

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



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DISCLAIMER

- This session is 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 2 of two sessions focused on helping teams develop these strategies.

THIS WEBINAR BUILDS ON TWO PREVIOUS WEBINARS

- **The Neuroscience of Stimulant Use Disorders** presented by Shannon Robinson, MD on September 23, 2020
 - Recording available at: <https://vimeo.com/466218120/4a1c71c3b2>
- **Behavioral Interventions for Justice-Involved Individuals with Stimulant Use Disorders: Part 1** presented Carol Clancy, PsyD and Deborah (Deb) Werner, MA on April 27, 2021
 - Recording available at: <https://vimeo.com/542751375/30a3c368af>

FOCUS TODAY – WHAT YOU CAN DO NOW



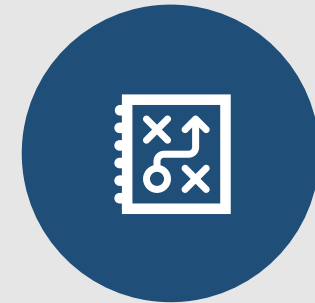
HEALTH AND WELLNESS



CONTINGENCY MANAGEMENT



COMMUNITY REINFORCEMENT
APPROACH



REENTRY PLANNING AND
PREPARATION



Poll #1:

If there is an obstacle in your county, not on this list, please add it to the chat

What is an obstacle or obstacles for having more behavioral health interventions available in your county jail? *Check all that apply*

- A. Lack of space
- B. Lack of time in pod schedule
- C. Lack of treatment staff
- D. Challenges with in-reach services
- E. Siloed treatment teams
- F. Classification Issues
- G. Belief that behavioral interventions don't belong in jails
- H. Belief that behavioral interventions in jail don't make a difference in substance use or recidivism
- I. Other



Poll #2:

If there is a strength in your county that is not on this list, please add it to the chat

If your county jail has had some success with implementing behavioral health interventions, what strengths have been beneficial? *Check all that apply*

- A. Teamwork among medical, custody and behavioral health providers
- B. An active champion in the jail
- C. Training resources for BH interventions
- D. Good grant writers that generate funding to support BH interventions
- E. Robust in-reach services
- F. Other



SIGNIFICANT OPPORTUNITIES
EXIST TO HELP INDIVIDUALS
TOWARD RECOVERY
WHILE IN JAIL



Health and Wellness

Encourage
healthy
practices that
support
recovery from
stimulant use



How can you support those in withdrawal in custody?

- Initial health screen to identify individuals at risk for stimulant withdrawal
- Work with in-custody treatment team to facilitate interventions to minimize withdrawal:
 - **SLEEP:** Consider cohorting those in withdrawal to facilitate additional time for sleep and to offer a quieter environment (extended quiet hours)
 - **EATING:** Consider writing an order for extra food trays.
 - **HYDRATION:** Many jails have older pipes and distasteful tap water. Consider flavored water that is accessible, such as a hydration station.

Encourage healthy practices that support recovery from stimulant use



Exercise. Resistance and aerobic exercise delivered 3 times a week over just 8 weeks result in benefits to physical health, mood, and dopamine receptor availability in MA users. (Rawson, 2015)

Education. Provide simple, redundant messages. Write it down.

What are some ways that you can provide educational and pro-recovery messages to inmates?

What are some ways to support physical, mental, spiritual and social/emotional health and wellness in jails?



Contingency Management

I CONTINGENCY MANAGEMENT

- Also called motivational incentive therapy
- A meta-analysis of meta-analyses found that contingency management to have the most efficacy for methamphetamine use disorders (Ronsley, et al, 2020)
- Often combined with community reinforcement approach, cognitive behavioral therapy
- Usually includes rapid testing and positive reinforcement for negative tests for methamphetamine (or all drugs)
- Can be used for many other target behaviors

