National Treatment Research & Implications for Tribal Wellness Courts

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Overview

- Court culture versus treatment culture (legal mandates and checking off compliance boxes versus identifying (and meeting) participant needs)
- Historic treatment challenges in Indian Country
- The treatment maze in general
- The basic evidence-based components for drug court outpatient treatment
- The basic evidence-based stages of phased treatment and their goals
- Current Issues & Challenges for Tribal Wellness Programs

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Court vs. Treatment Culture

- Assessing an individual's treatment needs vs. …
  - Determining guilt & punishment with fair process (mandate to follow existing laws)
  - Judicial box creating and checking framework can be in friction with more fluid development of requirements given clinical assessments and individualized treatment plans
- Correlating Drug (Wellness) Court Phased Treatment with standard treatment stages and individualized treatment plans
  - Is the Court's phased treatment planning logically inter-locking with the independent treatment provider's treatment stages and the goals for those stages?*
  - Are traditional/cultural healing, peacemaking, mentoring, educating, and cleansing activities logically inter-locking with both the Court's and treatment's phase/stage treatment goals?*

*Disconnects can trigger the relapse of participants

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Historic Treatment Challenges in Indian Country

- Prominent use of paraprofessionals in typically licensed treatment provider positions
- Under-resourced ($$$ & training) direct (IHS), tribal (contracted or compacted), or third-party sub-contracted treatment services
- Complex tribal and federal eligibility requirements and paperwork for payment of services
- Under-developed (or still developing) tribal laws, regulations, policies and procedures, and inter-agency & inter-governmental agreements
  - Complex jurisdictional schemes
  - Organic nature of tribal institutions and laws marrying custom and tradition with western legal and treatment systems

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The Perceived Treatment Maze

(as perceived and/or avoided by other team members)

- Lack of understanding of basic substance abuse treatment components and their purpose/functions across core team members
  - Problems of communication (specialized language and terminology)
  - Problems of modeling (comprehensive models have not been seen in much of Indian Country under either IHS or tribally run hospitals and clinics)
  - Potential problems of misfit models (outside models applied without careful local needs assessment or cultural tailoring)
- Lack of understanding of the existing local and neighboring array of government and private treatment providers and eligibility/funding requirements (also mutual help and support groups in the community (12-Step, etc.)
- The (western) legally trained vs the (western) treatment trained
  - Mirrors state drug court challenges
- The Native healer/justice view vs the western treatment/justice view
  - Some tribes have mandates under tribal law to recognize and use custom and tradition which may include traditional therapeutic services or activities
  - Many tribal leaders, service providers and community members are suspicious of western models and research and are legitimately not satisfied that western evidence-based models have been tested and documented as useful and successful on their populations
  - Many tribal leaders, service providers, and community members value, understand, and wish to promote traditional therapeutic services and activities

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Overview of the Western Evidence-Based Intensive Outpatient Treatment Model

…which begins with individualized clinical assessments conducted by licensed treatment professionals

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About the SAMHSA (CSAT) "TIPs"

- A "TIP" is a Treatment Improvement Protocol – a best practice guideline for the treatment of substance abuse provided by the Substance Abuse and Mental Health Service's Administration, Center for Substance Abuse Treatment
- The TIPs Series draws on the experience and knowledge of clinical, research, and administrative experts nationally
- Go to http://www.kap.samhsa.gov/products/manuals/tips/numerical.htm

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Basic Evidence-Based Components of Outpatient Treatment*

*SAMHSA TIP 47

- Most recent thinking among leading substance abuse treatment professionals nationally …
  - Substance abuse is a "chronic disorder," as opposed to an "acute disorder," requiring longer periods of outpatient treatment (or a combination of residential and intensive outpatient treatment)

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Basic Evidence-Based Components of Outpatient Treatment* *SAMHSA TIP 47

- Drug Courts (Wellness Courts) primarily use "Intensive Outpatient Treatment"
  - Recommended "contact hours per week per participant" is between 6 and 30 hours per week for a minimum of 90 days followed by continuing care"
- A Drug Court's (Wellness Court's) Intensive Outpatient Treatment should be carefully designed to be part of a "continuum of care"
  - so it can synch up with other treatment programs in which the participants are inevitably part of – in order to achieve treatment goals and to avoid triggering relapse

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Basic Evidence-Based Treatment Goals*

*SAMHSA TIP 47

- General Treatment Program Goals
  - To achieve abstinence
  - To foster behavioral changes that support abstinence and a new lifestyle
  - To facilitate active participation in community-based support systems (e.g., 12-Step fellowship)
  - To assist participants in identifying and addressing a wide range of psychosocial problems (e.g., housing, employment, adherence to probation requirements)
  - To assist clients in developing a positive support network
  - To improve participants' problem-solving skills and coping strategies

