

PRESENTED BY DR. KENNETH ROBINSON, ED.D.

Importance of the First 90 Days in Treatment

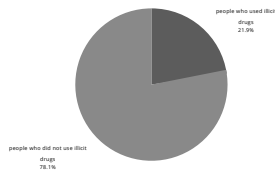
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NSDUH Results Detailing Mental Illness and Substance Use Levels in 2021

Drug Use and Substance Use Disorder
PEOPLE AGED 12 OR OLDER

- **61.2 million** people used illicit drugs in the past year
- The most commonly used illicit drug: marijuana - **52.5 million** people used marijuana in the past year
- **9.2 million** people misused opioids in the past year



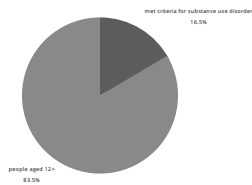
Source: <https://www.samhsa.gov/newsroom/press-announcements/2022/01/04/samhsa-announces-nsduh-results-detailing-mental-illness-substance-use-levels-2021>

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NSDUH Results Detailing Mental Illness and Substance Use Levels in 2021

Drug Use and Substance Use Disorder
PEOPLE AGED 12 OR OLDER

- **46.3 million** people met DSM-5 criteria for having substance use disorder
- **29.5 million** people were classified as having alcohol use disorder
- **24 million** people were classified as having drug use disorder



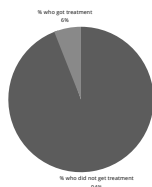
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NSDUH Results Detailing Mental Illness and Substance Use Levels in 2021

Drug Use and Substance Use Disorder
PEOPLE AGED 12 OR OLDER

- **94%** of people 12 or older with a substance use disorder did not receive treatment
- Nearly all people with a substance use disorder who did not get treatment, did not think they needed treatment



Source: <https://www.samhsa.gov/newsroom/press-announcements/2022/01/04/samhsa-announces-nsduh-results-detailing-mental-illness-substance-use-levels-2021>

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NSDUH Results Detailing Mental Illness and Substance Use Levels in 2021

Drug Use and Substance Use Disorder
PEOPLE AGED 18 - 25

- Nearly **2 in 5** young adults used illicit drugs in the past year
- Nearly **1 in 3** young adults used marijuana in the past year
- The percentage of people who were classified as having a past year substance use disorder, including alcohol use and/or drug use disorder, was highest among young adults aged 18 to 25 compared to youth and adults 26 and older.



Source: <https://www.samhsa.gov/newsroom/press-announcements/2022/01/04/samhsa-announces-nsduh-results-detailing-mental-illness-substance-use-levels-2021>

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NSDUH Results Detailing Mental Illness and Substance Use Levels in 2021

Mental Illness among Adults
PEOPLE AGED 18 OR OLDER

- Nearly **1 in 4** adults had a mental illness in the past year
- Adults with serious mental illness had higher rates of treatment compared to those with any mental illness.
- White and Multiracial adults were more likely to receive mental health services in the past year than Black, Hispanic or Latino, or Asian adults.



Source: <https://www.samhsa.gov/newsroom/press-announcements/2022/01/04/samhsa-announces-nsduh-results-detailing-mental-illness-substance-use-levels-2021>

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NSDUH Results Detailing Mental Illness and Substance Use Levels in 2021

Mental Illness among Adults PEOPLE AGED 18 - 25

- Nearly **1 in 3** had a mental illness in the past year
- Despite having the highest rate of serious mental illness, people aged 18 to 25 had the lowest rate of treatment in comparison to adults in other age groups.



Source: <https://www.samhsa.gov/newsroom/press-announcements/2022/01/04/samhsa-announces-nsduh-results-detailing-mental-illness-substance-use-levels-2021>

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NSDUH Results Detailing Mental Illness and Substance Use Levels in 2021

Co-Occurring Substance Use Disorder with Any Mental Illness PEOPLE AGED 18 - 25

- **13.5%** of young adults aged 18 to 25 had both a substance use disorder **AND** any mental illness in the past year.
- **46%** of young adults 18-25 had **EITHER** a substance use disorder or any mental illness.



Source: <https://www.samhsa.gov/newsroom/press-announcements/2022/01/04/samhsa-announces-nsduh-results-detailing-mental-illness-substance-use-levels-2021>

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NSDUH Results Detailing Mental Illness and Substance Use Levels in 2021

Co-Occurring Substance Use Disorder with Any Mental Illness PEOPLE AGED 18 OR OLDER

- Nearly **1 in 3** adults had **EITHER** a substance use disorder or any mental illness in the past year
- The percentage of adults aged 18 or older who met criteria for both a mental illness and a substance use disorder in the past year was higher among Multiracial adults than among White, Black, Hispanic or Latino, or Asian adults.
- Asian adults were less likely to have had both AMI and a substance use disorder in the past year compared with adults in most other racial or ethnic groups.



