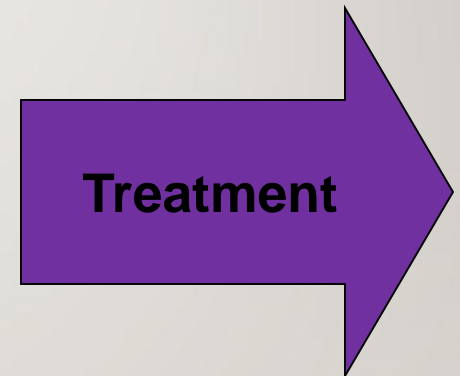
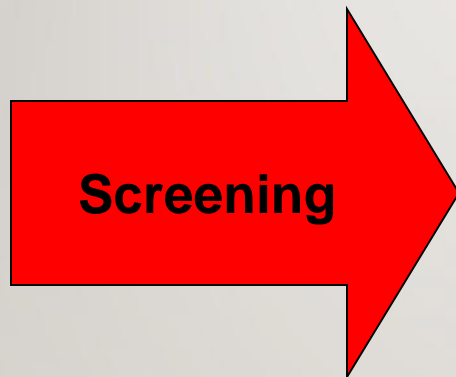


WHY MOTIVATIONAL INTERVIEWING SHOULD BE A PART OF YOUR TREATMENT CONTINUUM[©]

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

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**

WHAT DO THEY M.I.S.?

- Motivation
- Insight
- Skills

POPULAR TREATMENT APPROACHES

What's Popular

How Effective Are They?

