Translating Drug Court Research Into Practice: Aftercare, Relapse Prevention and Continuing Care

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Presenters:

Caroline S. Cooper, Moderator
Research Professor and Director
Justice Programs Office, School of Public Affairs
American University

James R. McKay, Ph.D.
Professor of Psychology in Psychiatry
University of Pennsylvania

Jeffrey N. Kushner, MHRA
Statewide Drug Court Coordinator
Montana Supreme Court

Judge John R. Schwartz, Supervising Judge
Seventh Judicial District
Rochester City Court, NY

Focus of this Webinar: Provision of Continuing Care Services to Support Recovery of Drug Court Participants After Period of Acute Care in Drug Court is Completed

Definition of "Continuing Care/Recovery Support" Services as used in this webinar:

- Diversity of services to support recovery over the long term that are initiated during the period of active drug court participation and continue after the participant leaves the formal structure of the drug court program

Importance of Incorporating Continuing Care/ Recovery Support Services as a Critical Component of Drug Court Programs is Premised on:

1) Recognition that substance addiction is a chronic, relapsing disease that affects the brain and a wide range of cognitive functions and multiple dimensions of an individual's life;

2) Research findings regarding the treatment of chronic diseases (diabetes, asthma, hypertension, as well as substance addiction) that stress the need for long-term recovery plans that can support an individual's ongoing recovery and promptly address episodes of relapse, as they may occur; and

3) Need for:
   a) Multiple modalities of recovery support to be available after provision of acute care services of the drug court; and
   b) Initiation of continuing care/recovery support services to begin during early stages of drug court program participation

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Factors that Confer Extended Vulnerability to Relapse

- **Individuals with substance use disorders have sustained vulnerability to relapse, due to problems that change very slowly (if at all):**
  - Biological (e.g., neurocognitive, genetic)
  - Behavioral (e.g., poor coping, interpersonal problems)
  - Environmental (e.g., poor social support, high risk neighborhood)
  - Co-Occurring psychiatric disorders
- **Therefore, interventions are needed that provide support beyond the end of initial, more intensive acute treatments designed to initiate abstinence**

Acute Care vs. Chronic After Care/Recovery Support

Acute Care

- Crisis-linked
- Immediate abstinence is goal
- Professionally dominated decision-making
- Short-term treatment relationships
- Problem considered addressed at treatment completion

Chronic After Care

Approach shifts from dealing with *crisis* to dealing with long term effects of the chronic *disease* of addiction

Strategies must address alterations in brain functions caused by the disease of addiction that may take years for an individual to recover and requires:

- Recognition that multiple cycles of recovery, relapse, and repeated treatments may be necessary
- Post treatment monitoring will be very important to address need for re-entry into treatment when necessary
- Provision of ongoing support and monitoring post treatment for a variety of needed wrap around services; and
- Provision of continuous recovery support activities including developing support of the participant's family

Definition of Recovery (SAMHSA)

Recovery: Process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

Four dimensions that support a life in recovery:

- **Health**: overcoming or managing one's disease(s) or symptoms – for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications- making informed, healthy choices that support physical and emotional well-being
- **Home**: a stable and safe place to live
- **Purpose**: meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence (including being crime-free), income and resources to participate in society; and
- **Community**: relationships and social networks that provide support, friendship, love, and hope

And Implicitly:

