Engaging Participants in a Self-Change Process

BJA Drug Court Technical Assistance Project at American University
April 4, 2016 and April 5, 2016 Q&A Session

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Follow-up Issues in Applying Concepts

• Start in treatment at what the participant is at Action for – all participants are “motivated”, but for what?

• Self-change and lasting positive change can’t be mandated – mandate assessment and treatment adherence

• Smooth, positive progress is most unlikely – flare-ups, setbacks in progress and outcomes is normal requiring assessment and changes in the treatment plan. If the participant is willing and able to change the plan in a positive direction, treatment should continue without sanctions for shaky outcomes

• “Drop-out prevention” doesn’t mean allowing a participant to be passive and “do time”. It means holding a person accountable to the “discovery plan” collaboratively developed. If not good faith effort, then sanctions are part of the “drop-out prevention” plan
Follow-up Issues in Applying Concepts (cont.)

• There is great concern at Bureau of Justice Assistance (BJA) about the racial disparity perceived in both the demographics of drug court participants and the arrestee population as well as in the demographics of who appears to successfully complete the drug court. Any thoughts on how we can address this? (Unfortunately data is not readily available on this --- an issue we are now working on). How much does addressing "criminogenic" issues -- such as employment, peer support, etc., -- have to do with successful engagement and completion?

• "Given the rework a caseworker takes on to re-engage a client to help them want to change and take the steps to change, is there any occasion that will result in a client being terminated from a therapeutic court?"
Follow-up Issues in Applying Concepts (cont.)

In the post-webinar survey, there were a few comments/questions:

- "I often get questions from people about how to reconcile a Discovery/Dropout Prevention Plan, when dealing with a Judge who is mandating abstinence, regardless of a clients’ stage of change. Judges do not necessarily understand or agree with the model…"

- One individual said they wanted to "create a discovery/dropout plan template for my agency to be used with clients in earlier stages of change" but that they "need more information on items to include" in this plan.

- In response to the question regarding what additional information individuals would like to obtain to follow-up on issues discussed at the session, one individual noted that they would like information that is "cultural specific to African Americans".
INDIVIDUALIZED, CLINICALLY & OUTCOMES-DRIVEN TREATMENT

Patient/Participant Assessment
BIOPSYCHOSOCIAL Dimensions

Progress
Severity of Illness/LOF

Plan
INTENSITY OF SERVICE — Modalities and Levels of Service

Problems/Priorities
Severity of Illness/LOF

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 pp. 43-53
Criminogenic Factors

- Antisocial values, attitudes, behavior, personality
- Criminal/deviant peer association
- Substance abuse
- Dysfunctional family relations

ASAM Criteria Dimensions

- Dimensions 3, 4 and 6
- Dimension 6
- Dimensions 1, 4, 5, 6
- Dimension 6
Biospychosocial Treatment

Treatment Matching - Modalities

- **Motivate** - Dimension 4
- **Manage** – All Six Dimensions
- **Medication** – Dimensions 1, 2, 3, 5 - MAT
- **Meetings** – Dimensions 2, 3, 4, 5, 6
- **Monitor** - All Six Dimensions
The ASAM Criteria

Treatment Levels of Service

1. Outpatient Treatment
2. Intensive Outpatient and Partial Hospitalization
3. Residential/Inpatient Treatment
4. Medically-Managed Intensive Inpatient Treatment
What Works in Treatment:

Treatment:
- 60% due to “Alliance” (8%/13%);
- 30% due to “Allegiance” Factors (4%/13%);
- 8% due to model and technique (1/13)

Extra-therapeutic and/or Client Factors

Miller, S.D., Mee-Lee, D., & Plum, B.
Sample Strategies for Treatment Plans

- List three reasons the court sent you to treatment.
- Write down the most recent incidents involving alcohol and other drugs.
- Identify what happens if you don’t comply with probation requirements and report to group; and indicate which consequence is worst for you.
- List the positive and negative aspects of substance use.
- List the positive and negative aspects of being in treatment.
- Attend at least one AA meeting and see if you can identify with anyone’s story or not.
- Verbalize in group, what things need to change in your life or not.
- Discuss the positive and negative consequences of continued substance use.
- Explore early childhood history of violence/trauma through individual therapy once per week. Focus on what kind of role models you had.
- For the next incident of rage and anger, fill in the date, trigger, physiological signs and behavior taken; and then discuss how you could have de-escalated the rage.
- Share in group what has been working to prevent relapse or continued use and get other suggestions.
Interactive Journaling - Drug Court Journal

https://www.changecompanies.net/products/?id=DC
From Pathology to Participant

• Resistance perceived as pathology within person, rather than interactive process; or even phenomenon induced and produced by clinician

• “Resistance” as much a problem with knowledge, skills and attitudes of clinicians; and lack of availability, access and utilization of broad range of services as it is a “patient” problem
Changing the Concept of Resistance

• (In the Glossary on page 412: “Resistance – A term previously used in Motivational Interviewing, now deconstructed into its components: sustain talk and discord.”

