



DEVELOPING THE DWI COURT TREATMENT CONTINUUM

Developed by:
National Center for DWI Courts

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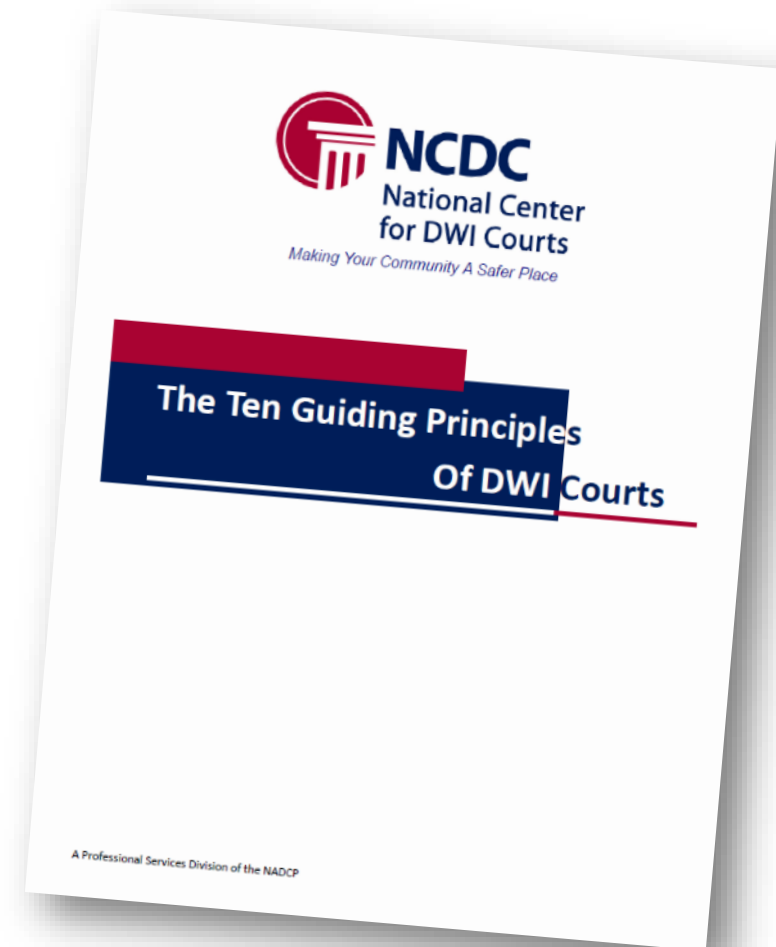
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GUIDING PRINCIPLE #3



Develop the Treatment Plan

Substance dependence is a chronic, relapsing condition that can be effectively treated with the right type and length of treatment regimen. In addition to having a substance abuse problem, a significant proportion of the DWI population also suffers from a variety of co-occurring mental health disorders. Therefore, DWI Courts must carefully select and implement treatment strategies demonstrated through research to be effective with the hardcore impaired driver to ensure long-term success.



TREATMENT IS...

- ✓ A contractual relationship
- ✓ Focused on the addiction itself
- ✓ A technology based in theory, protocols
- ✓ A relationship governed by legal and ethical standards
- ✓ Subject to peer, supervisory and administrative review

TREATMENT MUST ENHANCE

Motivation

- ✓ Why change?

Insight

- ✓ What to change?

Skills

- ✓ How to change?



WHAT WORKS IN TREATMENT?

- ✓ Individualization: Treatment matching
- ✓ Readily available
- ✓ Multidimensional
- ✓ Treatment/Services plan continually assessed and adjusted
- ✓ Length of stay
- ✓ Factors associated with program/counselor

BASICS OF EFFECTIVE DWI COURT TREATMENT

- ✓ Goal: least restrictive environment that will get the job done
- ✓ American Society of Addiction Medicine (ASAM) Placement Criteria
- ✓ Variable lengths of stay
- ✓ Degree of structure/intensity
- ✓ Frequency and duration of treatment contact

BASICS OF EFFECTIVE DWI COURT TREATMENT

- ✓ Careful communication and consultation with supervision officer
- ✓ Type and range of services
- ✓ Treatment model/philosophy
- ✓ Utilization of evidence-based practices

EVIDENCE BASED PRACTICES

Evidence-based practices (EBPs) refers to interventions that have been rigorously tested, have yielded consistent, replicable results, and have proven safe, beneficial, and effective.

