

Using Continuing Care and Recovery Support Services to Improve Drug Court Outcomes

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

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WHY?

- After all the dedication, skill and care that addiction professionals and drug court personnel devote to our participants' well being, we all too often see our best work erode as vulnerable people return to the same circumstances and environments that fostered their illness. We can do better. We can provide systems of support for additional protection. We can improve our support in helping them manage their recovery.

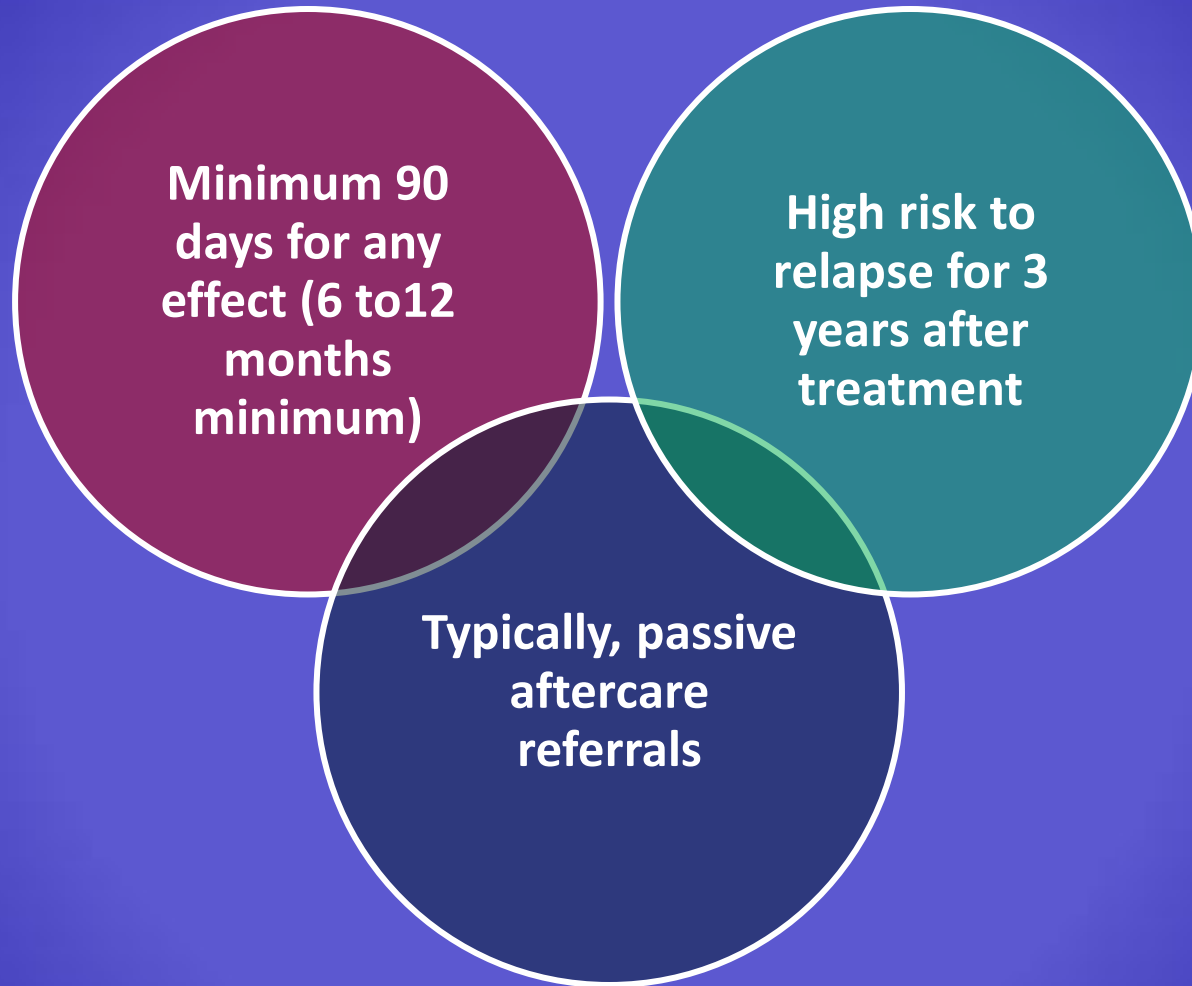
“The odds of recovery rise in tandem with social network support for abstinence and decline with the increased density of heavy AOD users in one’s social network” (Kaskutas & Weisner, Dennis, Foss & Scott, Zywiak, Longabaugh & Wirtz, Mohr, Averna, Kenny & Boca, Weisner, Matzgher & Kaskutas)