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

TREATMENT MUST ENHANCE

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

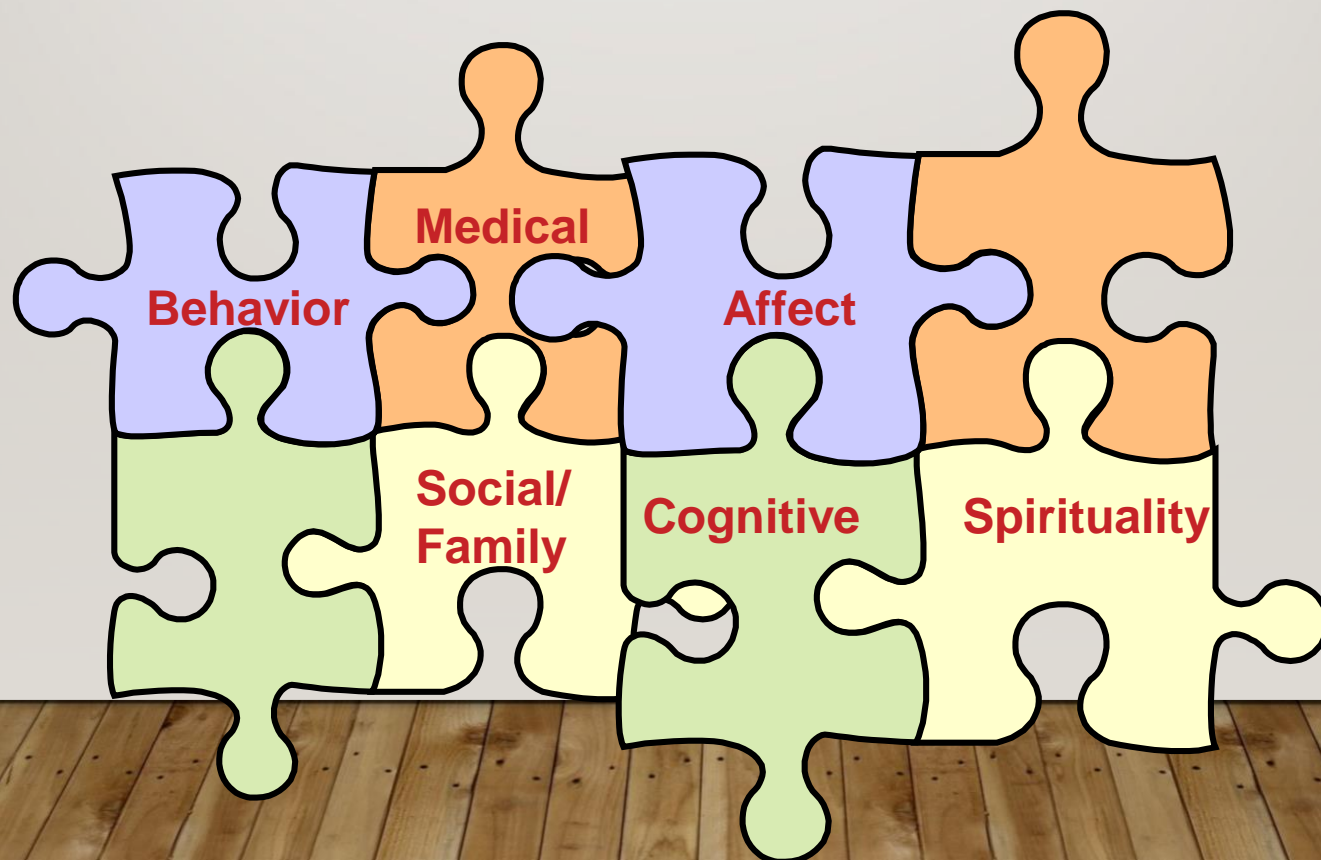
ELEMENTS OF GOOD TREATMENT

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

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”

American Society of Addiction Medicine’s Patient Placement Criteria - Second Edition Revised (ASAM PPC-2R)

DURATION OF TREATMENT

- Depends on patient problems/needs
- Less than 90 days is of limited/no effectiveness for residential/outpatient setting
- A minimum of 12 months is required for methadone maintenance
- Longer treatment is often indicated