A BIG RESOURCE

National Registry of Evidence-Based Programs and Practices:

www.samhsa.gov/ebp-resource-center

THREE TOP MODELS

Medical Model

Disease Concept

Genetics

Neurochemistry



Psychosocial Model

Social Learning

Environmental

Family Systems



Biopsychosocial (BPS) Model

Biological

Psychological

Sociological



ASAM 6 Assessment Dimensions

AMERICAN SOCIETY OF ADDICTION MEDICINE

The Nation's leading addiction medicine society representing over 5000 physicians, clinicians and other professionals with a focus on addiction and the treatment of.



ASAM

American Society *of*
Addiction Medicine

ADDICTION

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

ASAM September 2019

ASAM 6 DIMENSIONS

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Dimension 2: Biomedical Conditions and Complications

Dimension 3: Emotional, Behavioral, or Cognitive Conditions & Complications

Dimension 4: Readiness to Change

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

Dimension 6: Recovery/Living Environment

Acute Intoxication and/or Withdrawal Potential



ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

Ready access to medical detoxification at entry and after relapse

Monitoring for use through the use of random and regular testing throughout treatment continuum

- ✓ Continuous alcohol monitoring device
- ✓ Urine screens
- ✓ Breathalyzers
- ✓ Swabs

ASAM Principles of Drug Testing in Addiction Treatment

Because evidence suggests that drug testing assists with monitoring adherence and abstinence in treatment and can improve patient outcomes, testing should be used widely in addiction treatment settings.



Biomedical Conditions & Complications



Biomedical Conditions & Complications

Exploring and assessing an individual's health history and current physical condition

- ✓ When was the last time they received medical care?
- ✓ Prescription medications?
- ✓ Do they have health insurance?
- ✓ History of head injuries?
- ✓ Explore any history of illness/conditions that may exacerbate their ability to participate in programming.

Aids in adequate treatment planning



Emotional, Behavioral, or Cognitive Conditions & Complications

EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS & COMPLICATIONS

- ✓ Comprehensive, Continuous, Integrated System of Care (CCISC) Model
- ✓ Co-Occurring Enhanced Programming
- ✓ Co-Occurring Capable Programming
- ✓ Staff Cross Training
- ✓ Multiple Disciplines (addiction & mental health)
- ✓ Cognitive ability considerations/assessment

INTEGRATED TREATMENT

- ✓ Co-Occurring disorders is an expectation, not an exception
- ✓ When mental illness and substance use disorders co-exist, each disorder should be considered primary, and integrated dual primary treatment is required
- ✓ Mental illness and substance use disorders are both examples of chronic, biopsychosocial disorders

Readiness to Change



EXPLORING AN INDIVIDUALS READINESS AND INTEREST IN CHANGING

Examples of Screening and Assessment Instruments

- ✓ RCQ-TV – (Readiness to Change Questionnaire -Treatment Version)
- ✓ URICA – (University of Rhode Island Change Assessment)
- ✓ SOCRATES – (Stages of Change Readiness and Treatment Eagerness Scale)
- ✓ What I Want From Treatment

MOTIVATIONAL APPROACHES

- ✓ Intended to evoke and strengthen motivation to change a targeted behavior
- ✓ Emphasizes intrinsic change and personal commitment, over external compliance and pressure
- ✓ Both utilizes and seeks to resolve ambivalence in favor of change
- ✓ Views participant “resistance” as signal to change approach, not confront
- ✓ Contends that direct persuasion is not effective in bringing about lasting change

WHAT IS MOTIVATIONAL INTERVIEWING?