ACUTE CARE

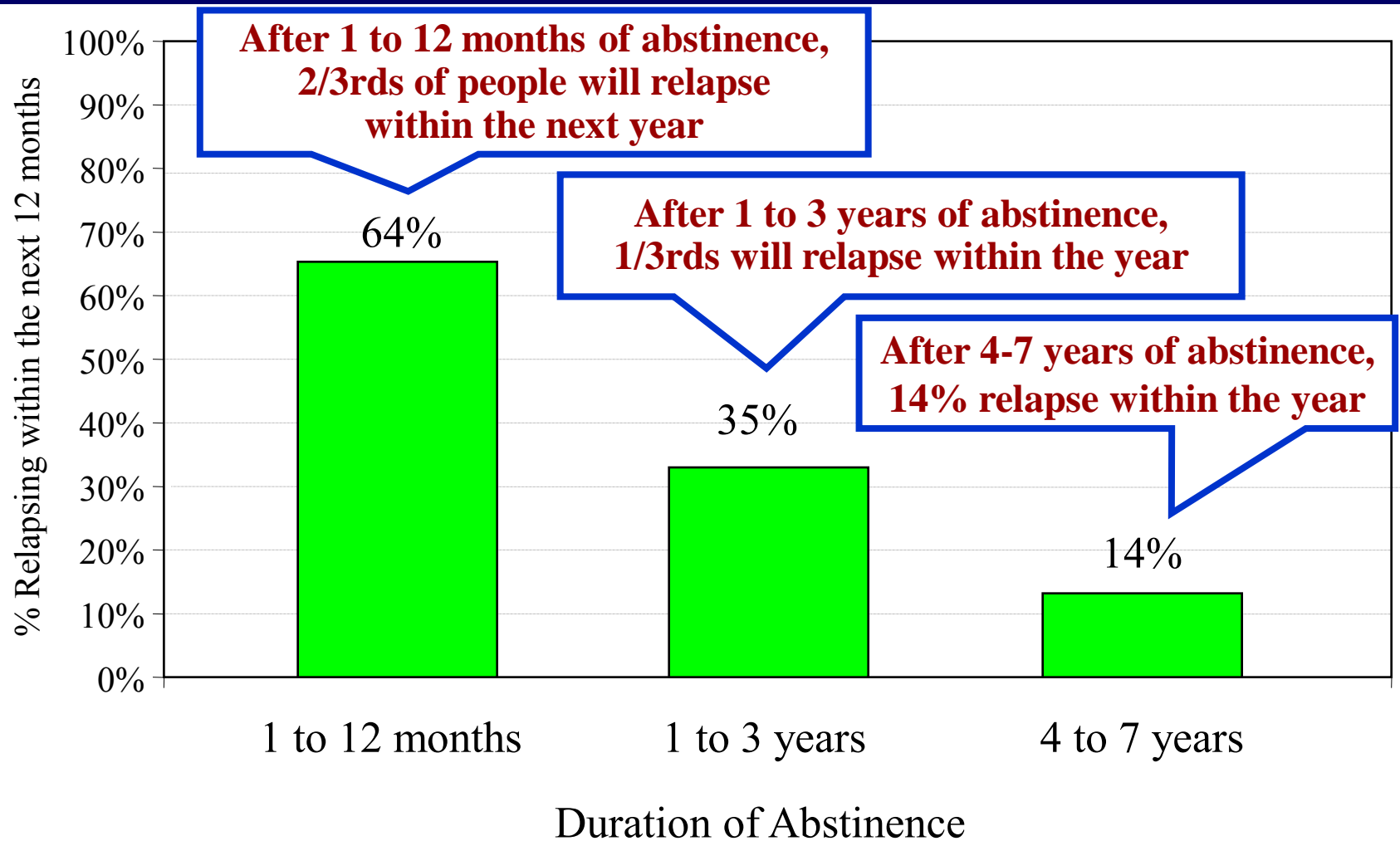
- Crisis-linked timing (arrest)
- Single episodes of treatment and an expectation that improvement will continue after treatment ends
- Immediate abstinence as the expectation (distal)
- Little use of full continuum of services
- Primarily professional decision-making
- Short treatment relationships (adm. to disch.) with relapse considered failure of person/treatment/drug court
- Problem solved at treatment completion or drug court graduation, i.e. immediate abstinence-no post-discharge follow-up or support

Treatment Works with Adequate Dosages



To improve rates of re-offense and new drug use, treatment and drug courts must consider a “Recovery Management” approach.