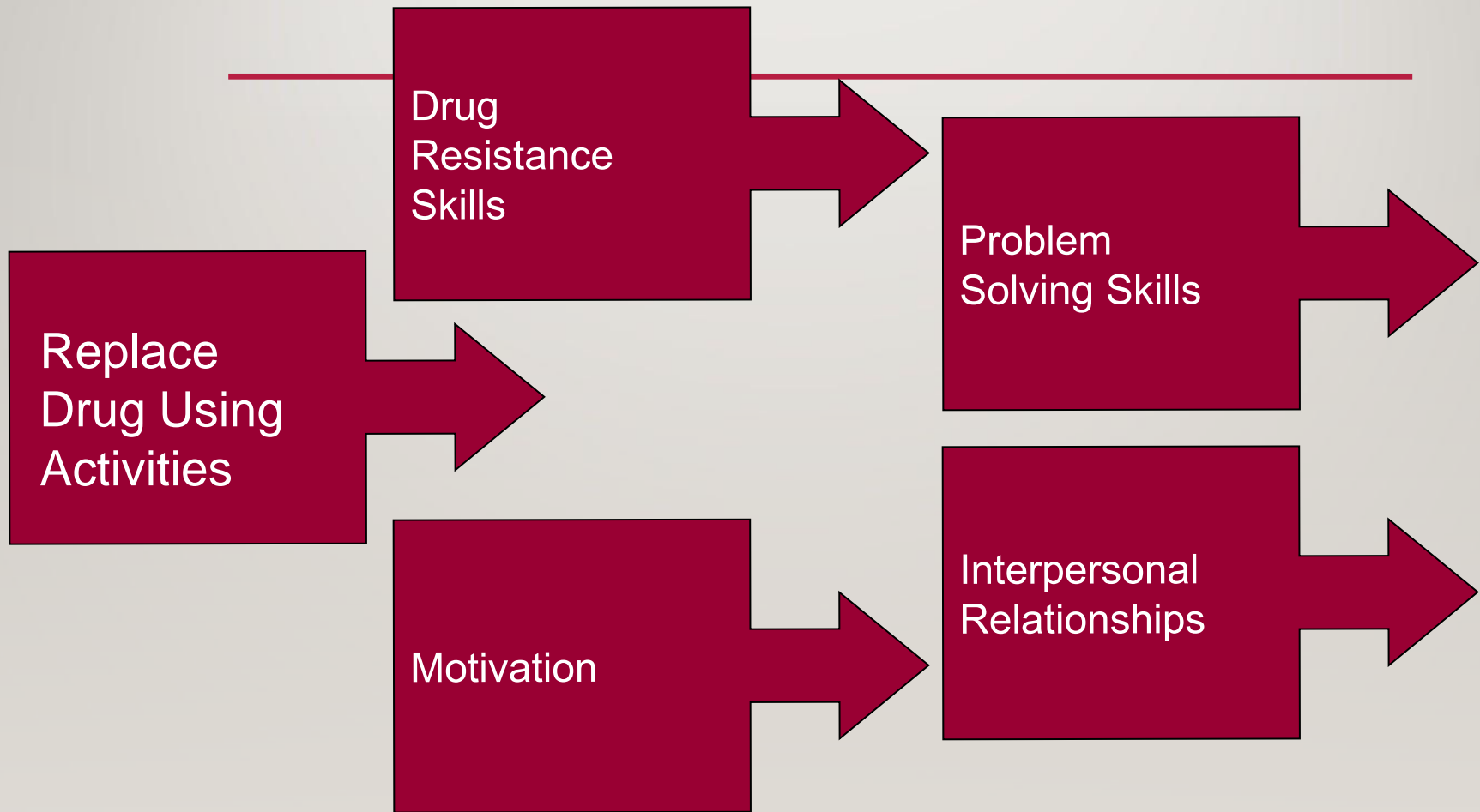
TREATMENT DURATION

- Best results if treatment last at least 9 to 12 months (with at least 200 hours of counseling)
- 6 to 10 hours of counseling weekly in the initial phase
- Be flexible and allow for differences in treatment response

