

Illinois Problem Solving Courts 2021 Conference

Presents

*Evidence Based Practices
A Focus On Substance Use Disorders
Treatment and Recovery*

Presenter

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Outline

- *Definition of Evidence Based Practices*
- *3 important questions*
- *Varieties of Evidence Based Practices with justice involved individuals with Substance Use Disorders*
- *Culturally influenced Evidence Based Practices*
- *Being influenced by the evidence*

Defintion of Evidence Based Practices in Counseling

Evidence Based Practices are therapies that have been studied by researchers and replicated by more than one investigator. The approach has proven to be effective with a range of client populations.

3 Important Questions Regarding Evidence Based Practices

- 1. Who conducted the research?*
- 2. Where was the research conducted?*
- 3. Evidence based compared to what?*

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Varieties of Evidence Based Practices

Cognitive Behavioral Therapy

This here-and-now approach has proven to be effective with a range of justice involved individuals including those who:

- *Are depressed*
- *Have thought disorders*
- *Substance Use Disorders*
- *Personality Disorders*
- *Committed sex offenses*

Cognitive Behavioral Therapy Continued

Cognitive Behavioral Therapies helps people change repetitive patterns of thinking which affect emotions and drive behavior.

Types of CBT

- *Changing criminal thinking*
- *Therapeutic Communities incident reports*
- *DBT*
- *EMDR*
- *Acceptance and Commitment Therapy*
- *Exposure Therapy*
- *Trauma Informed CBT*

Which Cognitive Behavioral Therapy approach is most effective?

All Evidence Based Practices are equal in their effectiveness. Every clinician using the approach are not equal in their effectiveness.

*Source: Duncan and Miller
The Heroic Client*

Counselor Qualities Which Impact Effectiveness With Evidence Based Practices

- *Empathy*
- *Genuineness*
- *Warmth*

Counselor Qualities Continued

Charisma

- *Empathy*
- *A sense of humor*
- *Sincere enthusiasm*
- *Energy*
- *A deeply held belief in the capacity of individuals to change and grow*

Source: Steven Bacon, 2020

Counselor Qualities Continued

Believability

"Techniques alone have no therapeutic value. A technique is only valuable if a client finds it credible because they trust you and you have a strong therapeutic relationship."

Source: Steven Bacon, 2020

12 Step Facilitation

- *12 to 16 sessions with tasks to complete between each session.*

Results: 3 times more likely to be engaged in 12 Step meetings at the end of 90 days.

Contingency Management

The Use of Motivational Incentives

Definitions

Contingency management is an Evidenced Based treatment approach derived from basic principles of learning that have proven to be effective with a variety of substances and populations, including individuals with Stimulant Use Disorder.

Source: *Contingency Management in Substance Abuse Treatment, by Higgins, Silverman, and Heil*

Definitions Continued

“Also referred to as motivational incentives has its roots in operant conditioning which reveals that behaviors that are rewarded are more likely to be repeated.”

Source: NIDA Blending Initiative

Definitions Continued

Offering rewards to clients for achieving their goals.

Nothing New Under the Sun

Examples from all walks of life:

- *Concert tickets*
- *McTreatment*
- *Bicycles for grades*
- *Ice cream for 'A's*

Nothing New Under the Sun Continued

- *Brown's Chicken*
- *Sentence reduction for literacy*
- *Computer privileges*

Nothing New Under the Sun Continued

- *Conjugal visits*
- *Alcoholics Anonymous*
- *Graduations*
- *Promotions*
- *Raises*
- *Drug Courts*

The Use of Motivational Incentives

(Included in the SAMHSA Registry of Evidence Based Practices)



Source: Flickr Commons



Source: Flickr Commons



Source: Flickr Commons

250 Raffle Tickets

Incentive Value

125 Congratulations for attending the group today. Keep up the Good Work!

50 Small prize \$5.00

50 Medium prize \$10.00

24 Raffle tickets \$15 to \$20.00

Grand Prize



Source: Flickr Commons

7 Principles of Motivational Incentives

- 1. Target behavior – In choosing a target behavior it is often helpful to choose something that is problematic and in need of change. It is important that the behavior is observable and measurable.*
 - A. Negative drops*
 - B. Abstinence*
 - C. Individual therapy attendance*
 - D. Group therapy attendance*
 - E. School attendance and grades*
 - F. Pro-social behavior*