The Risk of Relapse: common, decreases slowly over time, but does not go away

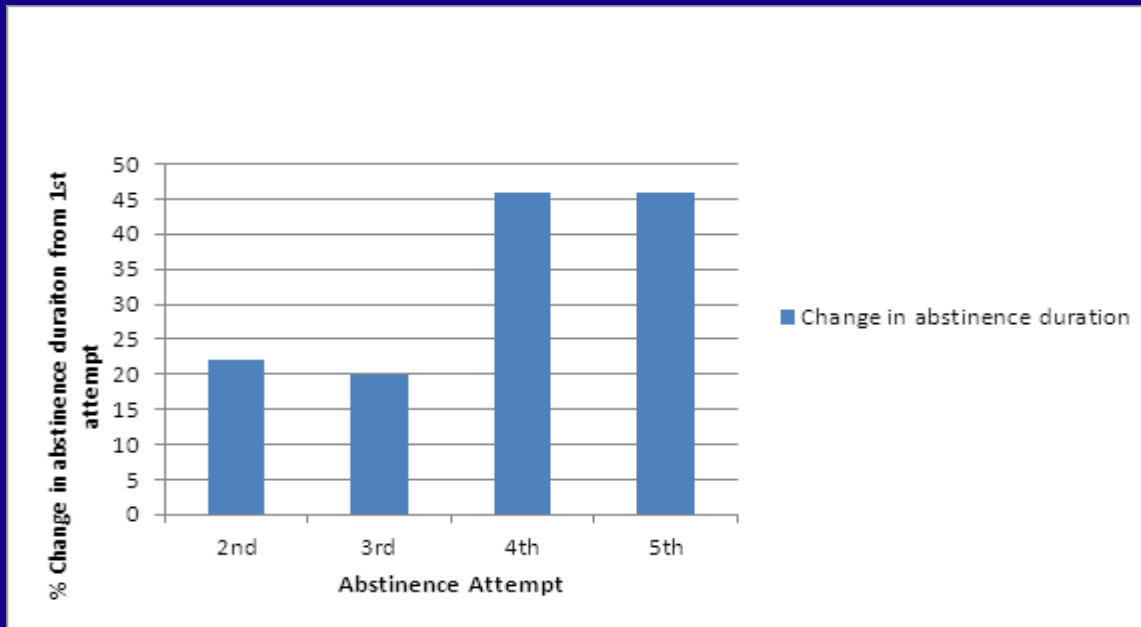


CHRONIC CARE

Disease that alters brain and may take years to fully recover thus may require:

- Multiple cycles of recovery, relapse, and repeated treatments for many
- Post treatment monitoring for reentry into treatment when necessary and asap
- Ongoing support and monitoring post treatment for a variety of needed wrap around services
- Continuous recovery activities
- Strategies with support for and from entire family (consider Family Strengths and Needs Survey-MT)

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Recovery from Opioid Dependence

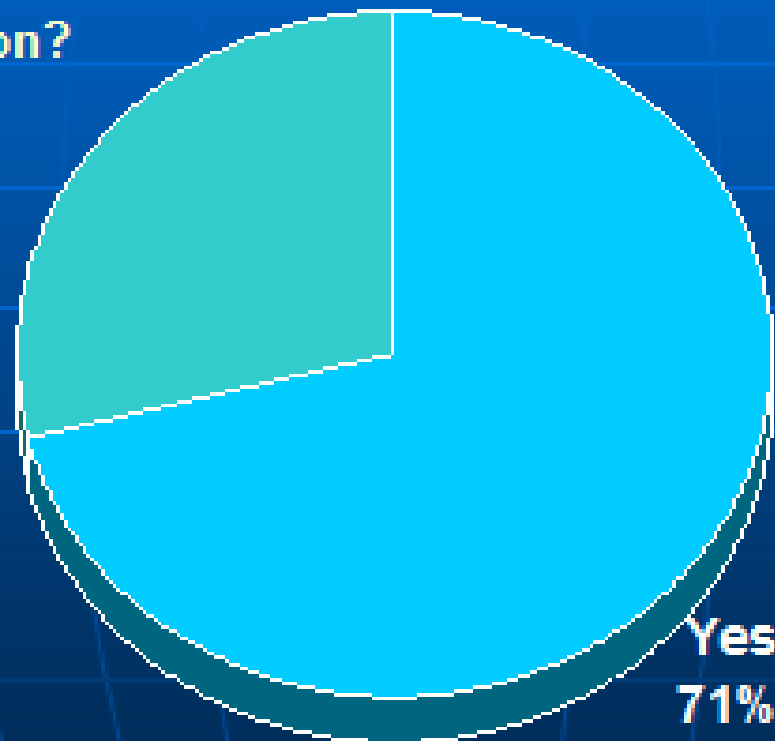
- Demographic variable not associated with abstinence
- Being employed, less severe drug use and at least 6 mos. of treatment associated with duration of abstinence
- Having 4 or more attempts at abstinence associated with longer abstinence

Consistent with a model of a chronic disease

Pathways to Long-Term Abstinence

Relapse History (n=354)