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Basic Evidence-Based Stages of Treatment*

*SAMHSA TIP 47

- The Four Standard Stages
  - Stage 1 – Treatment and Engagement
  - Stage 2 – Early Recovery
  - Stage 3 – Maintenance
  - Stage 4 – Community Support

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Stage 1 – Treatment & Engagement

1. Establish a treatment contract with the counselor that specifies treatment goals, client responsibilities and the counselor's efforts and responsibilities
2. Work to resolve acute crises
3. Engage in a therapeutic alliance
4. Prepare a treatment plan with help from the counselor

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Stage 2 – Early Recovery

1. Maintain abstinence
2. Demonstrate ability to sustain behavioral changes
3. Eliminate drug-using lifestyle and replace it with treatment-related routines and drug-free activities
4. Identify relapse triggers and develop relapse prevention strategies
5. Identify personal problems and begin to resolve them
6. Begin active involvement in a 12-Step or other mutual-help program

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Stage 3 - Maintenance

1. Solidify abstinence
2. Practice relapse prevention skills
3. Improve emotional functioning
4. Broaden sober social networks
5. Address other problem areas

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Stage 4 – Community Support

1. Maintain abstinence
2. Maintain a healthy lifestyle
3. Develop independence from the treatment program
4. Maintain social network connections
5. Establish strong connection with support groups and pursue healthy community activities
6. Establish recreational activities and develop new interests

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Basic Evidence-Based Components of Outpatient Treatment

– core services
  - Group counseling
  - Individual counseling
  - Educational programming (e.g. The Stages of Recovery)
  - Monitoring of substance use
  - Medication management
  - Case management
  - Medical exams
  - Psychiatric exams
  - Crisis intervention services
  - Community-based support groups
  - After-care
  - Participation in mutual-help groups (e.g., 12 step)
  - Additional or enhanced services (e.g., adult education classes, recreational activities, adjunctive therapies (like acupuncture or meditation), child care, nicotine cessation, treatment, housing, transportation and food)

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New, Viable, & Effective Drug Court (Wellness Court) Evidenced-Based Treatment Models

- Cognitive-behavioral interventions (e.g., Moral Reconation Therapy ("MRT") – group therapy classes that address thinking and decision-making skills)
- Relapse Prevention Training (education on triggers and strategies to avoid relapse)
- Motivational Enhancement Therapy (strategies counselors can use to motivate participants)
- Use of Incentives
- Use of Case Management

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Current Issues & Challenges for Tribal Wellness Courts

- Continuum of care issues (how to assure a fit with residential and independent outpatient treatment programs) …
  - Many Wellness Courts are designing in-house (in-court) treatment programs and services in addition to independent tribal and third party treatment programs and services …
    - Are they designed to logically inter-connect if participants are moving between them?
  - Many Wellness Courts are integrating traditional or cultural therapeutic activities and services
    - Same problem as above
  - Are Wellness Court generalized "phased treatment plans" designed to logically interconnect with independent treatment provider stages and their purposes and activities?
    - Same problem as above

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Current Issues & Challenges for Tribal Wellness Courts (cont.)

- Substance abuse treatment issues …
  - Confusion re: clinical screening and participant readiness/motivation and the role of the treatment provider in actively motivating the participant
  - Lack of trained/licensed professionals to undertake the clinical screening necessary to design individualized treatment plans in general and for mental health issues (usually due to lack of $$$)
  - Absence of accessible Intensive Outpatient Treatment services (usually a lack of reliable transportation to non-local providers or under-developed or inaccessible (non-court) tribal outpatient services (tribal services may be prioritized for walk-ins vs. court ordered clientele))

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Current Issues & Challenges for Tribal Wellness Courts (cont.)

- Substance abuse treatment issues …
  - Under-utilization of cognitive behavioral interventions (e.g., MRT), relapse prevention training, and motivational enhancement therapy due to lack of familiarity (can obtain funding to either get team member trained or to contract for third-party provision of services)
  - Lack of $$$ to send participants for detox or residential treatment
  - Lack of $$$ to contract for licensed mental health providers (psychologists and psychiatrists)
  - Tendency to collapse jobs/roles to stretch available resource = potentially ineffective substance abuse treatment and case management
  - 12-Step (or Red Road) alone ≠ effective substance abuse treatment
  - Traditional/cultural therapeutic activities and services alone ≠ effective substance abuse treatment
  - Lack of education/buy-in from IHS medical facilities

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