• Notice “previously used” means: “Resistance” as a term and concept will no longer be used as in previous editions- “Rolling with Resistance”; “Responding to Resistance”
Concept of Resistance (cont.)

DELETE “resistance”

Focus on “sustain talk” and “discord”
What is Sustain Talk?

- It is “the client’s own motivations and verbalizations favoring status quo.” (p. 197). **Person not interested in changing anything**; I am OK with keeping things way they are – status quo, sustain what I have already got or where I already am.

- “There is nothing inherently pathological or oppositional about sustain talk. It is simply one side of the ambivalence.” (p. 197). “Well maybe I have a drug problem and should do something about it if I don’t want to be arrested again.” (Change talk). “But it really isn’t as bad as they say, they’re just overacting.” (Sustain talk).
What is Sustain Talk versus Discord?

- “Sustain talk is about the target behavior or change” – drinking or drugging, over-eating, gambling etc.

- “Discord is about you or more precisely about your relationship with the client – signals of discord in your working alliance.” – Are you on same page as your client? Are you more interested in abstinence and recovery than they are? Are you doing more work than them about going to AA or taking medication?
Natural Change and Self-Change


• The Transtheoretical Model (TTM) illuminates process of natural recovery and process of change involved in treatment-assisted change. But “treatment is an adjunct to self-change rather than the other way around.” “The perspective that takes natural change seriously…shifts the focus from an overemphasis on interventions and treatments and gives increased emphasis to the individual substance abuser, his and her developmental status, his and her values and experiences, the nature of the substance abuse and its connection with associated problems, and his or her stage of change.” (DiClemente, 2006)
What Works in Treatment:

Treatment:
- 60% due to “Alliance” (8%/13%);
- 30% due to “Allegiance” Factors (4%/13%);
- 8% due to model and technique (1/13)

Extra-therapeutic and/or Client Factors

Miller, S.D., Mee-Lee, D., & Plum, B.

www.scottdmiller.com
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
Models of Stages of Change

• 12-Step model - surrender versus comply; accept versus admit; identify versus compare

• Transtheoretical Model of Change - Pre-contemplation; Contemplation; Preparation; Action; Maintenance; Relapse and Recycling; Termination

• Readiness to Change - not ready, unsure, ready, trying, doing what works
Figure 1. The Spiral of Change
Engage the Client as Participant

Treatment Contract

What?
Why?
How?
Where?
When?
# Identifying the Assessment and Treatment Contract

<table>
<thead>
<tr>
<th>Client</th>
<th>Clinical Assessment</th>
<th>Treatment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHAT?</strong></td>
<td>What does client want?</td>
<td>What does client need?</td>
</tr>
<tr>
<td><strong>WHY?</strong></td>
<td>Why now?</td>
<td>Why? What reasons are revealed by the assessment date?</td>
</tr>
<tr>
<td></td>
<td>What’s the level of commitment?</td>
<td></td>
</tr>
<tr>
<td><strong>HOW?</strong></td>
<td>How will s/he get there?</td>
<td>How will you get him/her to accept the plan?</td>
</tr>
<tr>
<td><strong>WHERE?</strong></td>
<td>Where will s/he do this?</td>
<td>Where is the appropriate setting for treatment? What is indicated by the placement criteria?</td>
</tr>
<tr>
<td><strong>WHEN?</strong></td>
<td>When will this happen? How quickly? How badly does s/he want it?</td>
<td>When? How soon? What are realistic expectations? What are milestones in the process?</td>
</tr>
</tbody>
</table>

What is the process? What are the expectations of the referral?
The Four Processes of Motivational Interviewing

Engagement - the therapeutic alliance
Three aspects of the therapeutic alliance (p. 39):
(a)
(b)
(c)
The Four Processes of Motivational Interviewing (cont.)


Focusing – collaborative process of finding mutually agreeable direction
• The “What” and the “Why”

Evoking – this is having person voice arguments for change
• The “How”

Planning – from evoking to planning; don’t get ahead of client’s readiness
• The “Where” and “When”
Understanding the Dimensions of Change

Creating an effective service plan

Understanding the Dimensions of Change

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.

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.

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: ___________________________
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.

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.

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 terms 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 - 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.

- My first program goal: _________________________________
- Data set: _________________________________
- The life areas this program goal is related to:
  - [ ]
  - [ ]
  - [ ]
  - [ ]
- 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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Interactive Journaling - Drug Court Journal

https://www.changecompanies.net/products/?id=DC
Resources from The Change Companies

Motivational Interviewing
Helping People Change
William R. Miller
Theresa B. Moyers
Stephen Rollnick

David Mee-Lee, M.D. Physician and Board-certified Psychiatrist

"HELPING PEOPLE CHANGE"
A Five Part Series Workshop

www.changecompanies.net
These materials have been prepared under the auspices of the Bureau of Justice Assistance (BJA) Drug Courts Technical Assistance Project at American University, Washington, D.C. This project was supported by Grant No. 2012-DC-BX-K005 awarded to American University by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime. Points of view or opinions in this document are those of the authors and do not represent the official position or policies of the U.S. Department of Justice.