7 Principles of Motivational Incentives Continued

2. Choice of a target population

- A. Individuals with frequent re-occurrences*
- B. Pregnant women*
- C. Individuals with Stimulant or Opiate Use Disorders*
- D. Polysubstance Use*
- E. Adolescents*

7 Principles of Motivational Incentives Continued

- 3. Choice of reinforcer – Important to get input from the client population*

7 Principles of Motivational Incentives Continued

- 4. Incentive magnitude. How much reinforcement to provide—points to consider*
 - A. Level of drug use*
 - B. The greater the incentive the less use*
 - C. History of recovery*
 - D. Hope, optimism and trauma*

7 Principles of Motivational Incentives Continued

- 5. Frequency of incentives. Influences:*
 - A. Resources available*
 - B. Amount of contact desired*
 - C. Intermittent reinforcement works best in the long run*

7 Principles of Motivational Incentives Continued

6. Timing of incentive. Important points:

- A. As soon after the target behavior as possible*
- B. A recognition of the difference between a reinforcer and a reward – reinforcers are more immediate and thus more effective*

7 Principles of Motivational Incentives Continued

7. Duration of the intervention

Why Contingency Management?

The Research

SOURCE: De Crescenzo et al., 2018

Psychosocial Interventions for Cocaine and Psychostimulant Amphetamine-Related Disorders

- *Compared different behavioral interventions for retention in treatment and reducing stimulant use.*
- *Results showed using some form of **contingency management showed better results** both for reducing dropouts and lowering stimulant use.*

SOURCES: Haidich, 2010; Knapp, et al., 2007

Psychosocial Interventions for Individuals with Cocaine and Amphetamine Use Disorder

- *Meta-analysis of 50 clinical studies (6,943 participants) on 12 different psychosocial interventions for cocaine and/or amphetamine addiction.*
- ***The combination of contingency management and community reinforcement approach, was the most efficacious and most acceptable treatment both in the short and long term.***

SOURCE: De Crescenzo et al., 2018

Responding to Global Stimulant Use: Challenges and Opportunities

- *Psychosocial interventions **other than contingency management** have weak and non-specific effects on stimulant problems*
- *No effective pharmacotherapies have been approved*
- *Substantial research investment is needed to develop more effective, innovative, and impactful prevention and treatment*

SOURCE: Farrell et al., 2019

A Great Combination: Incentives Plus Rewards

- *The Breakfast Club*
- *Miracle Village*

Drug Courts

- *Similar principles of motivational incentives. Immediate rewards and immediate sanctions.*
- *Reduces recidivism*
- *Reduces substance use*
- *Reduces cost*

Structural Family Therapy

Behavioral Couples Therapy

Community Reinforcement Approach (CRA)

SOURCE: De Crescenzo et al., 2018

Community Reinforcement Approach

- Community Reinforcement Approach (CRA) is a combination of behavioral strategies to
 - ❖ Identify the role of environmental contingencies in encouraging or discouraging substance use
 - ❖ Rearrangement of these contingencies so that a non-substance using life is more rewarding than a using one.

Components of CRA

- CRA Components include:
 - ❖ behavioral skills training
 - ❖ social and recreational counseling
 - ❖ marital therapy
 - ❖ motivational enhancement
 - ❖ job counseling
 - ❖ relapse prevention
- For application to the treatment of cocaine dependence, a voucher based reinforcement program is added.

SOURCES: Meyers et.al., 2011; Budney & Higgins, 1998

Evidence for Community Reinforcement Approach

- Comparing CRA to standard drug treatment:
 - ❖ Increased rates of treatment completion
 - ❖ Greater rates of abstinence during treatment
- CRA in combination with CM:
 - ❖ Were more likely to complete treatment
 - ❖ Had longer continuous abstinence during treatment
 - ❖ Had more improved measures of drug/psych problems
- CRA in combination with CM:
 - ❖ Reduced use of cocaine during treatment
 - ❖ Improved psychological and employment functioning during treatment and at 6-month follow up

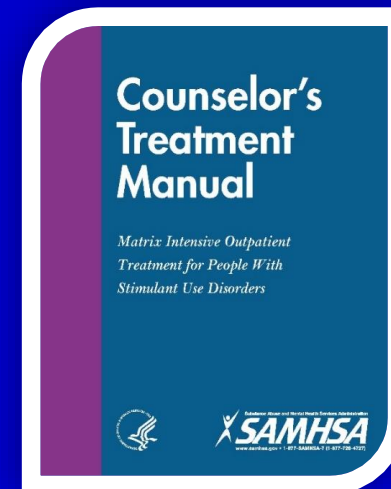
SOURCES: De Crescenzo et al., 2018; Higgins et al., 2003; Copeland & Sorenson, 2001; Higgins et al., 1994; Higgins et al., 1993