- Crime free life and crime free lifestyle

Multiple Recovery Strategies Essential

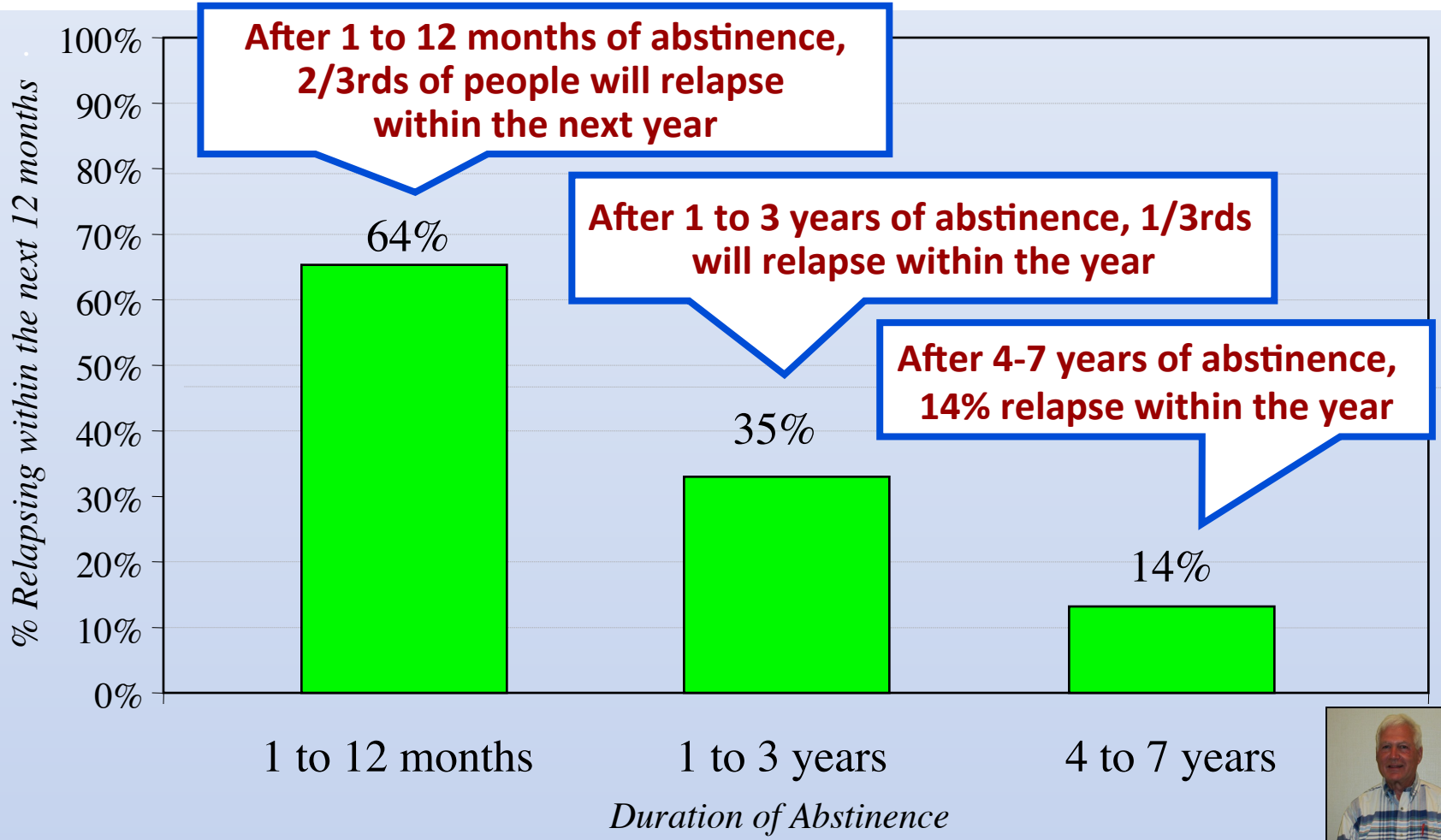
"There are many pathways to recovery. Individuals are unique with special needs, strengths, goals, health attitudes, behaviors and expectations for recovery. Pathways to recovery are highly personal and generally involve a redefinition of identity in the face of crisis or a process of progressive change"

Center for Substance Abuse Treatment. National Summit on Recovery Conference Report. 2005. [Description of Systems of Care Elements]

Drug court participants must take ownership, develop and engage in their own recovery and recovery plans.

How Long are Recovery Support Services Needed?

The Risk of Relapse: Common, Decreases Slowly Over Time, But Does Not Go Away



Source: Dennis, M. L., Foss, M. A., & Scott, C. K. (2007). *Evaluation Review, 31,* 585-612.