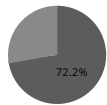
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NSDUH Results Detailing Mental Illness and Substance Use Levels in 2021

Recovery

adults who **EVER** had a substance use problem considered themselves to be recovering or in recovery



20.9 Million



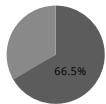
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NSDUH Results Detailing Mental Illness and Substance Use Levels in 2021

Recovery

adults who **EVER** had a mental health issue considered themselves to be recovering or in recovery



38.8 Million



Source: <https://www.samhsa.gov/newsroom/press-announcements/2022/01/04/samhsa-announces-nsduh-results-detailing-mental-illness-substance-use-levels-2021>

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Few are prescribed medications to treat alcohol problems

14 million adults in the United States have alcohol use disorder (AUD)

- 5.6% of adults (or 14.1 million people) in the United States in 2019 had AUD in the past year
- Among those with AUD, 7.3% reported receiving any treatment for alcohol use in the past year
- only 1.6% reported using an approved medication for AUD
- Among the estimated 14.1 million adults with AUD, only about 223,000 used medications for their disorder

Source: <https://www.nih.gov/news-events/ih-research-matters/few-are-prescribed-medications-treat-alcohol-problems>

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"THE LIMITED USE OF MEDICATIONS FOR TREATING AUD IS A TROUBLING ASPECT OF A 'TREATMENT GAP' ACROSS ALL MODALITIES FOR SCREENING AND TREATING AUD. FAR TOO FEW PEOPLE WITH AUD RECEIVE TREATMENT OF ANY TYPE, INCLUDING MEDICATIONS."

NIAAA DEPUTY DIRECTOR DR. PATRICIA A. POWELL

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"TO INCREASE UPTAKE OF THESE MEDICATIONS, WE MUST EDUCATE PEOPLE WITH ALCOHOL USE DISORDER THAT EFFECTIVE MEDICATIONS DO EXIST, AND HELP THEM RECOGNIZE THEIR SYMPTOMS AND ENGAGE WITH EVIDENCE-BASED TREATMENTS."

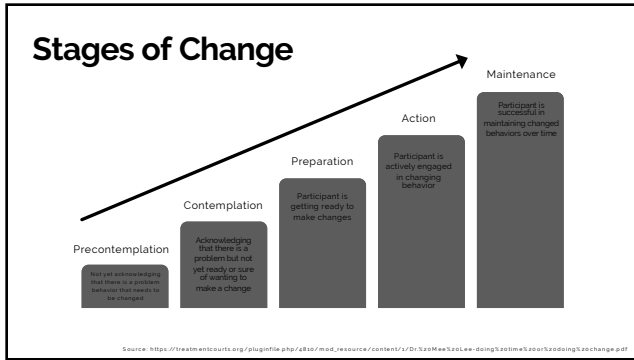
NIDA DEPUTY DIRECTOR, DR. WILSON COMPTON

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TREATMENT IS OFTEN Delivered in Stages



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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

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Top 10 Lies Told to Therapists by Clients

- How bad I really feel (54%)
- The severity of my symptoms (39%)
- My thoughts about suicide (31%)
- My insecurities & doubts about myself (31%)
- Pretending to like my therapist's comments (29%)
- My use of drugs or alcohol (29%)
- Why I missed appointments./was late (29%)
- Pretending to find therapy more effective than I do (29%)
- Pretending to be more hopeful than I really am (27%)
- Things I have done that I regret (26%)

Source: <https://www.adaa.org/resources/2019/05/15/09-04>

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Selfish Behavior

Psychological research shows that people tend to attribute successes to their internal abilities, while they blame failures on external circumstances such as unfair processes. Previous experimental studies have found that egotistical and immoral behavior increases when processes have been unfair.

Source: <https://neurosciencenews.com/selfish-behavior-information-19277/>

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When we fail, we overestimate how unfair the situation has been. This increases the risk that we become more egotistical and immoral.

Source: <https://neurosciencenews.com/selfish-behavior-information-19277/>

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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

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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

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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

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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

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Popular Treatment Approaches

Miller et al. 1995

WHAT'S POPULAR


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

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What Do they M.I.S.?



Motivation




Insight




Skills

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Treatment Must Enhance



Why change?



What to change?



How to change?

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Fear of regret is the greatest enemy of good decision-making.

Daniel Kahneman, the Israeli psychologist and economist

Source: <http://www.psychologytoday.com/us/blog/after-50/2011/2/why-narcissists-can-struggle-decision-making>

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- 1 Anticipated regret is why people often prefer to stand still rather than move forward.
- 2 People with narcissistic disorders experience regret as humiliating.
- 3 Many people with narcissistic disorders have difficulty making decisions because of their fear of shame.

Source: <http://www.psychologytoday.com/us/blog/after-50/2011/2/why-narcissists-can-struggle-decision-making>

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“

Not moving forward because of the fear of being ashamed if it does not work out can be even more powerful and paralyzing than fears of shame or regret.