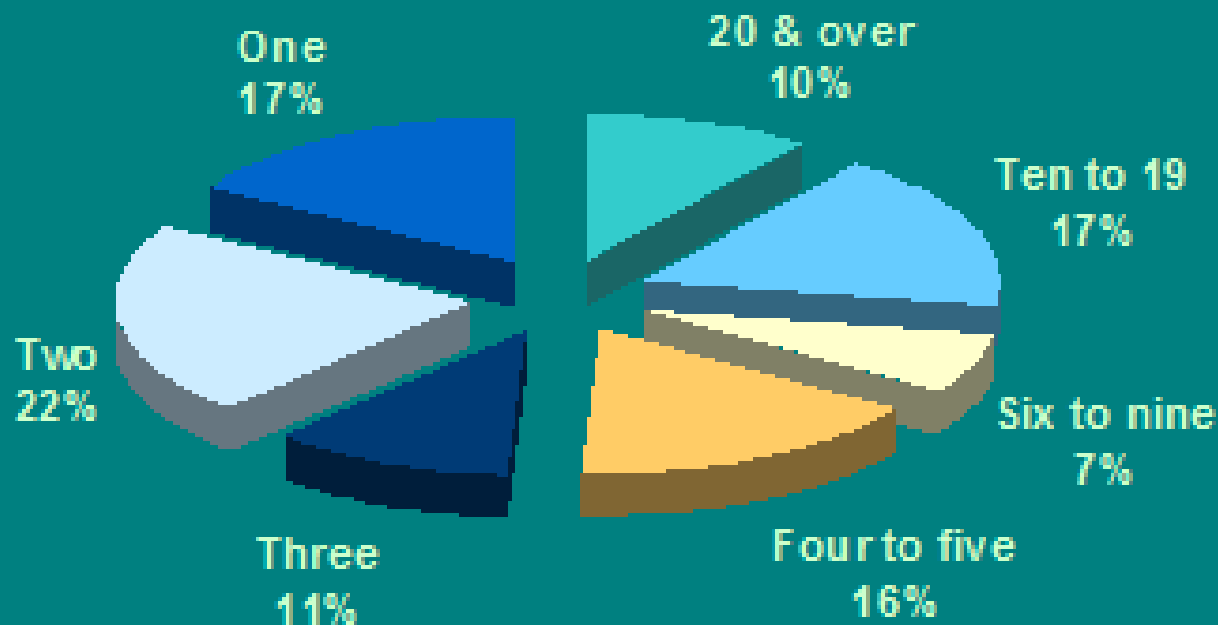
Since starting regular drug use, did you ever have one or more period (s) of complete abstinence of one month or longer followed by return to active addiction?



Relapse History

Number of clean periods followed by return to active addiction^b

Over 50% reported 4 or more abstinent periods followed by return to active addiction



Range 1 to 90 Mean = 7.56; Std dev= 10.6

^bAmong those who report one or more such periods: N=248- 5 "don't know"

Just Another Chronic Disorder

- Alcohol and Other Drug Dependency is a chronic disease not unlike cancer, diabetes, hypertension, asthma
- Drug Court standards now require: development of a long-term recovery plan
- Drug Court standards now require: Post-treatment discharge monitoring for at least 90 days (re-intervention into treatment when the protocol is not followed and problems occur)
- Support for help in many domains that could lead to relapse and re-offense



SAMHSA's Definition of Recovery

Recovery: is a 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 wellbeing.
- **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, income and resources to participate in society; and
- **Community:** **relationships** and social networks that provide support, friendship, love, and hope.



Def: Recovery Management

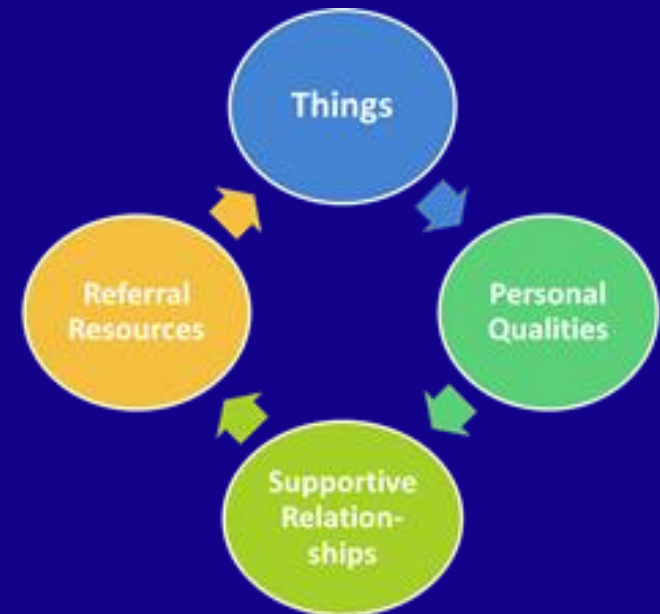
- The provision of engagement, education, monitoring, mentoring, support, and intervention technologies to maximize the health, quality of life, and level of productivity of persons with alcohol and other drug use conditions. Within the framework of recovery management, the “management” of the condition is the responsibility of the person with the condition. The primary role of the professional is that of the recovery consultant, guide, or coach.

Def: Recovery Capital

The **sum total** of all the personal, social, and community **resources** a person can draw on to begin and sustain his/her recovery from alcohol and other drug abuse problems.