Examples of Effective Continuing Care:

(Alcohol and Drug Dependency)

Home Visits by a Nurse over 12 months
(Patterson et al., 1997)

Couples Behavioral Marital Therapy (12 months)
(O'Farrell et al., 1998)

Extended telephone contacts (12+ months)
(Foote & Erfurt, 1991, McKay et al., 2010)

Assertive Aftercare for Adolescents
(Godley et al., 2006)

Recovery Management Checkups
(Dennis et al., 2003; Dennis & Scott, 2012)

Extended, intensive case management
(Morgenstern et al., 2006; 2009)

Potential Sources of Recovery Support in Addition to Formal Treatment Services

- Mutual help programs such as AA/NA
- Peer recovery organizations
- Housing, vocational services
- Automated recovery support (e.g., smartphone programs, text messaging)
- Drug court alumni groups

How Effective are Continuing Care Interventions?

Research Findings: General

- Research has been conducted to examine the effectiveness of various continuing care interventions that provide extended recovery support.
- Findings suggest that interventions are more likely to be effective when they:
  - Provide support for 12 months or longer
  - Include active efforts to deliver the intervention to the individual, rather than rely on the individual to come to a clinic each week

How Effective are Continuing Care Interventions? (cont.)

Present Limitations in the Available Research Literature on Continuing Care Services

- Relatively little research conducted with criminal justice populations, and very little with drug court participants
- Much of the continuing care research literature comes from studies done with graduates of inpatient programs, which raises questions about how pertinent these findings are to outpatient service delivery systems which now dominate the field
- Research tends to exclude more severe patients with multiple problems

Brief Review of Two Continuing Care Models

- Adaptive Telephone Continuing Care
- Recovery Management Checkups

Adaptive Telephone Continuing Care

- Consists of structured sessions (15-30 mins.)
- Includes common ingredients of effective treatment
  - Monitoring of symptoms and progress
  - Identification of problems and barriers to recovery
  - Emphasis on concrete planning and problem solving
  - Seeks to Activate the patient –take charge of own recovery
- Typically offered weekly at first, titrated to monthly as patient progresses

Adaptive Telephone Continuing Care (cont.)

Research Results

- ***Study I***: For 359 alcohol and/or cocaine dependent graduates of a 4-wk intensive outpatient services (IOP), TEL was more effective than:
  - 12-step oriented group counseling
  - Individual Cognitive Behavioral Therapy (CBT)
- ***Study II***: For 252 alcohol dependent patients participating in 3 month IOPs, addition of TEL to standard care while in IOP improved alcohol use outcomes over standard care only

Adaptive Telephone Continuing Care (cont.)