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

COUNSELING AND OTHER BEHAVIORAL THERAPIES



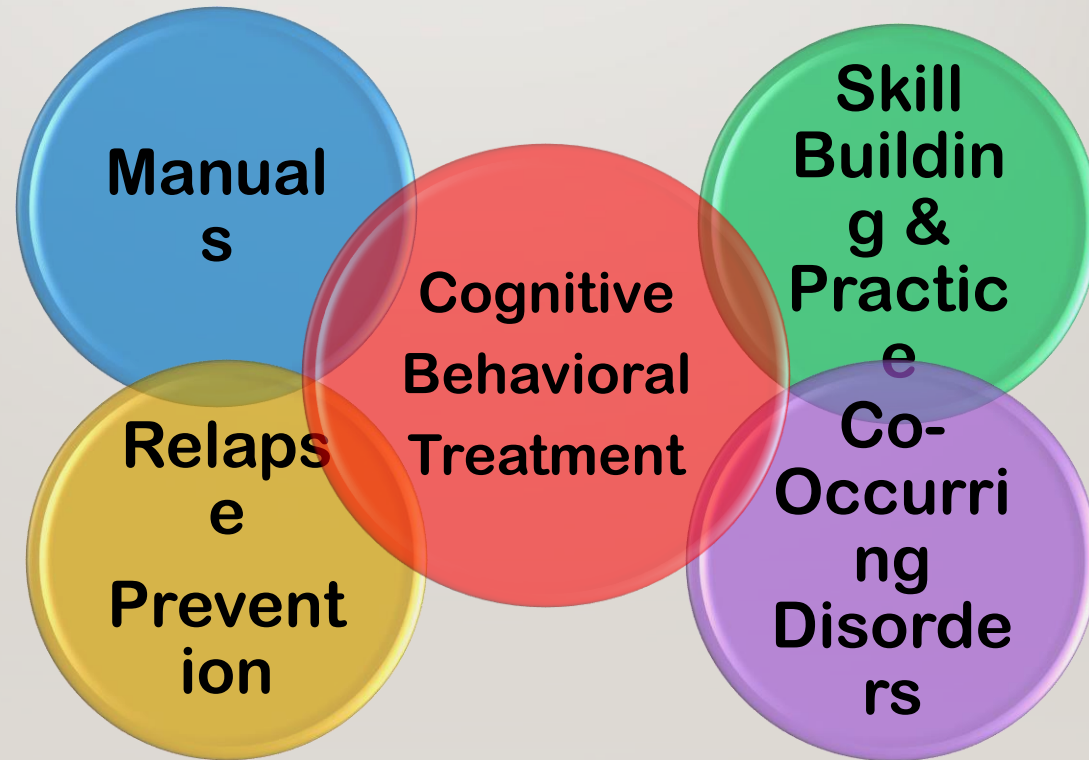
TREATMENT MODALITIES

- At least one individual session per week in first phase
- Participants screened for group intervention suitability
- Evidence-based group assignment criteria utilized, such as gender, trauma histories, co-occurring psychiatric symptoms
- Treatment groups have no more than twelve participants and two facilitators

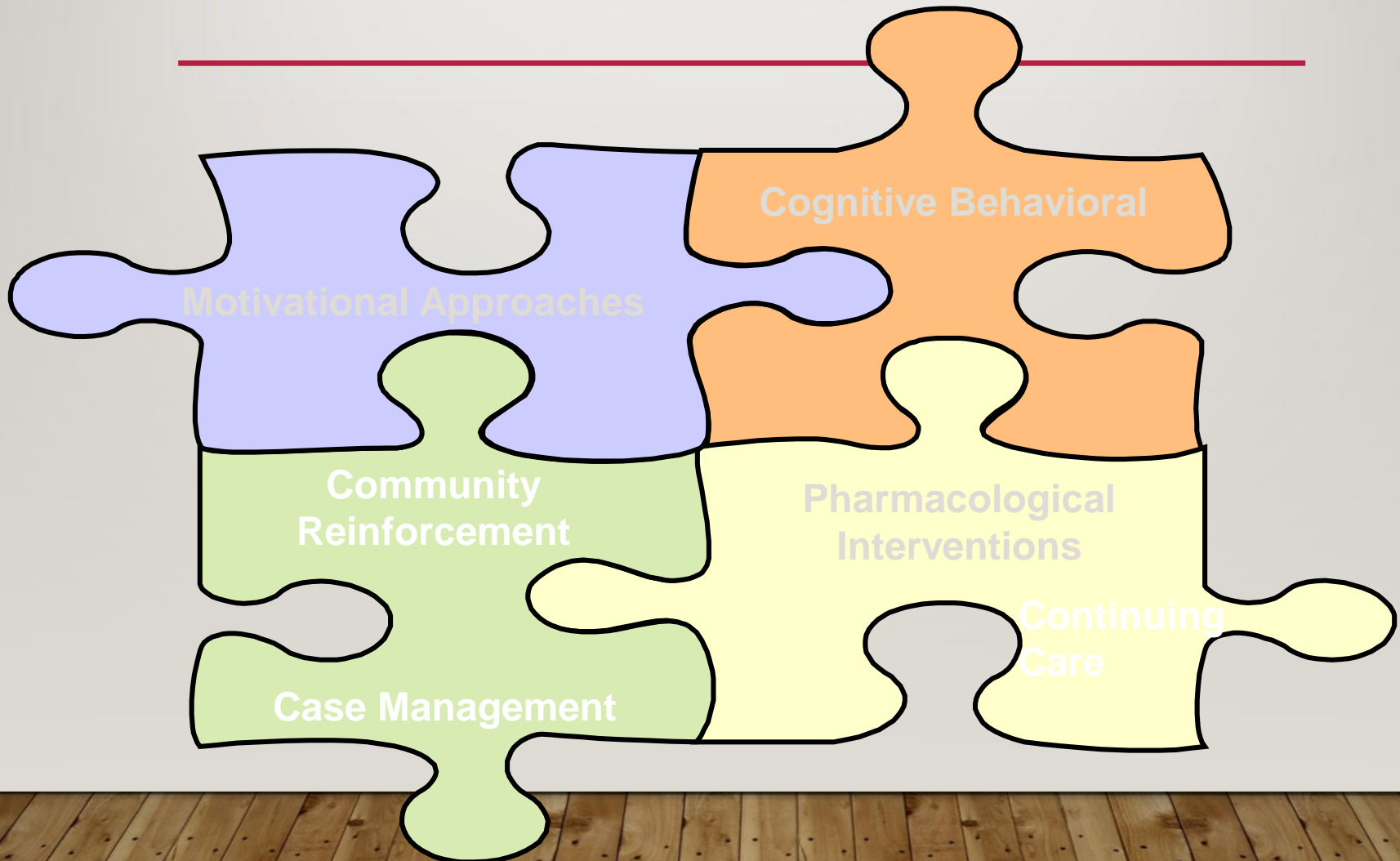
WHAT WORKS?