Recovery Capital includes:

- Physical capital: **things**
- Human capital: **personal qualities**
- Social capital: **supportive relationships**
- Community capital: **referral resources**



Def: Mutual Support/Aid Groups

- Groups of individuals who share their own life experiences, strengths, strategies for coping, and hope about recovery. Often called “self-help” groups, they more technically involve an admission that efforts at self-help have failed and that the help and support of others is needed.
- Mutual aid groups are based on **relationships** that are **personal** rather than professional, **reciprocal** rather than fiduciary, **free** rather than fee based, and **enduring** rather than transient



Def: Recovery-Oriented Systems of Care (ROSC)

- **Systems** of health and human services that affirm hope for recovery, exemplify a strength-based orientation, and **offer a wide spectrum of services and supports** aimed at engaging people with alcohol and other drug use conditions into care and promoting their resilience and long-term recovery from which they and their families may choose.

Recovery Oriented Systems of Care

- Services are designed to: 1) remove personal and environmental obstacles to recovery, 2) enhance identification and participation in the recovery community, and 3) enhance the quality of life of the person in recovery and their family.

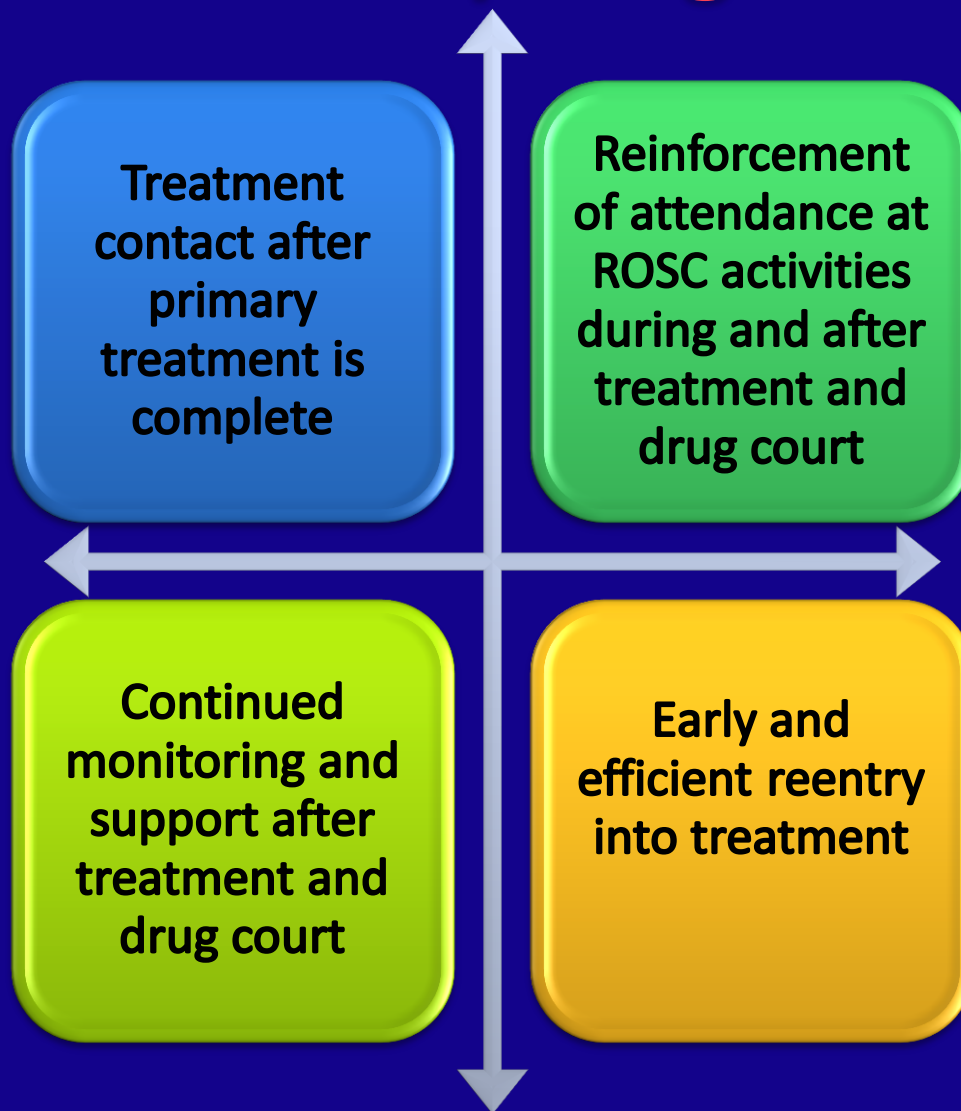
Components of a ROSC

- **Recovery community centers (outreach, engagement, information and referral and intervention services)**
- **Recovery guides, coaches or peer mentors**
- **Drug Court and treatment personnel who help with recovery check-ups, telephone monitoring, etc. (post treatment monitoring and support**
- **Sober or recovery homes (e.g. Oxford House)**
- **Child care /Transportation/Legal services - help**
- **Educational/vocational supports and job banks**
- **Leisure and social activities (e.g. recovery music, recovery murals, recovery events and recovery walks/runs)**

