How Do We Get There From Here? and Q&A

BJA Drug Court Technical Assistance Project at American University
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David Mee-Lee, M.D.
Chief Editor, The ASAM Criteria
Senior Fellow, Justice Programs Office (JPO) American University
Washington, DC
Senior Vice President, The Change Companies
Carson City, NV
Davis, CA
www.changecompanies.net
www.ASAMCriteria.org
www.tipsntopics.com
davidmeelee@gmail.com
Why This Topic?

• In context of criminal justice and healthcare reform, budget deficits, shrinking resources, there is increased demand for accountability and value.
• Congress and the Federal Government expect resources to be used to maximize benefits of those expenditures.
• Time approaching if not already in place, when no funds will be allocated without strict accountability to demonstrate effective outcomes of funds expended.
• Increasing demand for evidence-based practices that demonstrate high quality and cost-effectiveness. In short demand is for value and performance measurement.

Value = Cost + Quality
If we are going to get there from here:

What changes are needed in:

• Attitudes about addiction as a disease, treatment, relapse or substance use while in treatment

• Court mandates for abstinence, time-based phases, levels of care, lengths of stay, and AA attendance

• Sanctions and incentives, policies for positive drug screens, compliance versus adherence

• Communication, collaboration and teamwork between court and treatment provider teams
A Word About Terminology

Treatment Compliance vs Adherence

Webster’s Dictionary defines:

- “comply”: to act in accordance with another’s wishes, or with rules and regulations

- “adhere”: to cling, cleave (to be steadfast, hold fast), stick fast
Criminal Justice’s View of Presenting Problem and Solution

3 C’s
Consequences
Compliance
Control
## State-of-the-art Addiction Treatment and The ASAM Criteria

<table>
<thead>
<tr>
<th>Court Teams</th>
<th>Treatment Provider Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. View addiction as a brain disease, not just a behavioral problem. Thus multidimensional services and levels of care, not just behavioral treatments and Cognitive Behavior Therapy (CBT).</td>
<td>1. Provide active addiction treatment expecting client adherence and accountability not just compliance in a treatment program.</td>
</tr>
<tr>
<td>2. Learn about ASAM Criteria multidimensional assessment and holistic, person-centered, outcomes-driven treatment.</td>
<td>2. Use a continuum of levels of care not just residential care; individualize length of stay based on functional change not treatment compliance &amp; time.</td>
</tr>
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</table>
### State-of-the-art Addiction Treatment and The ASAM Criteria (cont.)

<table>
<thead>
<tr>
<th>Court Teams</th>
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<tbody>
<tr>
<td>3. Expect substantive reports on client progress, good faith effort and functional change; not brief reports on attendance, compliance with drug screens, and AA/NA meetings.</td>
<td>3. Provide enough information in reports to court to demonstrate client is in active addiction treatment. Advocate for individualized treatment, not universal court mandates.</td>
</tr>
<tr>
<td>4. Collaborate with treatment to match treatment plan to needs and progress of participants. Judge mandates treatment adherence not treatment plans.</td>
<td>4. Build trust with court teams to allow individualized, outcomes-driven services. Be proactive to inform court teams about any public safety danger.</td>
</tr>
</tbody>
</table>
• “Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry” August 15, 2011

• Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.

ASAM’s Revamped Definition of Addiction

http://www.asam.org/quality-practice/definition-of-addiction
• Pathologically pursuing reward and/or relief by substance use and other behaviors.”

• “Addiction is about brains. Not just about behaviors”

ASAM’s Revamped Definition of Addiction

http://www.asam.org/quality-practice/definition-of-addiction
INDIVIDUALIZED, CLINICALLY & OUTCOMES-DRIVEN TREATMENT

Patient/Participant Assessment

BIOPSYCHOSOCIAL Dimensions

Progress
Severity of Illness/LOF

Problems/Priorities
Severity of Illness/LOF

Plan

INTENSITY OF SERVICE — Modalities and Levels of Service

Mee-Lee D, Shulman GD (2014)
ASAM Principles of Addiction Medicine
The ASAM Criteria
Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential

2. Biomedical conditions and complications

3. Emotional/Behavioral/Cognitive conditions and complications

4. Readiness to change

5. Relapse/Continued Use/Continued Problem potential

6. Recovery Environment

The ASAM Criteria 2013 pp. 43-53
<table>
<thead>
<tr>
<th>Criminogenic Factors</th>
<th>ASAM Criteria Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Antisocial values, attitudes, behavior, personality</td>
<td>• Dimensions 3, 4 and 6</td>
</tr>
<tr>
<td>• Criminal/deviant peer association</td>
<td>• Dimension 6</td>
</tr>
<tr>
<td>• Substance abuse</td>
<td>• Dimensions 1, 4, 5, 6</td>
</tr>
<tr>
<td>• Dysfunctional family relations</td>
<td>• Dimension 6</td>
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The Change Companies

www.changecompanies.net
# Doing Time or Doing Treatment – Moving Beyond Program Phases to Lasting Change

<table>
<thead>
<tr>
<th>Court Teams</th>
<th>Treatment Provider Teams</th>
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</thead>
<tbody>
<tr>
<td>1. Begin modifying phases in Drug Court away from time and compliance (“doing time”) to demonstrated functional change and adherence to treatment (“doing treatment”)</td>
<td>1. Provide stage-matched strategies and individualized treatment that expects good-faith effort in treatment not just sitting in a program.</td>
</tr>
<tr>
<td>2. Collaborate with treatment providers to track progress through stages of change and lasting change &amp; functional progress.</td>
<td>2. Provide judge &amp; court team substantive reports that track participant progress in prosocial functional change, not just compliance with court orders &amp; phases in programs.</td>
</tr>
</tbody>
</table>
## Doing Time or Doing Treatment (cont.)