The Matrix Model

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Behavioral Approach: Matrix Model

- 16-week intensive outpatient treatment was modestly better treatment as usual to improve retention and reduce methamphetamine use
- Therapist functions as teacher and coach
- Incorporates a variety of approaches
 - ❖ CBT
 - ❖ CM
 - ❖ MI
 - ❖ 12-Step Facilitation
 - ❖ Family Involvement
 - ❖ Person-centered therapy



SOURCES: CSAT, 2006; Rawson, et al., 2004

Definition

Motivational Interviewing is a collaborative, Person centered approach, geared towards strengthening a client's internal motivation to change.

Miller & Rellnick, 2009

Definition of Motivational Interviewing

An approach designed to help clients build commitment and reach a decision to change. It is very useful with people who are reluctant to change and ambivalence about changing. The approach borrows a great deal from the work of Prochaska and DiClemente.

Key Idea

- *Confrontation is a goal, not a style. Motivational interviewing helps create an internal confrontation. The goal of confrontation in motivational interviewing is to see one's self clearly so that one can change. The counselor must create a safe enough environment for the client to feel comfortable enough to do the self-examination.*

Why Motivational Interviewing for Stimulant Use Disorders

- *The approach increases rapport*
- *The approach minimizes confrontation*
- *It honors the fact that many stimulant users view their stimulant use as the “Solution to their problems.”*
- *It allows clients to lead the change process*
- *The approach increases retention*

Things to Avoid in the Early Sessions with Clients

- *Labels*
- *The term “problem”*
- *Being too cheery*
- *Premature focus trap*
- *Too much talk about change*
- *Assuming the client is ready to change*
- *Confrontational/Denial trap*
- *Expert trap, question/answer trap*

Skills of Motivational Interviewing Continued

OARS

- *Open ended questions*
- *Affirmations*
- *Reflections*
- *Summarizing*

Motivational Interviewing Skills with Clients Continued

Stage Based Interviewing

- *Precontemplation - The client does not believe that stimulant use is a problem that needs to change.*
- *Contemplation – The client is aware that stimulant use is a problem and is ambivalent about changing.*
- *Preparation – The client is motivated to do something about their stimulant use but has not done it yet.*

Motivational Interviewing Skills with Clients Continued

- *Action – The client is engaged in action to bring about change*
- *Maintenance – The client has sustained the behavioral change for 6 months or longer*

Precontemplation

Goal – To raise Doubt

“I might need to address this.”

- *Person centered relationship*
- *Information*
- *Stories*
- *Values clarification*
- *Role clarification*
- *Feedback from significant others*

Contemplation

Goal – To walk alongside the client to help him/her decide if he or she should change

- *A balance sheet*
- *Speak to both sides of the ambivalence*
- *Honor the four laws of ambivalence*
- *Guiding questions*

The Four Laws of Ambivalence

- *Law of paradox – When counselors choose one side of the ambivalence, clients often feel they have no choice but to choose the other side*
- *Law of freedom – Clients will often make decisions that lead to negative consequences for them if they feel their personal freedom is being taken away*

The Four Laws of Ambivalence Continued

- *Law of conflict – Conflict occurs only if two people have conflicting goals*
- *The law of “I heard what I said.”*

Guiding Questions

- *What concerns if any do you have about your meth use?*
- *Speak to both sides of the ambivalence*
- *What are the advantages and disadvantages of discontinuing crack cocaine use?*

Guiding Questions Continued

- *If the client mentions a concern, ask for elaboration followed by an example*
- *Use extremes*
- *What are the best outcomes if you change?*
- *What are the worse outcomes if you do not change?*