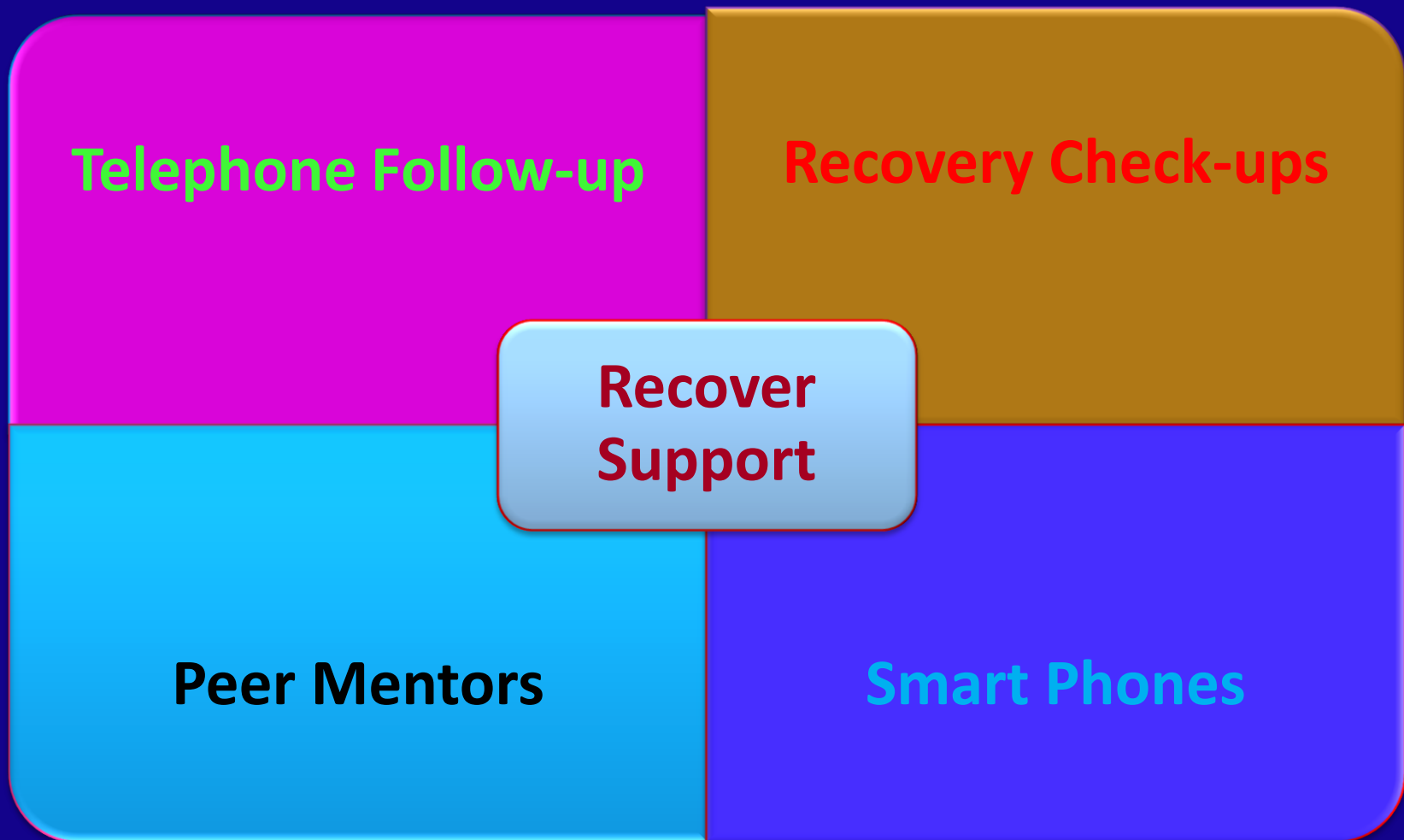
Components of a ROSC

- Recovery Schools/Recovery Industries/Recovery ministries-Faith-based organizations-churches
- Recovery-themed media (recovery stories and features)
- Formal treatment (for re-intervention when needed)
- Treatment and drug court alumni groups
- Sober friends
- Family support
- Mutual Aid groups (AA, NA, MA, CA, etc.) and sponsors
- Alcohol and drug testing (breathalyzer/urinalysis/hair, etc.)
- Individualized Recovery Management Plans (developed primarily by individual in recovery)
- Recovery cafés

Recovery Management in Treatment/Drug Court



Four Specific Strategies with an Evidence-base of Support



Telephone Follow-up

- Effective form of step-down continuing care
- As effective as face-to-face interventions for some populations
- Probably cost-effective
- Focused protocol (talk about later)
- Convenient for recovering person (does not interfere with other responsibilities, e.g. employment, child care, etc.)



Telephone Follow-up Works

Examples: Hartford, CT.