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

EFFECTIVE PRACTICES



For the BEST OUTCOMES Provide a
Puzzle of Evidence Based Approaches



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

WHAT IS IT?

- A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence

MOTIVATIONAL INTERVIEWING

- Intended to evoke and strengthen motivation to change a targeted behavior
- Emphasizes intrinsic change and personal commitment, over external compliance and pressure
- Both utilizes and seeks to resolve ambivalence in favor of change
- Views participant “resistance” as signal to change approach, not confront
- Contends that direct persuasion is not effective in bringing about lasting change

MOTIVATIONAL INTERVIEWING

- Change Happens when?
- When the client begins to see the importance and their brain allows engagement
- When the client believes it is possible
- When the clients thinking moves them along the stages of change continuum.

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

COMMUNITY REINFORCEMENT PLUS VOUCHERS

- ✓ The goal of Community Reinforcement approach is to help people realize that pro-social behavior gets rewarded.
- ✓ Many of our participants have been motivated to avoid punishment rather than work for rewards.
- ✓ These lessons are often learned early in life.
- ✓ Many participants did not learn the lesson or forgot it.

COMMUNITY REINFORCEMENT PLUS VOUCHERS

- ✓ Uses the community to reward non-using behavior so that the client makes healthy lifestyle changes
- ✓ High levels of satisfaction in drug and alcohol free lifestyles are needed to compete with the reinforcement derived from substance use and the substance-using lifestyle
- ✓ The CR approach is analogous to helping a child conclude—through experience, not talking—that it's more satisfying to be good than to be naughty.

COMMON CR TECHNIQUES

- Functional Analysis
- Drug Avoidance Skills
- Relationship Counseling
- Employment Counseling
- Social Recreational Counseling
- Problem Solving Training
- Points & Vouchers for Clean Urine Tests

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

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

PHARMACOLOGICAL INTERVENTIONS

Methadone – Opiate addiction – reduces craving, mediates withdrawal symptoms, helps restore normal functioning

Buprenorphine – similar to methadone, may be prescribed by an MD with special training

Acamprosate – reduction of alcohol cravings

Antabuse – produces adverse reaction with alcohol use

PHARMACOLOGICAL INTERVENTIONS

Naltrexone/Nalmefene – stops opiates from working, changes alcohol action for some – reduction in relapse

Neurontin – helps with insomnia in early recovery

Clonidine – reduction of withdrawal symptoms – possible reduction in cravings

Baclofen – possible reduction in cocaine cravings

CONTINUING CARE

- People often/usually get better because they are getting what they need.
- When they finish, they stop getting those things they needed.
- They still need them
- Aftercare/Continuing care offers them the ability to still get the things they need to stay better.

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 impending signs of relapse, and to make treatment or aftercare referrals as required

CONTINUING CARE

- Continuing care reduces substance abuse.

Continuing care should begin prior to graduation and continue at least 90 days after graduation.

- Research indicates that if a person participates in aftercare / continuing care for at least 90 days, there is a higher likelihood of continuing participation in aftercare.

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

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.



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

TREATMENT IS OFTEN DELIVERED IN STAGES

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

12-STEP SELF HELP / MUTUAL AID APPROACHES

- Program has goals of acceptance and surrender
- Clients encouraged to attend several twelve step meetings each week and read the “Big Book.”
- Maintenance of a journal and work on “recovery tasks”



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

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