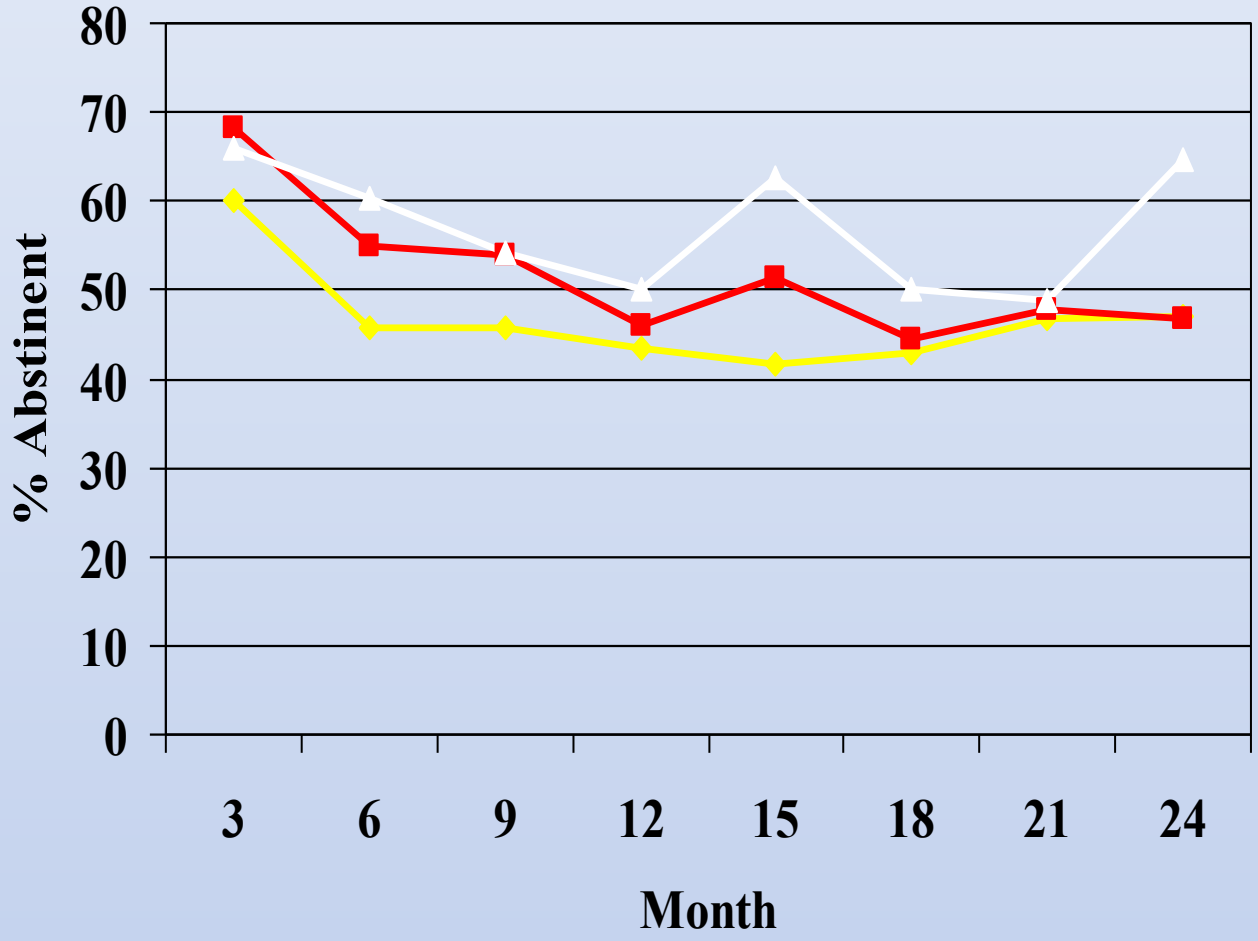
Research Results of Study I

- Patients receiving telephone continuing care (TEL) had abstinence rates that were about 12 percentage points higher than standard group counseling (STND) in any given 3 month period of the 24 month follow-up.
- Patients getting TEL had rates of cocaine positive urines that were 10-15 percentage points lower across the follow-up than STND
- TEL also produced better outcomes than individualized Relapse Prevention, but the differences were smaller

Adaptive Telephone Continuing Care (cont.)