<table>
<thead>
<tr>
<th>Court Teams</th>
<th>Treatment Provider Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Sanction for lack of good faith effort in treatment; don’t sanction for</td>
<td>3. Recommend to judge when a sanction is needed for lack of adherence in treatment and</td>
</tr>
<tr>
<td>out of control addiction signs and symptoms. Use incentives and graduated</td>
<td>lack of compliance with court order for treatment.</td>
</tr>
<tr>
<td>sanctions.</td>
<td>4. Provide court team rationale for incentives that promote recovery and engage client in</td>
</tr>
<tr>
<td></td>
<td>an accountable, self-change process.</td>
</tr>
<tr>
<td>4. Collaborate with treatment to use incentives that advance participant</td>
<td></td>
</tr>
<tr>
<td>recovery goals and inspire lasting change.</td>
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</tbody>
</table>
The Stages of Change

James Prochaska, Ph.D., John Norcross, Ph.D., and Carlo DiClemente, Ph.D
Engaging Participants in Self-Change Process

<table>
<thead>
<tr>
<th>Court Teams</th>
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<tbody>
<tr>
<td>1. Recognize that lasting, positive change cannot be mandated. Mandate assessment and treatment adherence, not a particular level of care or length of stay.</td>
<td></td>
</tr>
<tr>
<td>2. Smooth, positive progress is most unlikely – flare-ups, relapse &amp; setbacks in progress and outcomes is normal.</td>
<td>1. Identify what the client is at Action for e.g, “I just want to get people off my back or get my kids back.” Facilitate a self-change process starting there.</td>
</tr>
<tr>
<td></td>
<td>2. Treatment provider identifies with client what went wrong in a flare-up or relapse; and works with participant to change treatment plan in a positive direction.</td>
</tr>
</tbody>
</table>
Engaging Participants in Self-Change Process (cont.)

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>2. (cont.) This requires assessment and changes in treatment plan. If participant is willing and able to change plan in a positive direction, treatment continues without sanctions for poor outcomes.</td>
<td>2. (cont.) Report to court team the problem and treatment plan changes and recommends continued treatment with no sanction.</td>
</tr>
<tr>
<td>3. Expect accountable, good faith effort in treatment, not passive attendance and compliance.</td>
<td>3. Recommend to court a graduated sanction if client is not actively “doing treatment and change”. “Doing time” in a program is not tolerated.</td>
</tr>
</tbody>
</table>
### Relapse, Continued Use and Continued Problems

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<tr>
<th>Court Teams</th>
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</thead>
<tbody>
<tr>
<td><strong>1.</strong> Recognize that relapse, continued use and problems is a treatment issue, not always willful misconduct. Expect treatment providers to inform the court when a sanction is required for willful misconduct.</td>
<td><strong>1.</strong> Work with participant to assess and improve treatment plan for any relapse or poor outcome. Inform court about what incentives or sanctions would improve client outcomes.</td>
</tr>
<tr>
<td>2. Relapse and flare-ups are caused by multiple cognitive, behavioral, personality, mental &amp; physical health issues.</td>
<td>2. Be prepared to inform court team about any public safety concerns; or explain rationale for continued treatment.</td>
</tr>
<tr>
<td>Court Teams</td>
<td>Treatment Provider Teams</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------</td>
</tr>
<tr>
<td>2. (cont.) Expect treatment provider to do thorough ASAM Criteria multidimensional assessment and improve the treatment plan.</td>
<td>2. (cont.) Be proactive in informing court team if client is doing good faith treatment or not. This allows court to modify frequency of court visits depending on client progress.</td>
</tr>
<tr>
<td>3. Medication may be a necessary part of an effective treatment plan to promote recovery, public safety and decreased legal recidivism.</td>
<td>3. Assess whether medication in addiction treatment is needed to improve outcomes and progress. Recommend to court if meds are indicated.</td>
</tr>
</tbody>
</table>
Medication in Addiction Treatment

• Medication-Assisted Treatment (MAT) is not a philosophy, it should just be Medication in Addiction Treatment

A. Medications for Alcohol Use Disorder

B. Medications for Opioid Use Disorder

C. Medications for Nicotine and Tobacco Use Disorder

http://www.dpt.samhsa.gov/medications/medsindex.aspx
More About Terminology

- “dirty” and “clean” – positive and negative drug screens

- “substance abuse and substance abuser” – use person-first language e.g., addictive use of alcohol or pain pills; a person with substance use disorder (Kelly, John F., Dow, Sarah J., Westerhoff, Cara (2010); Saitz, Richard (2015); White, W. (2013))

- “addiction” not “addictions” – the disease is addiction with substance-related addiction e.g., alcohol use disorder, opioid use disorder and addictive behaviors e.g., gambling disorder
Working Together

- Common purpose and mission
- Common language of assessment of stage of change
- Consensus philosophy of addressing readiness to change
- Consensus on how to combine resources and leverage to effect change, responsibility and accountability
- Communication and conflict resolution
What will you do to get there from here?