Source: <http://www.psychologytoday.com/us/blog/after-50/2011/2/why-narcissists-can-struggle-decision-making>

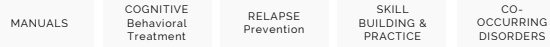
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Elements of Good Treatment

- 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

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EFFECTIVE PRACTICES

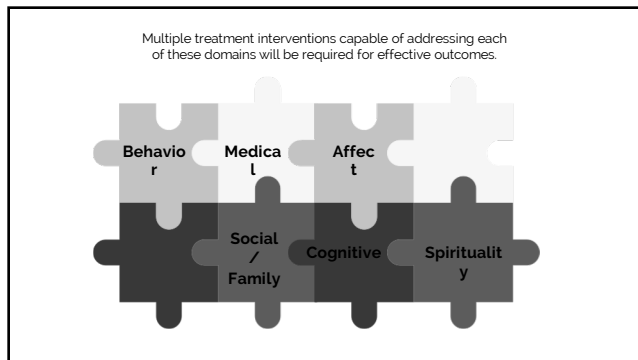


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Programming Goals

- 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?

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“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)

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The personality trait linked to those most likely to succeed...

AMBITION

The psychological definition of ambition is “persistent and generalised striving for success, attainment and accomplishment”.

Source: <https://www.stuff.co.nz/life-style/wellbeing/304429253/what-drives-us-the-personality-traits-linked-to-those-most-likely-to-succeed>

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ASAM Criteria

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

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Treatment Duration

LESS THAN 90 DAYS IS OF LIMITED/NO EFFECTIVENESS FOR RESIDENTIAL/OUTPATIENT SETTING

- 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

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WHAT WORKS?

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

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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

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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

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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.

- 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 Reconation Therapy (MRT®).

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Outcomes Improve When...



- Participants receive behavioral or cognitive-behavioral interventions
- Interventions are carefully documented in treatment manuals
- Providers are trained to deliver the intervention consistent with the manual
- Fidelity to the treatment model is maintained through continual clinical oversight

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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

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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

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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



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WHY IS GROUP COUNSELING EFFECTIVE?

Group counseling usually is effective because members behave in ways that reflect how they are outside of the group and other members can support the individual through changing these unproductive patterns through feedback.

Sources: <https://www.bestcounselingdegrees.net/faq/what-happens-in-group-counseling-sessions/>

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WHY IS GROUP COUNSELING EFFECTIVE?

Group counseling is also helpful for providing the opportunity to practice alternative ways of interacting with others who are caring and encouraging of their journey.

Sources: <https://www.bestcounselingdegrees.net/faq/what-happens-in-group-counseling-sessions/>

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WHY IS GROUP COUNSELING EFFECTIVE?

Group counseling sessions are usually the most effective method for addressing various interpersonal issues, including loneliness, shyness, excessive dependence, frequent arguments, difficulty trusting others, discomfort in social situations, and lack of intimacy.

Source: <https://www.bestcounselingdegrees.net/faq/what-happens-in-group-counseling-sessions/>

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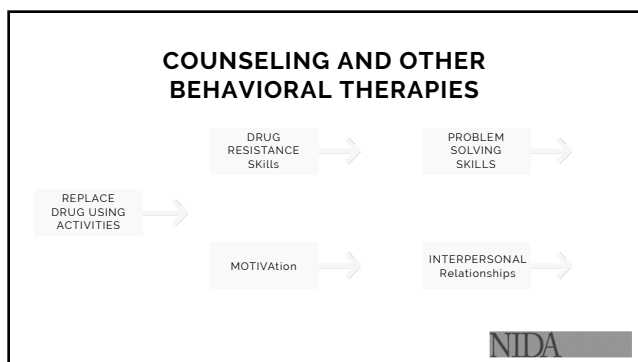
CONCLUSION

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.

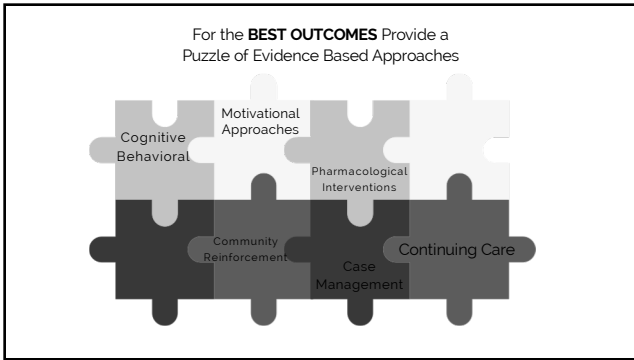
Equally important is the delivery of treatment services and types that have been demonstrated effective and is provided by properly trained and supervised clinicians.

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

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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

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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

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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

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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



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QUESTIONS?

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Contact Us!

We'd love to hear your thoughts!

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