Research Results

Study I: Total Abstinence Rates



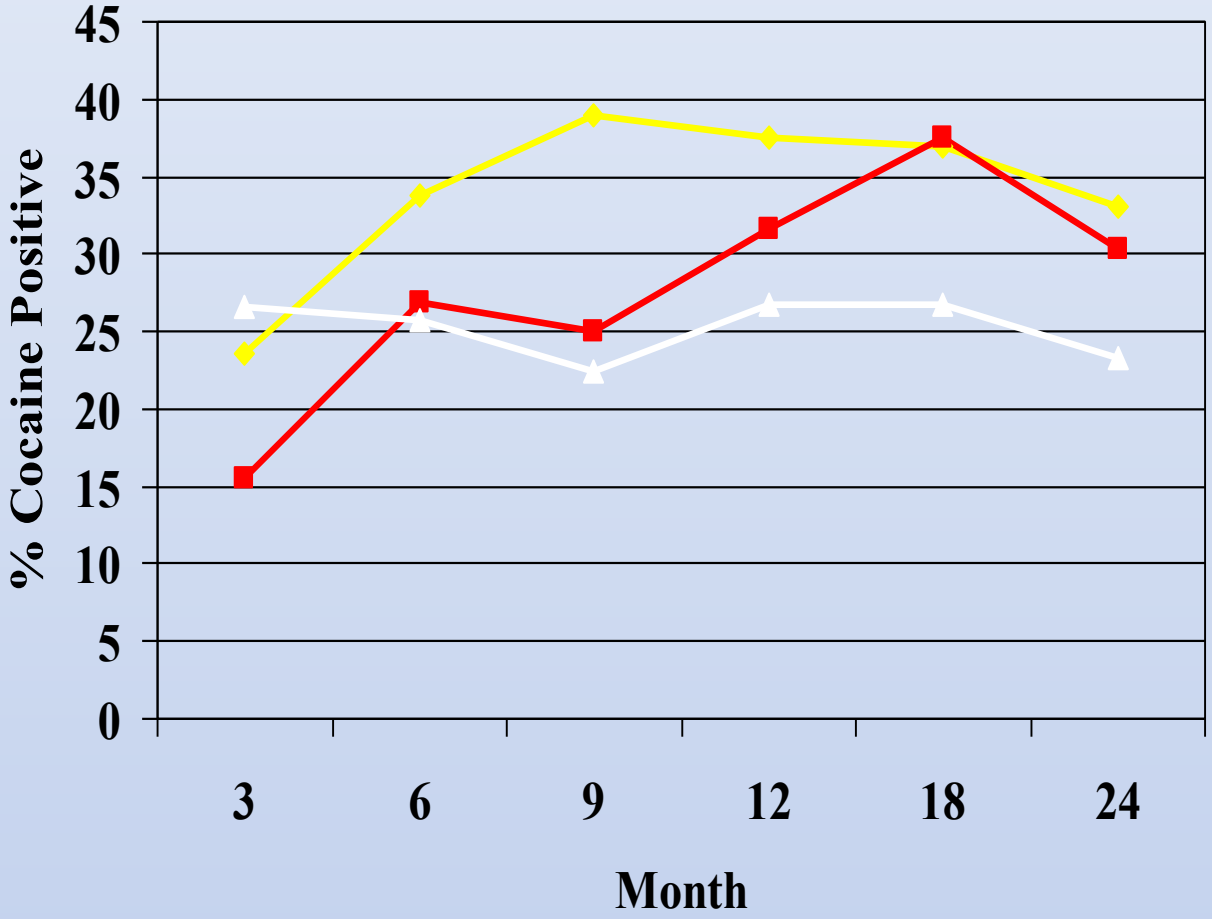
Tx Main Effect
TEL > STND
p< .05

McKay et al., 2005, Archives of General Psychiatry

Adaptive Telephone Continuing Care (cont.)

Research Results

Study I: Cocaine Urine Toxicology



Tx by Time Interaction
STND vs. TEL slope,
p = .05
RP vs. TEL slope,
p= .03

McKay et al., 2005, Archives of General Psychiatry

Adaptive Telephone Continuing Care (cont.)