- 36,000 calls/33.6% contact rate
- 2.6% relapsed and 60% back into recovery

Godley, and team results:

- Telephone group more likely to have received sessions
- Telephone group had fewer drug-related problems
- Telephone group liked calls and wanted more

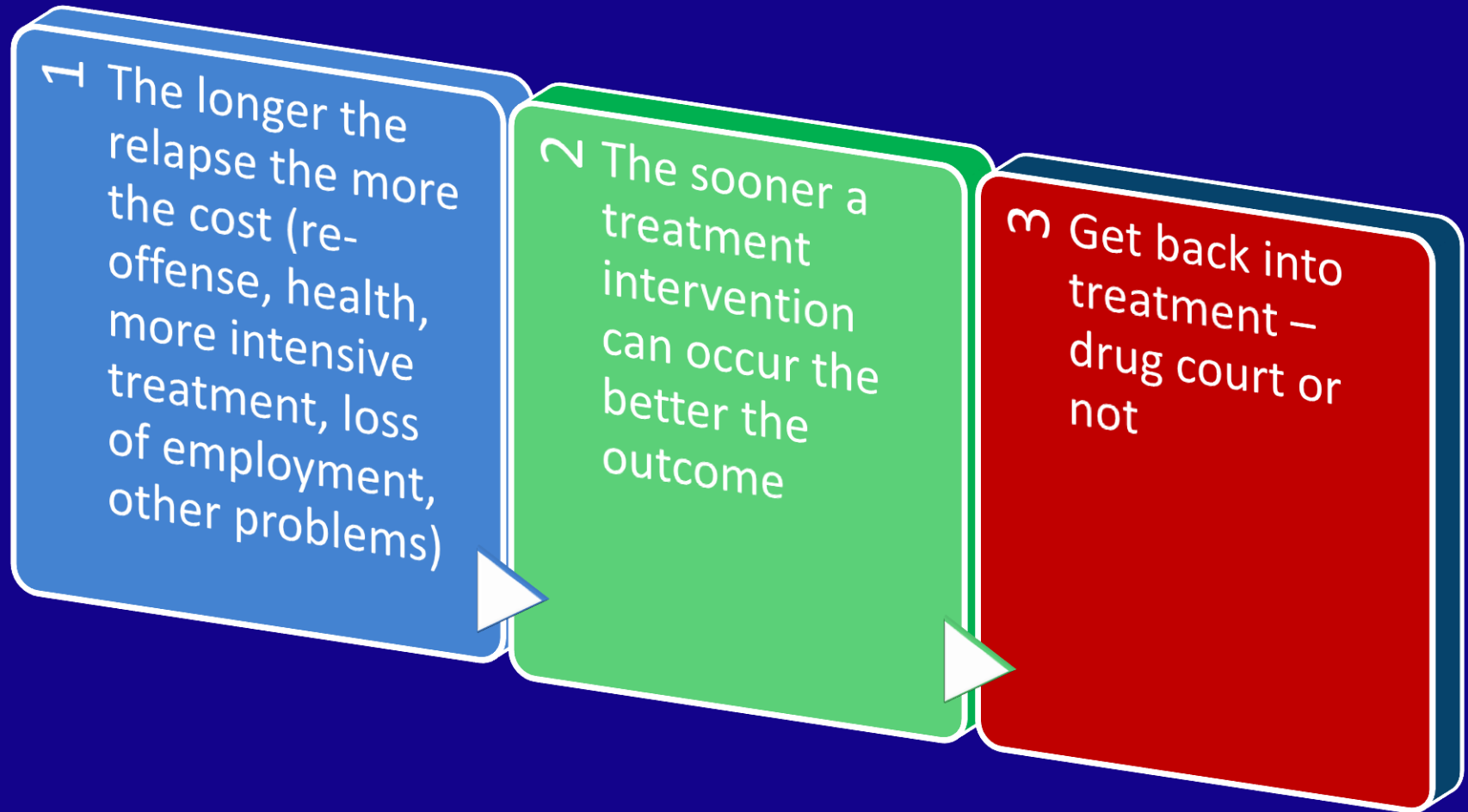


Recovery Management Checkups



- ✓ More likely to return to treatment when needed
- ✓ Return to treatment sooner
- ✓ Stay in treatment longer
- ✓ Eventually need less treatment

Reduce Relapse Time



Adult Drug Court Standard

“For at least the first ninety days after discharge from the Drug Court, treatment providers or clinical case managers attempt to contact previous participants periodically by telephone, mail, e-mail, or similar means to check on their progress, offer brief advice and encouragement, and provide referrals for additional treatment when indicated.”