A client-centered, directive
method for enhancing intrinsic
motivation to change by exploring
and resolving ambivalence

WHEN PEOPLE CHANGE

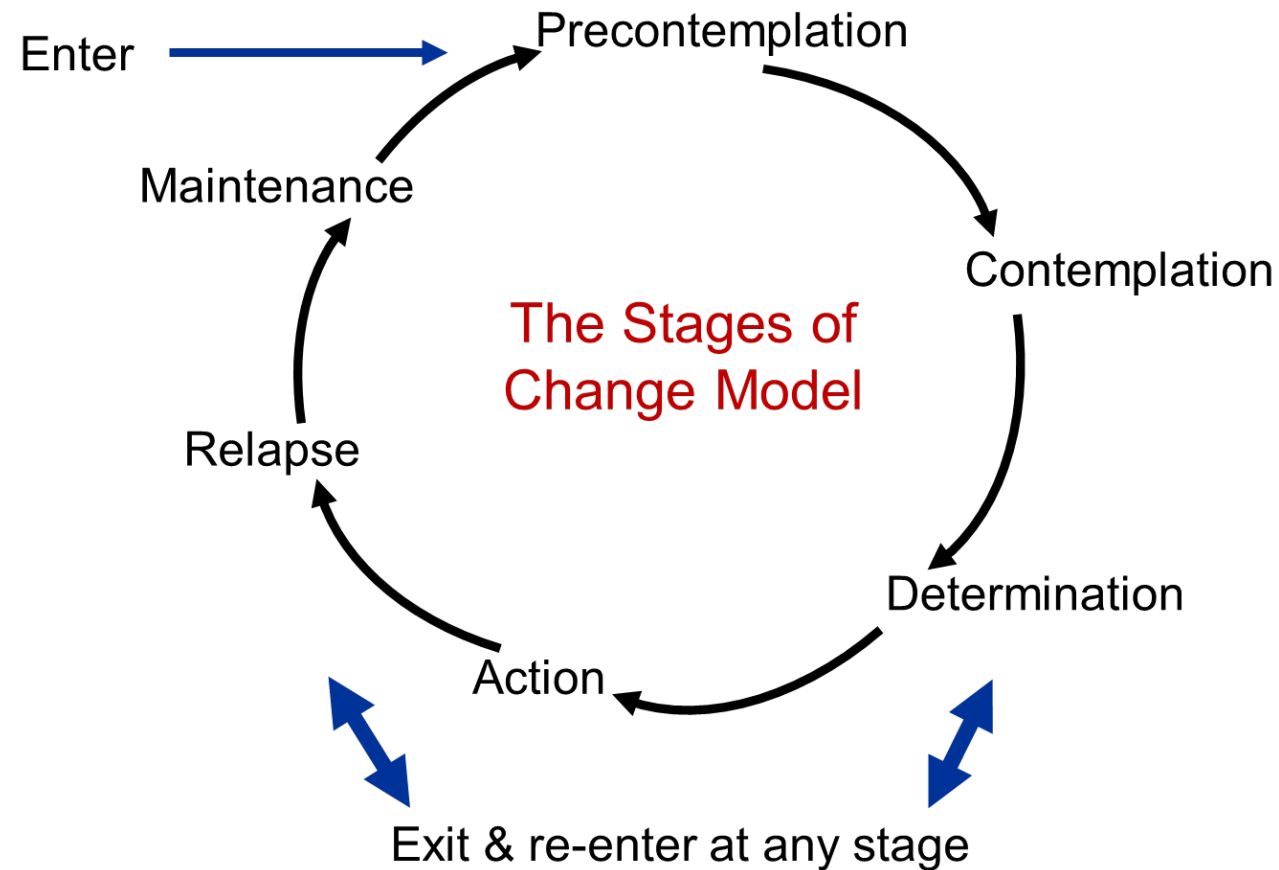
Willing

Able

Ready



Prochaska and DeClemente Stages of Change



Stages of Change

- ✓ **Precontemplation:** Not Ready
- ✓ **Contemplation:** Getting Ready
- ✓ **Preparation:** Ready
- ✓ **Action:** Doing (Observable)
- ✓ **Maintenance:** Working to Prevent Relapse
(6 mo – 5 years)



**Relapse, Continued Use, or Continued
Problem Potential**

RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL

- ✓ **Explore the individual's unique relationship with relapse/continued use or problems**
- ✓ **Consider cross-dimensional interactions**
- ✓ **Explore past history and ability to remain abstinent**