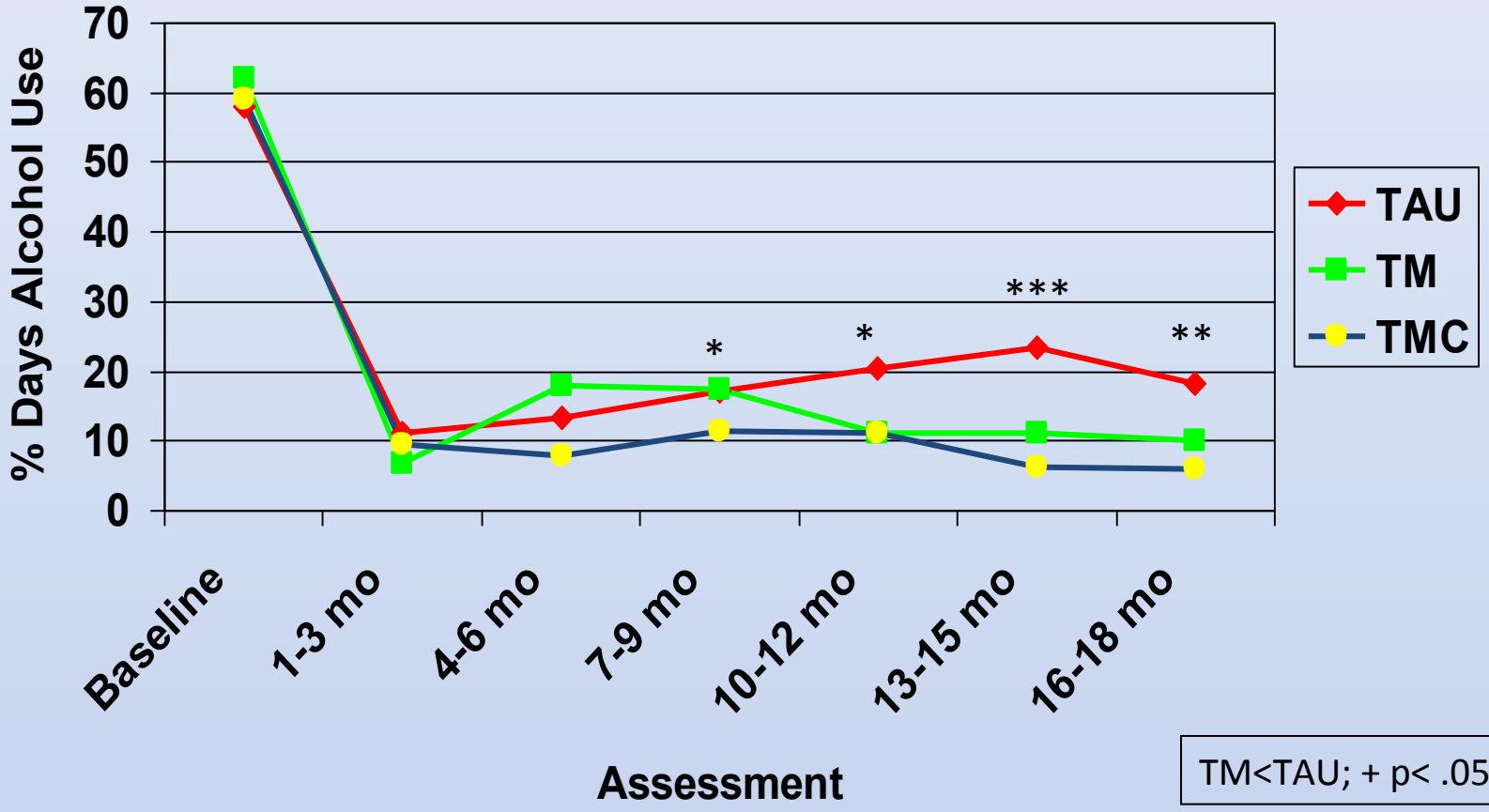
Results of Study II

- Patients getting telephone continuing care (TMC) were drinking on significantly fewer days per month than those in treatment as usual (TAU), especially in months 13-18 of the follow-up
- Patients getting TMC had abstinence rates in any given 3 month period of the follow-up that were about 20 percentage points higher than those in TAU.
- A brief version of TMC, that consisted of monitoring of symptoms and status without any actual counseling, produced outcomes that were in between TMC and TAU

Adaptive Telephone Continuing Care (cont.)