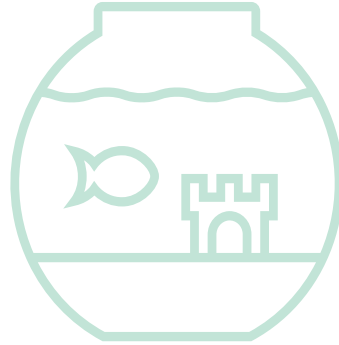
ESSENTIAL ELEMENTS OF EFFECTIVE CONTINGENCY MANAGEMENT



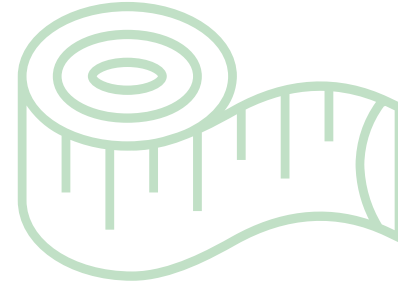
Targets



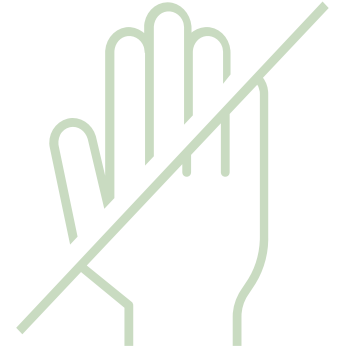
Monitoring



Schedule of Reinforcement



Magnitude of Reinforcement



Non-Judgmental Accountability and Consequences

DISCUSSION

- What is one target behavior you could address with contingency management? How would you measure it?
- What are some incentives you could offer?





Community Reinforcement Approach

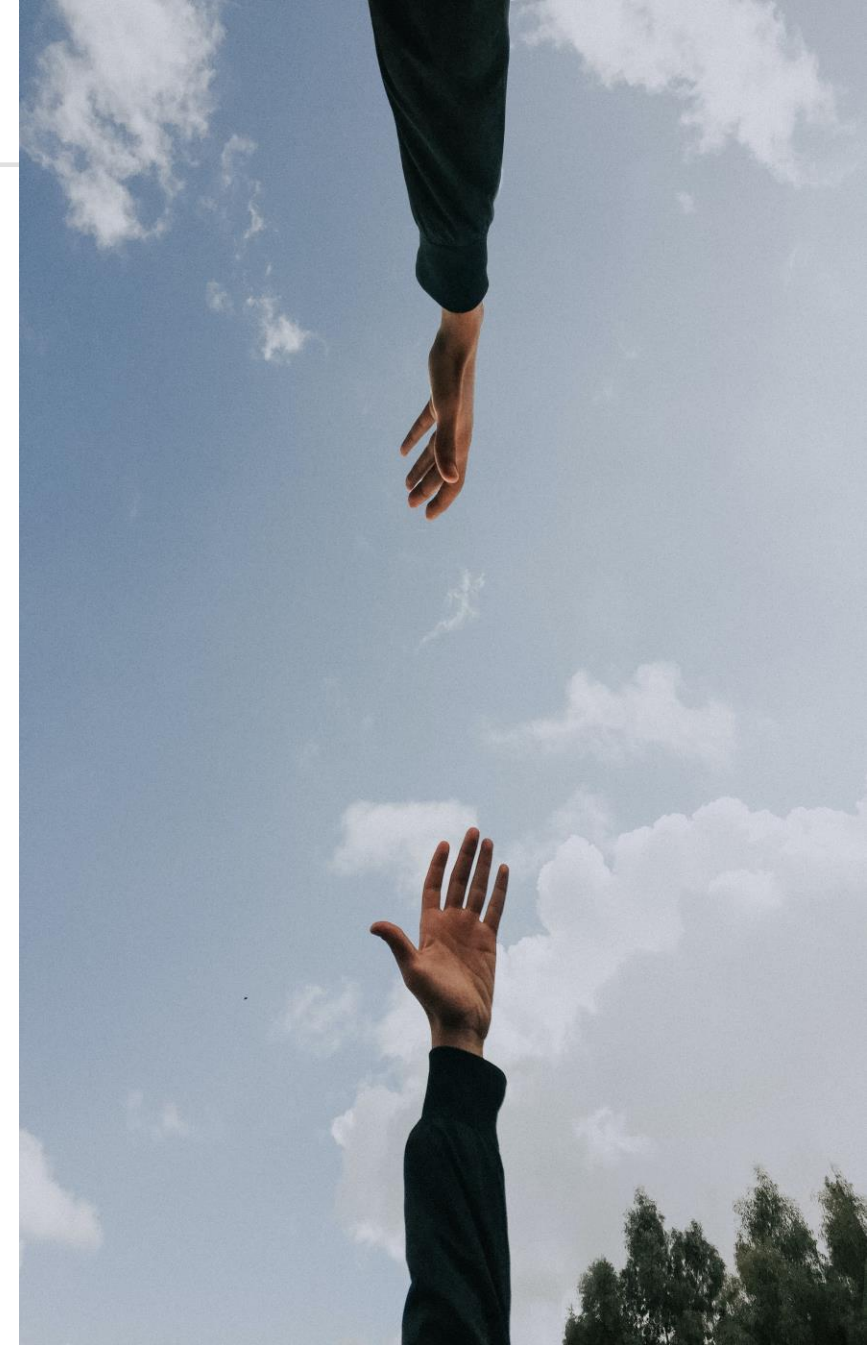
WHAT IS THE COMMUNITY REINFORCEMENT APPROACH?