Preparation

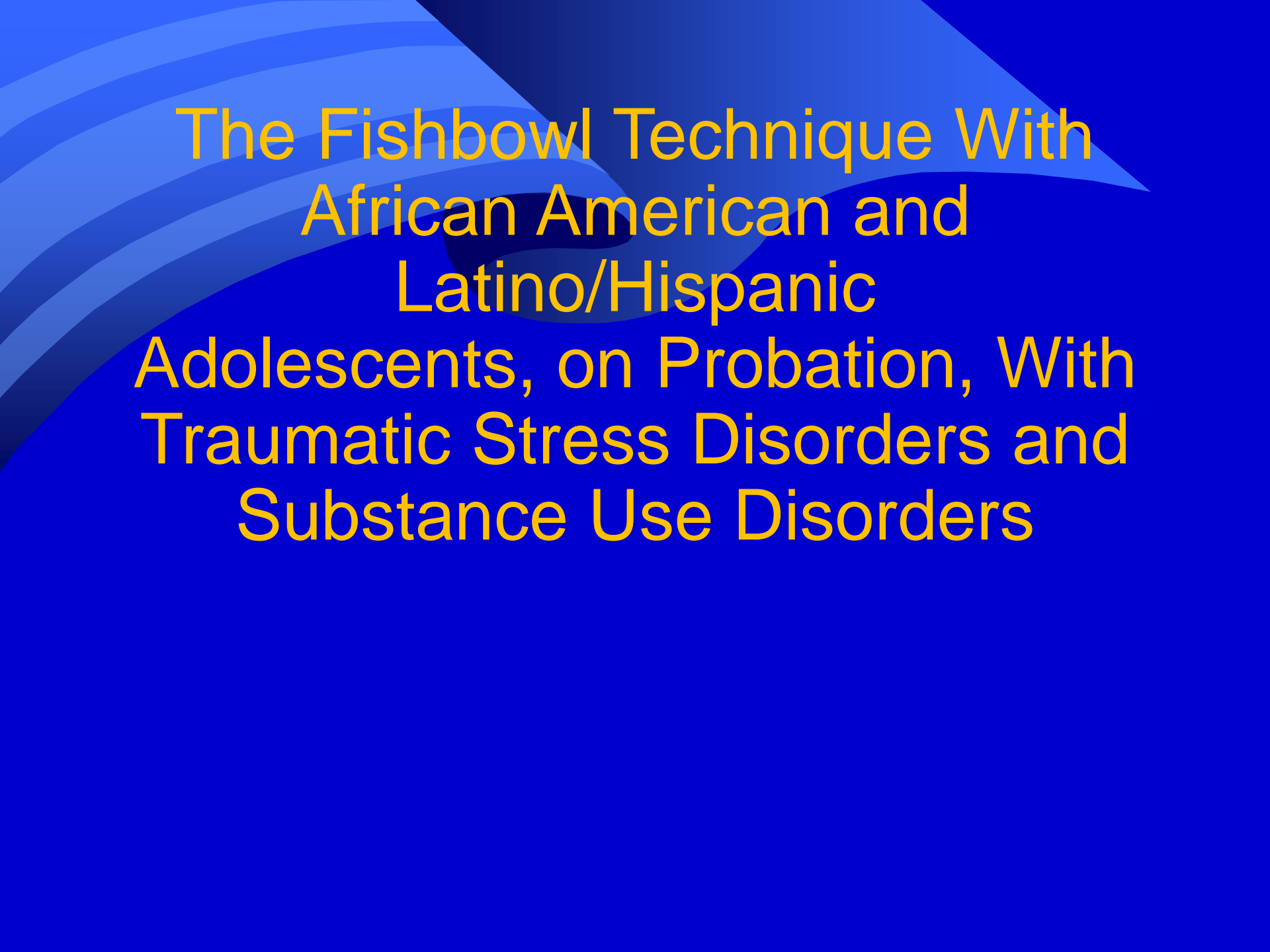
- *Provide a menu of options*
- *Remove barriers*
- *Escorts*
- *Harm Reduction*
- *Provide a menu of options*

Best Practices

- *The use of Recovery Coaches*
 - *In-treatment*
 - *Post-treatment*
- *Housing first*
- *Employment (Portugal)*

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*Integrating Cultural Competence Into
Evidence Based Practices*

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The Fishbowl Technique With
African American and
Latino/Hispanic
Adolescents, on Probation, With
Traumatic Stress Disorders and
Substance Use Disorders



Source: Flickr Commons

Being Influenced by the Evidence

- *Listen more than you talk*
- *Relationship first*
- *Invite solutions from the client*
- *Partner with clients*
- *Minimize confrontation*
- *Work with families*
- *Work with couples*
- *90 days of continuous recovery support*