Research Results

Study II: Percent Days Alcohol Use



TM<TAU; + p< .05

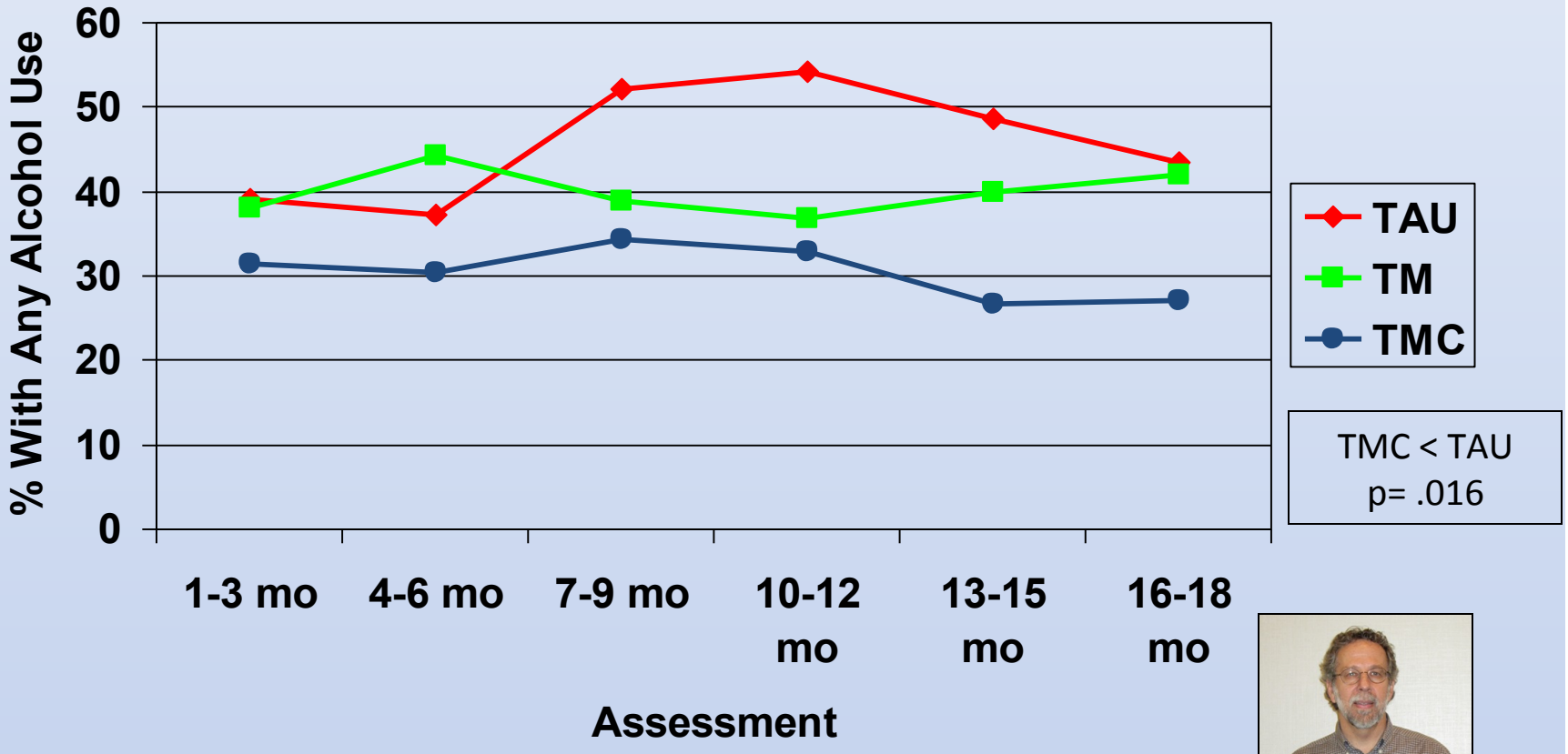
McKay et al. (2010). JCCP

TMC< TAU: * p< .05; ** p= .004; *** p= .0002

Adaptive Telephone Continuing Care (cont.)

Research Results

Study II: Percent With Any Alcohol Use



TMC < TAU
p= .016

Recovery Management Checkups

- **Protocol developed by Dennis, Scott et al. (2003)**
  - Interview patients every 3 months
  - *If patient reports any of the following……*
    - Use of alcohol or drugs on ≥ 2 weeks
    - Being drunk or high all day on any days
    - Alcohol/drug use led to not meeting responsibilities
    - Alcohol/drug use caused other problems
    - Withdrawal symptoms

….Patient is seen as in need of treatment

Recovery Management Checkups (cont.)

- Patient is then transferred to individual with training in motivational interviewing and knowledge of community resources and treatment programs who provides :
  - Personalized feedback
  - Explore possibility of returning to treatment
  - Address barriers to returning to treatment
  - Schedule an intake assessment
  - Reminder cards, transportation, and escort to intake appointment

Recovery Management Checkups (cont.)
Research Studies

Study I:

- N=448 patients with alcohol and/or drug use disorders
- Patients randomized to RMC or standard care
- Intervention provided for 24 months

Study II:

- N=446 patients with alcohol and/or drug use disorders
- Patients randomized to RMC or standard care
- Intervention provided for 48 months

Recovery Management Checkups (cont.)

