

Behavioral Interventions for Justice-Involved Individuals with Stimulant Use Disorders: Part 1



Deborah (Deb) Werner, MA, PMP
Coach, MAT in County CJ Systems
Senior Program Director, Advocates for Human Potential, Inc.

Carol Clancy, PsyD
Coach, MAT in County CJ Systems
Principal, HMA

DISCLAIMER

- This session was conducted for members of county-based teams in CA that are working to expand access to Medications for Addiction Treatment in jails and drug courts. The project is funded through California's Department of Health Care Services with State Opioid Response funding from SAMHSA. The content is being made available to all interested parties.
- Please note this content has not been professionally edited and the session was conducted using Zoom.

ADDRESSING THE PROBLEM OF STIMULANT/METHAMPHETAMINE USE

- Stimulant use disorder – especially methamphetamine – is a significant – if not the biggest - substance use disorder for many counties in California.
- *How can county jails and justice systems develop strategies to better identify and respond to this population?*
- Today – Part I of two sessions focused on helping teams develop these strategies.

THIS SESSION BUILDS ON A PREVIOUS SESSION

The Neuroscience of Stimulant Use
Disorders presented

Shannon Robinson, MD on September 23,
2020

Recording available at:

[https://vimeo.com/466218120/4a1c71c3
b2](https://vimeo.com/466218120/4a1c71c3b2)

Slides available [here](#)



About Stimulants

STIMULANTS

Amphetamine

- Used to treat ADHD, narcolepsy
- Primary pharmacological effect is on the central nervous system
- Ex: Adderall

1

Methamphetamine

- Used to treat ADHD, narcolepsy, short term treatment of obesity
- Can be produced from over-the-counter cold medicines
- Primary pharmacological effects are euphoria and hallucinosis

2

Cocaine

- Clinically used as a local anesthetic
- Blocks reuptake, floods the brain with serotonin
- Primary pharmacological effects are euphoria mood enhancing and stimulated cardiovascular system

3

Stimulant Use Disorder is defined in the DSM V as "the continued use of **amphetamine-type substances, cocaine, or other stimulants** leading to clinically significant impairment or distress, from mild to severe.

■ CESSATION FROM STIMULANTS

- Acute withdrawal: 4 days (no medication intervention recommended)
 - Increased appetite
 - Increased sleep & dreaming
 - Decreased activity & energy
 - Depression & anhedonia
 - Decreased concentration
 - Craving
- Protracted withdrawal up to 10 weeks
- Lingering effects on the brain; may be permanent
 - Psychosis
 - Movement Disorders
- **Additional webinar training focused on withdrawal management for stimulants offered**

CO-OCCURRING DISORDERS AND STIMULANTS

- Stimulants are associated with several psychiatric diagnoses.
- Bidirectional: mental illness can predispose individuals to use stimulants to mask symptoms
- Long-term stimulant use is associated with mood and psychotic disorders.
 - **This leads to behaviors/symptoms that are often problematic at jails.**
- However, with treatment, substance induced psychiatric disorders will resolve.

I DEPRESSION AND STIMULANT USE

- Depression is the most common form of comorbid psychiatric diagnosis.
- Comorbid depression is associated with more severe symptomatology and impairment in methamphetamine users.
- Comorbid depression reported more in women than in men.
- It can be difficult to tease out a primary depressive disorder from substance use disorder during the time a person is using or going through withdrawal, as symptoms mirror each other.
- **Information from various sources are important to discern diagnosis.**

I BIPOLAR DISORDER AND STIMULANT MISUSE

- There is some evidence that prescribing stimulants for bipolar depression is effective, hence self-medicating this way...
- Stimulants do not cause Bipolar Disorder, but stimulant intoxication can be misdiagnosed as a manic episode
- Having information about history of treatment and diagnosis prior to stimulant use is important

I PSYCHOSIS AND STIMULANT USE

- Approximately 40% of methamphetamine users will experience psychotic symptoms.
- Acute symptoms can include agitation, delusions, auditory and visual hallucinations.
- May need to be hospitalized and treated with antipsychotics.
- Differential diagnosis is difficult.
- **Information about functioning prior to meth use is important for differential diagnosis.**

■ IN SUMMARY

- Symptoms of stimulant misuse can mirror symptoms of depression, mania, and psychotic disorder.
- There must be collaboration among treatment providers in order to differentiate the primary diagnosis.
- Thorough information is needed to rule out a substance-induced psychiatric disorder.
- **Consequently, siloes among treatment teams impedes effective treatment.**