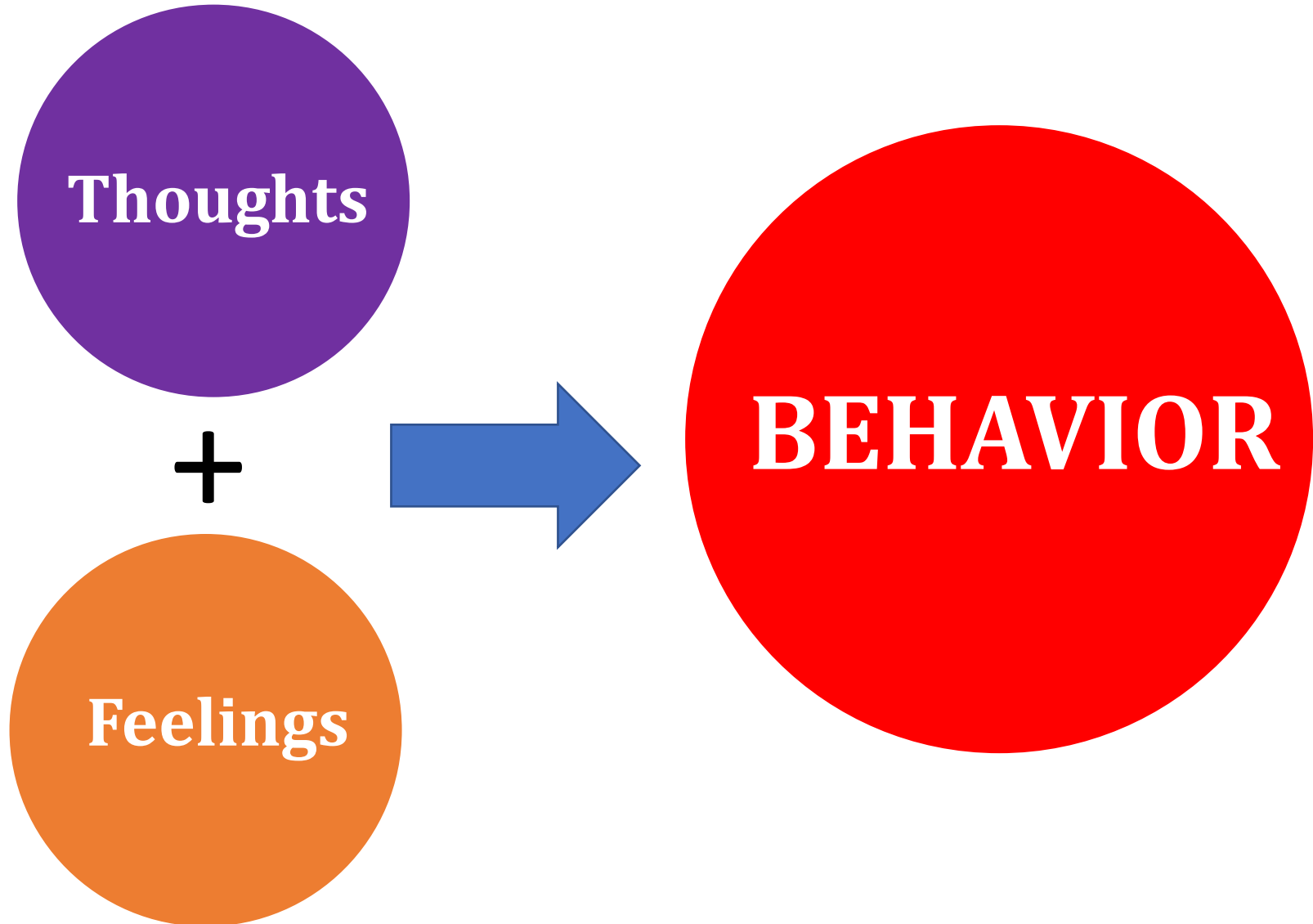
RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL

- ✓ **Explore past relapse history**
- ✓ **What is the source of motivation for change?**
- ✓ **Cravings**
- ✓ **Withdrawal Management (medication responsiveness)**

RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL

- ✓ Cognitive Behavioral Treatment
- ✓ Relapse Prevention Therapy
- ✓ Pharmacologic Approaches

WHAT IS COGNITIVE BEHAVIORAL THERAPY?