What changes are needed in your teams in:

• Attitudes about addiction as a disease, treatment, relapse or substance use while in treatment

• Court mandates for abstinence, time-based phases, levels of care, lengths of stay, and AA attendance

• Sanctions and incentives, policies for positive drug screens, compliance versus adherence

• Communication, collaboration and team work between court and treatment provider teams
Understanding the Dimensions of Change

Dimension 2: Biomedical Conditions/Complications

Family History and Healthy Practices

List any physical or medical conditions you are aware of in your family.

Are there any other physical concerns you are worried about? (Yes/No) If you please explain.

Tips for Living a Healthy Lifestyle

In case of any physical or medical challenge you may face, there are strengths you possess in this area.

Here are all of the things you do to maintain a healthy lifestyle. Use the blank spaces to add some of your strengths to the list. These strengths will help you throughout your change efforts.

- I have a structured workout routine I follow
- I don’t get sick very often
- If I notice a physical or medical problem, I take steps to make it better
- I can take care of my physical needs without help from others
- I schedule regular medical check-ups for myself
- When a health concern arises, I can tolerate or cope with it without too much discomfort

These are the strategies my change team and I have developed to address my needs with my health and physical condition:

- Name:
- Date:
- Staff initials

Use the space below to describe what you feel is most important about your health and physical condition. Then, share this information with your change team to come up with some strategies and solutions you can use to create an effective service plan. If you and your change team decide this is not a life area that needs to be addressed in your service plan at this time, check the box below and move on to page 16.

- I have discussed this life area with a member of my change team and we have agreed that it will not affect my service plan.

Think about your responses on pages 12-14. What are some of the biggest concerns or challenges you have faced with your physical health? How did you deal with them?

Now think about the times in your life when you were feeling physically healthy. What things were you doing at those times that helped maintain your physical health?

You already may have some strategies and solutions in place for keeping yourself healthy. List these below and make sure to share them with your change team.

- Name:
- Date:
- Staff initials

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Moving Forward
Participant Journal

Setting effective program goals

You will be better prepared to make progress if you take your ideas about what you want to work on and turn them into goals for your time in this program. Your program goals are what you will use to measure how close you are getting to what you want.

And for each of your program goals, there is action to be taken. This action often takes the form of learning, trying, or practicing something that brings you closer to the goal.

You will set several action steps for each program goal. As you start to accomplish these steps, you may decide to set even more for yourself. Over time, these little steps will add up to equal big results!

ARMS: Your goals should be:

A - Achievable - things that are possible and realistic. They don’t have to be easy; it’s okay for your goals to be challenging just make them doable.

R - Rewarding - things you want that would make life better for you or others. When possible, state your goals in things you want to increase, improve, create or strengthen.

M - Measurable - changes that you and others can observe. How will you know that you are making progress toward them?

S - Specific - clear goals like “I want to be a better person” aren’t clear enough to work on. For a long-term change project, decide on the steps you want to take.

Your first program goal

On the next three pages you will work with your change team to record your program goals. You and your change team will use what you both have learned so far to create goals that are both important and unique to you. Be sure your program goals are Achievable, Rewarding, Measurable and Specific.

<table>
<thead>
<tr>
<th>My first program goal</th>
<th>Data set:</th>
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</table>

On the following pages, you will set your first three goals to work on within this program. Make sure each goal has clear action steps and is something you can get your ARMS around.

My reasons for setting this goal are:

This goal will help me move toward getting what I want. ☐ Yes ☐ No
These are the strengths, skills and resources I will rely on:

Here are a few of the specific action steps I am working on taking to achieve this goal:

1)
2)
3)
4)
5)

Signature: ____________________________  Change team initials: ____________________________

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Drug Court Journal
The ASAM Criteria

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Bibliography

“A Technical Assistance Guide For Drug Court Judges on Drug Court Treatment Services” - Bureau of Justice Assistance Drug Court Technical Assistance Project. American University, School of Public Affairs, Justice Programs Office. Lead Authors: Jeffrey N. Kushner, MHRA, State Drug Court Coordinator, Montana Supreme Court; Roger H. Peters, Ph.D., University of South Florida; Caroline S. Cooper BJA Drug Court Technical Assistance Project. School of Public Affairs, American University. May 1, 2014.


Bibliography (cont.)


Join us Tuesday, May 3 at 2pm Eastern for our next Challenging Case session! Please submit any Challenging Cases to justice@American.edu.