■ APPLICATION AND CONSIDERATIONS IN CUSTODY SETTINGS

- **In jail settings – address siloes among treatment teams and with custody/security.**
 - Mental health assessment, treatment and patient records
 - Substance use disorder assessment, treatment and patient records
 - + How is this information shared – between MH, SUD and healthcare staff?
 - + How is custody incorporated into cases where behavior issues and other custody concerns may be related to stimulant use (aggression, delusion/psychosis, etc.)
 - Strategies:
 - + Integrated treatment planning
 - + Case staffings inclusive of MH, SUD, healthcare and custody where indicated
 - + Develop a protocol to determine which should be staffed



Overview of Interventions and Treatment

PRINCIPLES OF DRUG ABUSE TREATMENT FOR CRIMINAL JUSTICE POPULATIONS

1. Drug addiction is a brain disease that affects behavior.
2. Recovery from drug addiction requires effective treatment, followed by management of the problem over time.
3. Treatment must last long enough to produce stable behavioral changes.
4. Assessment is the first step in treatment.
5. Tailoring services to fit the needs of the individual is an important part of effective drug treatment for criminal justice populations.
6. Drug use during treatment should be carefully monitored.

PRINCIPLES OF DRUG ABUSE TREATMENT FOR CRIMINAL JUSTICE POPULATIONS

7. Treatment should target factors that are associated with criminal behavior.
8. Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements.
9. Continuity of care is essential for drug abusers re-entering the community.
10. A balance of rewards and sanctions encourages pro-social behavior and treatment participation.
11. Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.
12. Medications are an important part of treatment for many drug abusing offenders.
13. Treatment planning for drug using offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS , hepatitis B and C , and tuberculosis.

WHAT ARE BEHAVIORAL THERAPIES?

Behavioral therapies vary in their focus and may involve addressing:

- a patient's motivation to change
- providing incentives for abstinence
- building skills to resist drug use
- replacing drug-using activities with constructive and rewarding activities
- improving problem-solving skills
- and facilitating better interpersonal relationships
- Also, participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.

Source: NIDA, 2020.

BEHAVIORAL THERAPIES CAN INCLUDE

- Assessment and Treatment Planning
 - Cognitive Behavioral Therapy
 - Motivational Interviewing and Motivational Enhancement Therapy
 - Psycho-Social Education
 - Contingency Management
 - Dialectic Behavioral Therapy
 - Community Re-enforcement Approach
 - Individual, Group and Family Counseling
- Linked with
- Peer and Recovery Supports
 - Case Management/Navigation
 - MAT, Integrated Mental Health and Health Care



Evidence-Based Interventions for Stimulant Use Disorder

- Motivational Interviewing/Enhancement Therapies (MI/MET)
- Cognitive Behavioral Therapy (CBT)
- *To Be Covered in Session II:*
 - Community Reinforcement Approach
 - Contingency Management
 - Health and Wellness Strategies

CHANGE IS HARD FOR EVERYONE

Several Factors Enhance People's Motivation

- Distress levels
- Critical life events
- Cognitive evaluation or appraisal
- Recognizing negative consequences
- Positive and negative external incentives

- **Clinician's task is to elicit and enhance motivation**
- ***All members of the "treatment team" - including custody can do this!***
 - Use MI
 - Consider how the current circumstance of being incarcerated can be used to enhance motivation to address SUD

(source: SAMHSA TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment)

STAGES OF CHANGE



Pre-Contemplation:
“No problem here”



Contemplation:
“Could this be a problem?”



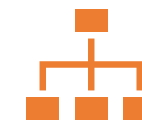
Preparation:
“What do I do about this?”



Action: “Let’s see if this works”



Maintenance:
“Keeping up what works”



Lapses:
“Setbacks are normal, but don’t have to be long”

CLINICAL TASKS

- **Pre-contemplation** Build trust. Raise doubt – increase the person’s perception of problems with current behavior. “Plant seeds.”
- **Contemplation** Normalize ambivalence. Tip the balance – evoke reasons to change, risks of not changing; strengthen person’s self-efficacy for change of current behavior.
- **Preparation** Explore change goals. Develop change plan.
- **Action** Support person’s action steps. Evaluate change plan.
- **Maintenance** Stabilize person’s change. Support lifestyle changes.
- **Relapse and Recycle** When lapses occur, help person re-enter change cycle without becoming stuck or demoralized.