Recovery Maintenance Check-in (RMC-i)



- **Recovery Check-ins are a key component of recovery oriented systems of care**
- **New Adult Drug Court Standards call for recovery follow-up for a minimum of 90 days post discharge from drug court**
- **The RMC-i was developed to facilitate follow-up through check-ins telephonically specifically for drug courts**

Recovery Maintenance Check-in

- Structured for Telephone Follow-up
- Meets new Adult Drug Court Standard of 90 days post drug court follow-up
- Can be used electronically or paper/pencil
- Used by professionals or non-degreed professionals (scripted)
- Check-in domains: 1. Housing, 2. Family/Social Status, 3. Health Status, 4. Substance Use, 5. Financial/Occupational Stability, 6. Criminal Activity
- Motivational interviewing style

Peer-based Recovery Support Services

- **What:** Peer-based recovery support is the process of giving and receiving non-professional, non-clinical assistance to achieve long-term recovery.
- Provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life.



Peer-based Recovery Support Services

- **How:** assertive outreach to engage those in need of recovery support; recovery capital/needs assessments; recovery check ups, telephone and Internet-based coaching/follow-up; normative recovery information; motivational encouragement, companionship and modeling of a recovery lifestyle; assertive linkage to communities of recovery, access to addiction treatment and other human services; participation in leisure activities; problem-solving to eliminate obstacles to recovery like child-care and transportation; meetings with families; and recovery advocacy.



Evidence Suggests That Peer-Based Support Services:

- Reduce the number of admissions and days spent in hospitals and increased time in the community
- Reduce use of acute services (e.g. emergency rooms, detoxification centers)
- Increase active involvement in care planning and self-care
- Improve social functioning
- Increase hope, quality of life, and satisfaction with life
- Reduce substance use
- Reduce depression and demoralization
- Improve chances for long-term recovery
- Increase rates of family reunification
- Reduce average service costs per person

Smartphone-Based Interventions

Addiction Comprehensive Health Enhancement Support System (ACHES)

- Basic Services
- Healthy Events Newsletter
- Electronic Care Manager
- High Risk Patient Locator
- Alerts/Reminders
- Ongoing mini assessments
- Panic Button
- Check-in.



LMBI – University of Alaska

Location-Based Monitoring and Intervention System for Alcohol Use Disorders

1. Assessment and Feedback
2. High-Risk Locations
3. Supportive People
4. Cravings
5. Problem Management
6. Communications
7. Pleasurable Activities



“There are many pathways to recovery. Individuals are unique with specific 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.”



The treatment client/drug court participant must take ownership, develop and engage in their own recovery and recovery management (plan).

A Recovery Management Plan

- Final phase of treatment/drug court should focus on a **Recovery Management Plan (RMP) developed and owned by drug court participant.**
- The **RMP** spans the time period from the rest of treatment/drug court to many years after formal treatment/drug court.



"It's not enough to just show up. You have to have a plan!"

- **RMP is focus of treatment/drug court through completion/graduation, i.e. for the participant, the judge from the bench, the case manager, the treatment provider and the entire drug court team.**
- **RMP covers most areas of life in order to remain clean, sober and productive.**



Recovery Management Plan

RMP strategies for maintaining recovery:

- ✓ Identify recovery capital (the personal, social, and community **resources** a person can draw on to begin and sustain his/her recovery) them
- ✓ Managing cravings and triggers
- ✓ Identifying health problems and wellness strategies
- ✓ 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



Recovery Management Plan

- ✓ **Building a better Recovery Support System. Linkage to recovery support groups, post-treatment recovery support institutions, abstinence-based social clubs, recovery support centers, recovery coaches.**
- ✓ **Other life areas to address in recovery, e.g. legal problems, overcoming educational and vocational skill deficits, etc.**
- ✓ **Use of “recovery checkups” telephone- and Internet-based systems of continuing care.**
- ✓ **Assessment of family needs, services and supports**
- ✓ **The plan should include short-term objectives and timelines**

Adult Drug Court Standard

- “Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in prosocial activities and remain connected with a peer
- support group after their discharge from the Drug Court.”

What Healing to Wellness Courts Can Do Before Graduation/Discharge?

- Require Recovery Management Plan
- Support Recovery Month – September
- Support alcohol and drug free social activities
- Include family members in recovery events
- Support alumni clubs (drug court/treatment)
- Support recovery mentors and coaches
- Initiate Recovery Check-ups
- Support alcohol and drug free housing



What Drug Courts Can Do During and After Drug Court

- Include vision for long-term recovery in treatment/drug court materials (policy, participant manual, contract, brochure, etc.)
- Use a global assessment process that includes family and significant others (FSNS)
- Include former drug court participants in drug court (advisory boards, mentors/coaches, presenters)
- Encourage Staff to participate in activities to reduce stigma and discrimination
- Include training on recovery associated topics and attend open 12-step meetings

- Develop information packets for family members and others who support the drug court participant
- With participant approval, involve family members in developing RMP
- Incentivize family counseling participation
- Encourage family member participation throughout treatment/drug court process
- Again, consider check-ups, telephone follow-up, and mentors for orientation to, during and after treatment/drug court
- Assess and inventory the community and identify recovery support components and gaps
- Utilize peer mentors/coaches in drug court

Thank you!!

JKushner@MT.Gov