- The Community Reinforcement Approach (CRA) is a psychosocial behavioral intervention for SUD.
- The basic goal of CRA is to eliminate positive reinforcement for substance use and increase positive reinforcement for sobriety.
- Integrates several treatment components:
 - Motivational interviewing
 - Positive reinforcement (can be CM)
 - Functional analysis of substance use pattern
 - Education on coping skills
 - Involvement of others in the treatment process



WHY DO A FUNCTIONAL ANALYSIS

- Identify triggers
- Connect positive and negative consequences to use
- Expose ambivalence around use
- Highlight areas to target interventions
 - Identify healthy ways to manage triggers
 - Increase positive feelings & experiences without the use of substances through lifestyle changes
 - Decrease negative consequences of substance use by replacing substance use with healthy lifestyle



FUNCTIONAL ANALYSIS OF STIMULANT USE (EXAMPLE)

Summary

External Triggers

- Who: Alone
- Where: At home
- When: Weekday morning

Internal Triggers

- Thoughts: I need to get moving
- Physical Feelings: Tired, Headache, Pain, Fidgety
- Emotional Feelings: Sad, Guilty, Lonely

Use

- Methamphetamine





Positive Consequences

- Gave me energy
- Felt more focused and productive
- Felt happy, wellbeing
- Easier to engage with others

Negative Consequences

- Problems with family members
- Feel guilty
- Tired and depressed when crashing

HAPPINESS SCALE (SAMPLE ITEMS)

	Completely Unhappy					Completely Happy				
 Alcohol/Drug Use	1	2	3	4	5	6	7	8	9	10
 Job/Education Progress	1	2	3	4	5	6	7	8	9	10
 Money Management	1	2	3	4	5	6	7	8	9	10
 Social Life	1	2	3	4	5	6	7	8	9	10

- Provides structure for easily identifying areas for intervention
- Encourages Clients to look at all aspects of their life as potential areas for intervention
- A tool for assessing progress

■ COMMUNITY REINFORCEMENT APPROACH (CRA)

- Once a functional analysis is completed, a treatment plan can be developed – which may include:
 - Drug refusal skills
 - Communication skills
 - Problem solving skills
 - Identification of rewarding sober activities
 - Social and recreational counseling:
 - + Help clients to discover new positive lifestyle choices without drugs or alcohol
 - ***Jail is a good opportunity to start this***

IMPLEMENTATION CAN START IN JAIL

The ultimate goals of CRA is to reorganize a client's social life and activities (or community) to reinforce sobriety.

Therefore, it can be started in custody, but must be continued post-release, in the community.

A team approach is necessary for coordinated care.



Re-Entry Planning and Preparation

CONSIDERATIONS FOR ESTABLISHING A CONTINUUM OF CARE

Reentry planning should start as early as possible.

Contingency management can be used in jail to encourage initiation of treatment.

Aspects of CRA, such as functional analysis and happiness scale, can be completed in jail.

However, a treatment team must include community treatment providers.

There must be a warm hand-off which includes review of treatment started in jail and next steps in community.

Warm hand-off prior to released to discuss treatment history and plans is essential.

WHAT'S NEXT?

- Talk with your team members about establishing a continuum of care which includes custody, jail health and community treatment providers
- Monthly coaching calls can be used to facilitate discussions on intervention planning
- Next scheduled office hours on May 5 can be used to discuss this further
- **A regular discussion group on behavioral interventions will be starting on May 25**



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

- **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 that 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

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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