Source: SAMHSA TIP 35 Enhancing Motivation for Change in Substance Use Disorder Treatment

| MOTIVATIONAL COUNSELING: FRAMES

Feedback	Concern about individual and risk is offered.
Responsibility	For change and decisions placed with the individual.
Advice	Advice on changing is given clearly and supportively and in a non-judgmental manner if offered.
Menu	Self-directed change options, alternatives and resources are provided without attachment to outcomes.
Empathetic Counseling	Reflective listening, showing warmth, respect and understanding.
Self-Efficacy	Optimistic empowerment. Help the individual to begin to believe in his/her value and capability.

Adapted from : SAMHSA TIP 35 Enhancing Motivation for Change in Substance Use Disorder Treatment

SUPPORT SELF- EFFICACY: THE POWER OF HOPE



**BELIEF IN THE POSSIBILITY OF
CHANGE IS AN IMPORTANT
MOTIVATION**



**THE PERSON IS RESPONSIBLE FOR
CHOOSING AND CARRYING OUT
PERSONAL CHANGE**



**THERE IS HOPE IN THE RANGE OF
AVAILABLE ALTERNATIVE
APPROACHES**



Cognitive Behavioral Therapies

WHAT IS COGNITIVE BEHAVIORAL THERAPY?

- Based on theory that in the development of maladaptive behavioral patterns like substance mis-use, learning processes play a critical role.
- Through CBT people learn to identify and correct problematic behaviors by applying different skills.
- Key elements include
 - identification of potential problems
 - Self-monitoring
 - Developing alternative coping strategies
- Research indicates skills learned remain after completion of treatment.
- Can be combined with other interventions for more powerful effects.
- *Resources at end of this presentation*

Source, NIDA, 2020



Considerations in Jails

■ CONSIDERATIONS FOR INITIATING TREATMENT IN A JAIL

- There are obstacles to effective psychosocial treatment in jails
 - Lack of space
 - Lack of treatment staff
 - Challenges with in-reach
 - Siloed treatment teams
 - Fitting treatment groups into pod schedule
 - Classification issues
 - + May have to repeat the same group on different pods or different times to keep classifications separate

I NEED FOR COLLABORATIVE CARE

- Treatment team includes not only healthcare, but custody staff and probation
- Linkages to aftercare is important
- Referrals and initiating warm hand-offs is essential to treatment



THERE ARE ALSO SIGNIFICANT
OPPORTUNITIES FOR HELPING
INDIVIDUALS TOWARDS
RECOVERY WHILE IN JAIL

I TIPS AND TRICKS

- Take stock of what you are doing now. How does it support recovery?
- Support building self-efficacy, using strengths and hope.
- Be patient. Cognitive and other impairments are real.
- Be trauma informed. Remember the person is not their crime. Most are also survivors of trauma.
- Percolate ideas and possibilities.
- Consider new partners.
- We will gather next week to learn and talk more.

WHAT'S NEXT?

Behavioral Interventions for Justice-Involved Individuals with Stimulant Use Disorders: Part 2

May 3, 2021 - 1:00-2:00 pm

Dive into Other EBPs

- Community Reinforcement Approach
- Contingency Management
- WRAP and Other Wellness Strategies

Re-Entry Planning and Collaboration

[Registration Link](#)

| SAMPLING OF MANUALIZED CURRICULA AND RESOURCES

- **Living in Balance:** [Hazelden Publishing]. *A flexible program that draws from cognitive-behavioral, experiential and 12-Step approaches to help individuals achieve recovery includes sessions on co-occurring disorders.*
<https://www.hazelden.org/web/public/livinginbalance.page>
- **Cognitive Behavioral Interventions for Substance Use (CBI-SU) – formerly and still known as Cognitive Behavioral Interventions for Substance Abuse (CBI:SA):** [University of Cincinnati Corrections Institute]. *Structured curriculum designed for individuals who are moderate to high need in the area of substance use within the criminal justice system.* <https://cech.uc.edu/content/dam/refresh/cech-62/ucci/overviews/cbi-su-overview.pdf>
- **The Matrix Intensive Outpatient Treatment For People with Stimulant Use Disorders.** SAMHSA supported development of a series of counselor and client materials for implementing the Matrix Model.
<https://store.samhsa.gov/?f%5B0%5D=series%3A5556>
- **The Matrix Model for Criminal Justice Settings:** [Hazelden Publishing]. *A flexible and comprehensive program the combines education and therapy on both substance use and criminal thinking and behaviors.*
<https://www.hazelden.org/store/item/338136>
- **A New Direction: A Cognitive-Behavioral Therapy Program, or A New Direction: Treatment for Criminal and Addictive Behavior or A New Direction:** [Hazelden Publishing]. *A flexible, evidence-based, cognitive-behavioral therapy curriculum that treats alcohol and substance use disorder in justice-involved clients.*
<https://www.hazelden.org/store/item/527220?Criminal-and-Addictive-Thinking-Collection-Second-Edition>