Research Findings

Results: RMC vs. TAU in Study I

- *Reduced time to return to treatment*

  376 vs. 600 days (p< .05)
- *Increased total days of treatment*

  62 vs. 40 days (p< .05)
- *Reduced percentage of patients in need of treatment at end of follow-up (24 months)*

  43% vs. 56% (p< .01)

Dennis, Scott, & Funk (2003). Evaluation and Program Planning, 26, 339-352

Recovery Management Checkups (cont.)

Research Findings (cont.)

Outcomes in RMC II

- Participants in RMC more likely to return to treatment than those in standard care
  (70% vs. 51%; d=0.50, p< .001)
- Total number of abstinence days over 4 years higher in RMC than standard care
  (1026 vs. 932, d=0.24, p= .006)

Dennis & Scott (2012). Drug and Alcohol Dependence, 121, 10-71

Do Certain Individuals Benefit to a Greater/Lesser Degree from Continuing Care?

- Individuals with greater pretreatment substance use severity and more severe associated problems
- Individuals who make relatively poor progress during the initial, more intensive phase of treatment

Do Certain Individuals Benefit to a Greater/Lesser Degree from Continuing Care? (cont.)

Examples of Pretreatment Factors

- Greater continuing care effects in those with:
  - Greater alcohol use severity
  - Earlier onset of substance use disorders
  - More prior treatments for SUD
  - Greater criminal and violent behavior
  - More severe marital problems
- Women also appear to benefit more than men from extended continuing care

Do Certain Individuals Benefit to a Greater/Lesser Degree from Continuing Care? (cont.)

Effect of Initial Progress in Treatment

- Greater continuing care effects in patients who continue to use alcohol or drugs during the first few weeks of IOP treatment
- Greater continuing care effects in patients who after 4 weeks of IOP treatment:
  - Are not committed to abstinence
  - Have poor social support for recovery

Developing a Recovery Management Plan for Drug Court Participants

Critical Elements

- Requiring each participant to develop a written Recovery Management Plan
- Identifying triggers and avoiding them
- Managing cravings
- Identifying health problems and wellness strategies
- Promoting ways to cope with thinking patterns that lead to relapse, criminal behavior, and other high risk situations
- Avoiding high risk places, peer pressure to use, and plans to cope with them
- Identifying high risk times and how to deal with them
- Managing relapse events and identifying persons for help

Developing a Recovery Management Plan for Drug Court Participants (cont.)

Building Better Recovery Support System

- Developing linkage to recovery support groups, post-treatment recovery support institutions (e.g. recovery homes, recovery schools, and recovery ministries), abstinence-based social clubs, recovery support centers, recovery coaches, mentors and guides
- Addressing Other life areas to address in recovery, e.g. legal problems, overcoming educational and vocational skill deficits, etc.
- Using “recovery checkups” telephone- and Internet-based systems of continuing care
- Also assessing family needs, services and supports as part of the plan

Developing a Recovery Management Plan for Drug Court Participants (cont.)

What Can Drug Courts Do Before Graduation/Discharge?

- Access and inventory the community and identify recovery support components and gaps
- Support alcohol and drug free housing
- Include training on recovery-associated topics and attend open 12 Step meetings
- Encourage family member participation throughout drug court process
- Develop information packets for family members and others who support the drug court participant
- With participant's approval, involve family members
- Incentivize family counseling participation

Developing a Recovery Management Plan for Drug Court Participants (cont.)

What Can Drug Courts Do Before Graduation/Discharge? (cont.)

- Include family members in recovery events
- Support recovery mentors and coaches
- Support alumni clubs
- Support alcohol and drug free social activities
- Require a Recovery Management Plan
- Initiate Recovery Check-ups
- Consider mentors for after drug court

Developing a Recovery Management Plan for Drug Court Participants (Cont.)

What Drug Courts Can Do During and After Drug Court

- Include vision for long-term recovery in drug court materials (policy, participant manual, brochure, etc.)
- Use a global assessment process, include family and significant others
- Include former drug court participants in drug court (advisory boards, mentors/coaches, presenters)
- Participate in activities to reduce stigma and discrimination
- Support recovery month

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Please visit the R2P website *research2practice.org* for Additional Information on After Care, Relapse Prevention, and Continuing Care, including Archived Webinars on:

The Role of Medication

Effective Substance Abuse Treatment

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