GOALS OF CBT APPROACHES

1. Analyzes thoughts, feelings, and actions (behavior)
2. Thoughts (and underlying beliefs and values) and resulting emotions drive behavior
3. Identify thinking patterns and stop thinking “errors” from leading to emotional reactions that produce problem behaviors

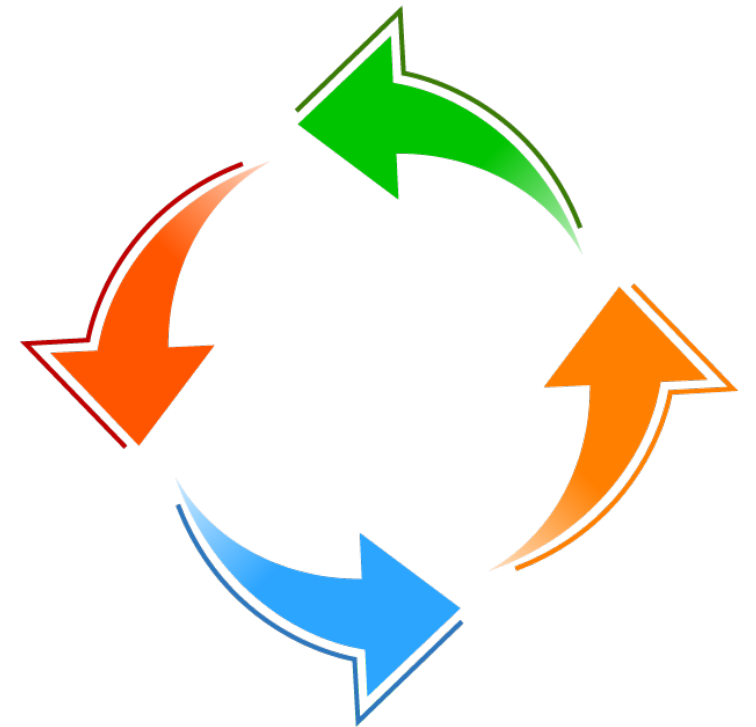


MAJOR TYPES OF CBT

- ✓ Cognitive Restructuring
- ✓ Decision Making
- ✓ Problem Solving
- ✓ Skills Training
- ✓ Insight and Values Clarification

RELAPSE PREVENTION

An unfolding *process* in which the resumption of substance use is the last event in a long series of maladaptive responses to internal or external stressors or stimuli



WHAT ARE RELAPSE PREVENTIONS?

Therapy designed to teach people to recognize, anticipate, and manage the relapse warning signs so that they can interrupt the relapse process early and return to the process of recovery



RELAPSE PREVENTION PLANNING

- ✓ Written, specific, and rehearsed plans
- ✓ Reiterates commitment to and rational for recovery
- ✓ Outlines and schedules recovery supportive activities
- ✓ Identifies warning signs, cues, and high risk situations (triggers)
- ✓ Details preventive and progressive responses to all triggers

RELAPSE PREVENTION THERAPY (RPT)

- ✓ Relapse is a process
- ✓ Identify and cope with high-risk situations such as negative emotions, conflict, and social pressure
- ✓ Cope with urges and cravings
- ✓ Implement damage control procedures during a lapse
- ✓ Stay engaged in treatment even after a relapse
- ✓ A more balanced lifestyle



Pharmacologic Interventions

Loseprazol® 20 mg
enterosolventní
tvrdé tobolky
omeprazolum
PRO.MED.CS
Praha a.s.



PHARMACOLOGICAL INTERVENTION GOALS

- ✓ To provide relief from withdrawal symptoms
- ✓ To prevent drugs from working (antagonist)
- ✓ To reduce cravings
- ✓ To provide replacement (agonist)
- ✓ To provide aversive reactions

MEDICATIONS

- ✓ **Methadone**
- ✓ **Buprenorphine**
- ✓ **Naltrexone**
- ✓ **Disulfiram**
- ✓ **Acamprosate**