ADDITIONAL CURRICULA AND RESOURCES *(This list is not intended to be exhaustive nor is appearance here an endorsement or recommendation)*

- **Helping Women Recover: A Program for Treating Addiction and Helping Men Recover: A Program for Treating Addiction.** : [Stephanie Covington, Ph.D.]. Two separate curricula that *address the concerns and issues of women/men with substance use disorders who are in correctional settings.* <https://www.stephaniecovington.com/>
- **Seeking Safety** (Treatment Innovations, Lisa Najavits), fully manualized with handouts and strong research base. Most staff can deliver it with minimal training because it is so highly manualized. There is also an option to train staff and follow-up with a series of coaching calls to ensure fidelity. There are also training videos. <https://www.treatment-innovations.org/seeking-safety.html>
- **Trauma Recovery and Empowerment Model (TREM):** [Community Connections]. *A manualized 24- to 29-session group intervention for women (separate curricula for men) who survived trauma and have substance use and/or mental health issues.* <http://www.communityconnectionsdc.org/training-and-store/store>
- **A New Freedom:** [A.R. Phoenix Resources, Inc.]. *Offers comprehensive, flexible, and cost-effective substance abuse curriculums, behavioral health treatment resources, conflict reduction programs, and risk reduction services for both adult and juvenile correctional and community programs.* <http://www.newfreedomprograms.com/>
- **The TCU Treatment System** [Texas Christian University Institute of Behavioral Research]. *A collection of free evidence-based assessments and manual-guided interventions that target specific needs and status of clients in different stages of change during treatment.* <https://ibr.tcu.edu/manuals/background-and-overview/>

SAMPLING OF OTHER RESOURCES *(This list is not intended to be exhaustive nor is appearance here an endorsement or recommendation)*

- **Change Companies interactive journals.** Residential Drug Abuse Program Series, used by Federal Bureau of Prisons. Can be facilitated by non-clinical staff who receive free training. <https://www.changecompanies.net/interactivejournaling/>
- **Crossroads** (NCTI) <https://www.ncti.org/product-category/crossroads/adult-criminal-justice/> A series of workbooks and resources to address life-skills, anger management, substance use and other topics. Some available for specific populations. <https://www.ncti.org/product-category/crossroads/adult-criminal-justice/>
- **SMART (Self-Management and Recovery Training) Recovery** a community of mutual support groups with resources including the check-up and choices app, the InsideOut program and manualized books and resources. <https://www.smartrecovery.org/>
- **Dialectic Behavioral Therapy** (Marsha Linehan and Behavioral Tech) combines cognitive behavioral therapy and mindfulness practices. Research supports effectiveness with substance use and mental health conditions, including borderline personality disorder. <https://behavioraltech.org/resources/>
- **Moral Reconciliation Therapy – MRT:** [Correctional Counseling, Inc.]. *MRT workbooks must be facilitated by trained MRT-Certified facilitators.* Include resources specifically on substance use, relapse prevention and other relevant topics. <http://www.moral-reconciliation-therapy.com/criminal-justice.html>
- **Path to Freedom** [Prison Mindfulness Institute, Fleet Maull, Kate Crisp]: *A mindfulness-based emotional intelligence (MBEI) model for at-risk and incarcerated youth and adult prisoners.* <https://www.prisonmindfulness.org/path-of-freedom>
- **Parenting Inside Out** [Parenting Inside Out]: *An evidence-based parenting skills training program developed for criminal justice involved parents.* <http://www.parentinginsideout.org/welcome-to-parenting-inside-out/>
- **T4C:** Thinking for Change [National Institute of Corrections]. *Integrated evidence-based cognitive behavioral change program / curriculum.* <https://nicic.gov/thinking-for-a-change>

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CONTACT US

FOR ANY QUESTIONS OR COMMENTS

MATinCountyCJ@healthmanagment.com

DEBORAH (DEB) WERNER, MA, PHP

dwerner@ahpnet.com

CAROL CLANCY, PSYD

cclancy@healthmanagement.com

Contact your HMA coach to discuss how to apply today's learnings.

A link to the recording of today's webinar and the slides will be posted on
Addictionfreeca.org

Feel free to forward to others on your team.



HEALTH MANAGEMENT ASSOCIATES

I POLLING QUESTION

Overall, today's webinar was:

- Very useful
- Somewhat useful
- Not very useful
- Not useful at all

The material presented today was:

- At the right level
- Too basic
- Too detailed

After entering your response, please provide CHAT input on anything you'd like to know more about stimulants and your client work