lee





# Change Happens When...



Compassion



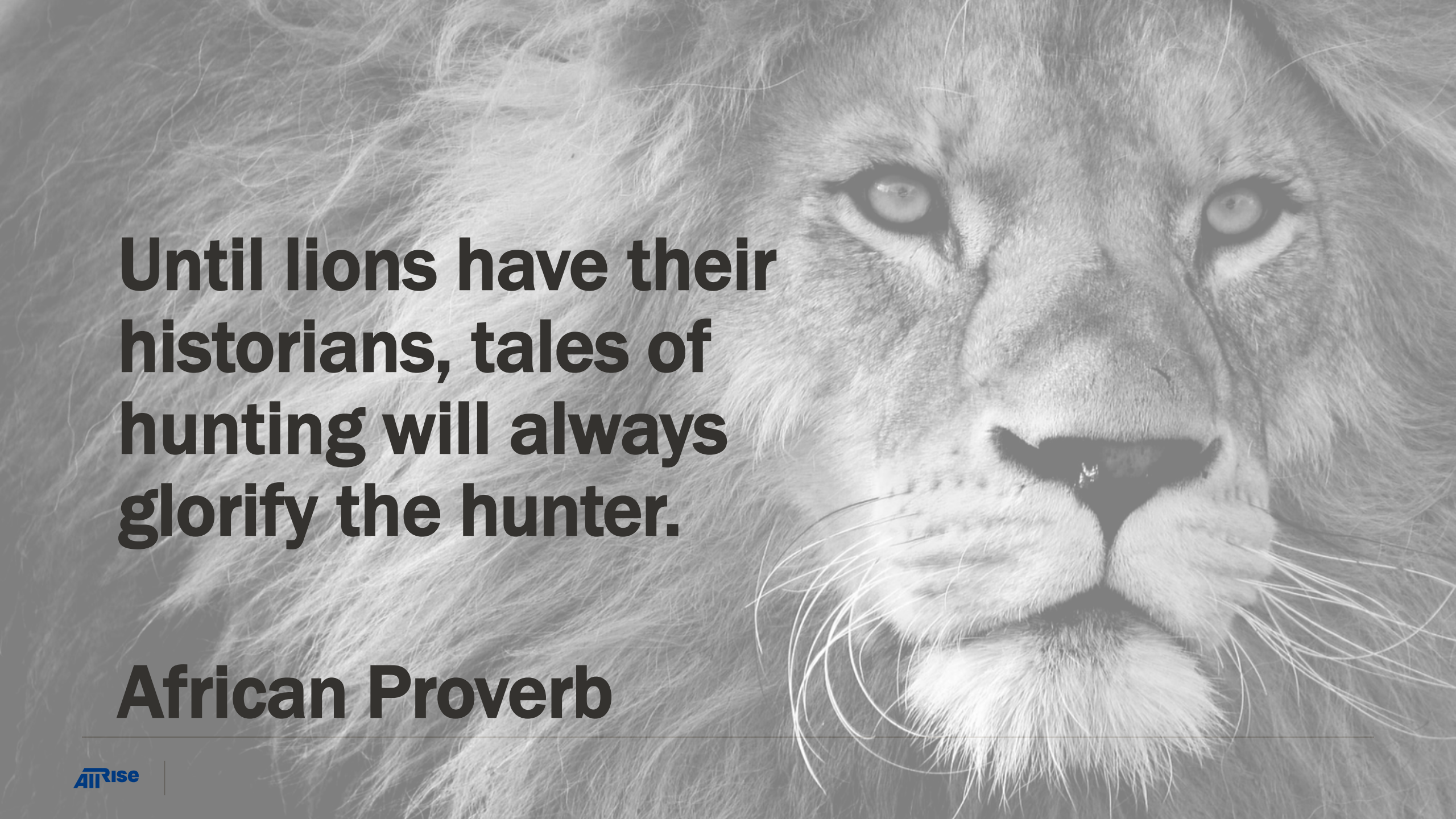
Empathy



Acceptance







**Until lions have their  
historians, tales of  
hunting will always  
glorify the hunter.**

**African Proverb**

# Evaluations



1. On your compatible phone or tablet, open the built-in camera app.
2. Point the camera at the QR code.
3. Tap the banner that appears on your phone or tablet.
4. Follow the instructions on the screen to complete the evaluation.
5. After completion, you will be provided with a certificate that can be saved and printed.

•Survey Link: <https://cvent.me/l4r0lB>