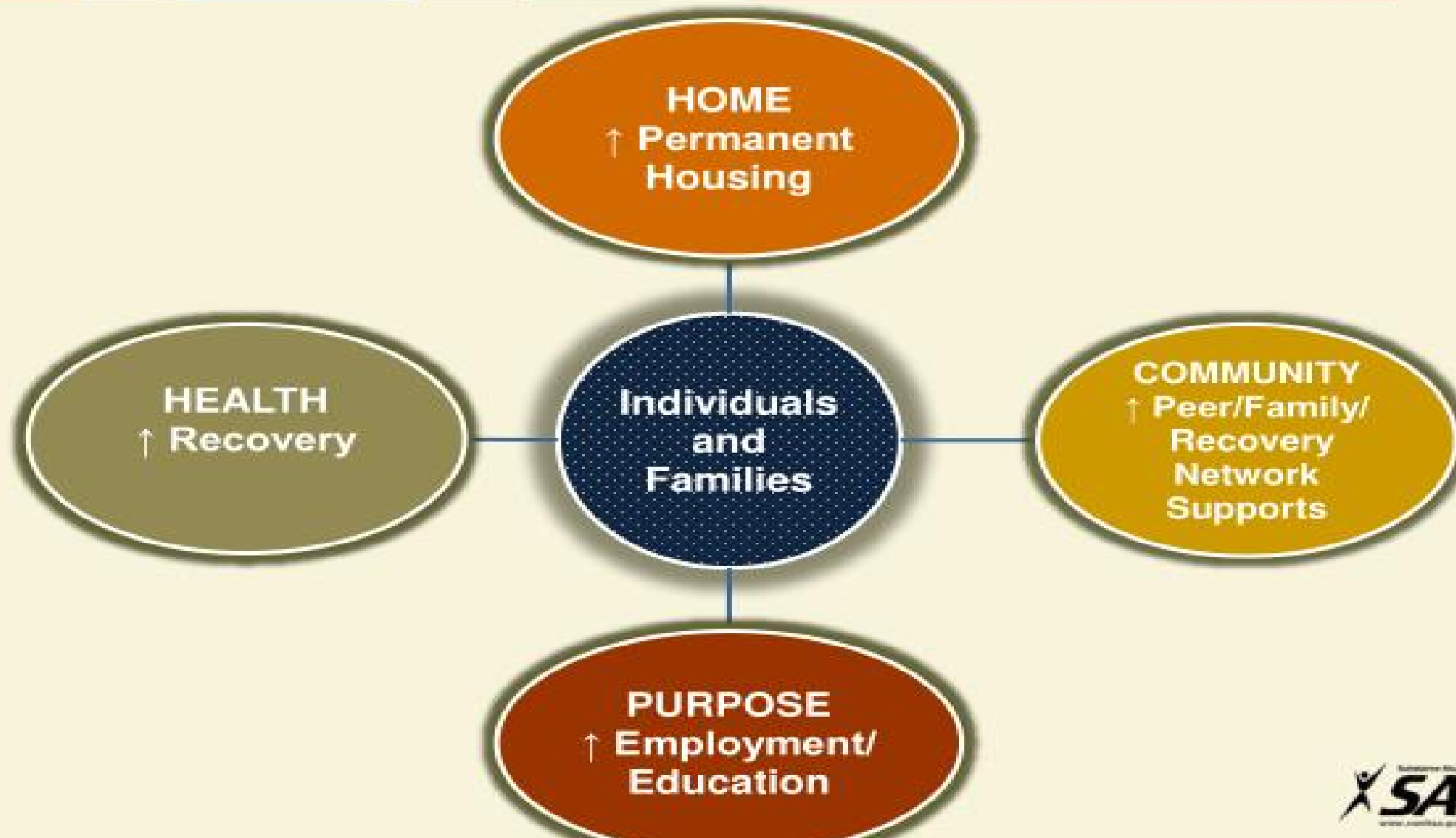


RECOVERY/LIVING ENVIRONMENT



RECOVERY CONSTRUCT

12



RECOVERY/LIVING ENVIRONMENT

**Exploring an individual's recovery or living situation,
and the surrounding people, places and things**

- ✓ Antagonistic/Dangerous– does not support recovery
- ✓ Housing, employment, education, income, transportation, childcare, vocational needs
- ✓ Family and primary relationships and how they intersect with recovery

USING RECOVERY SUPPORT GROUPS IN THERAPY

Offer choice (types, spiritual and secular)

Be selective regarding approved groups

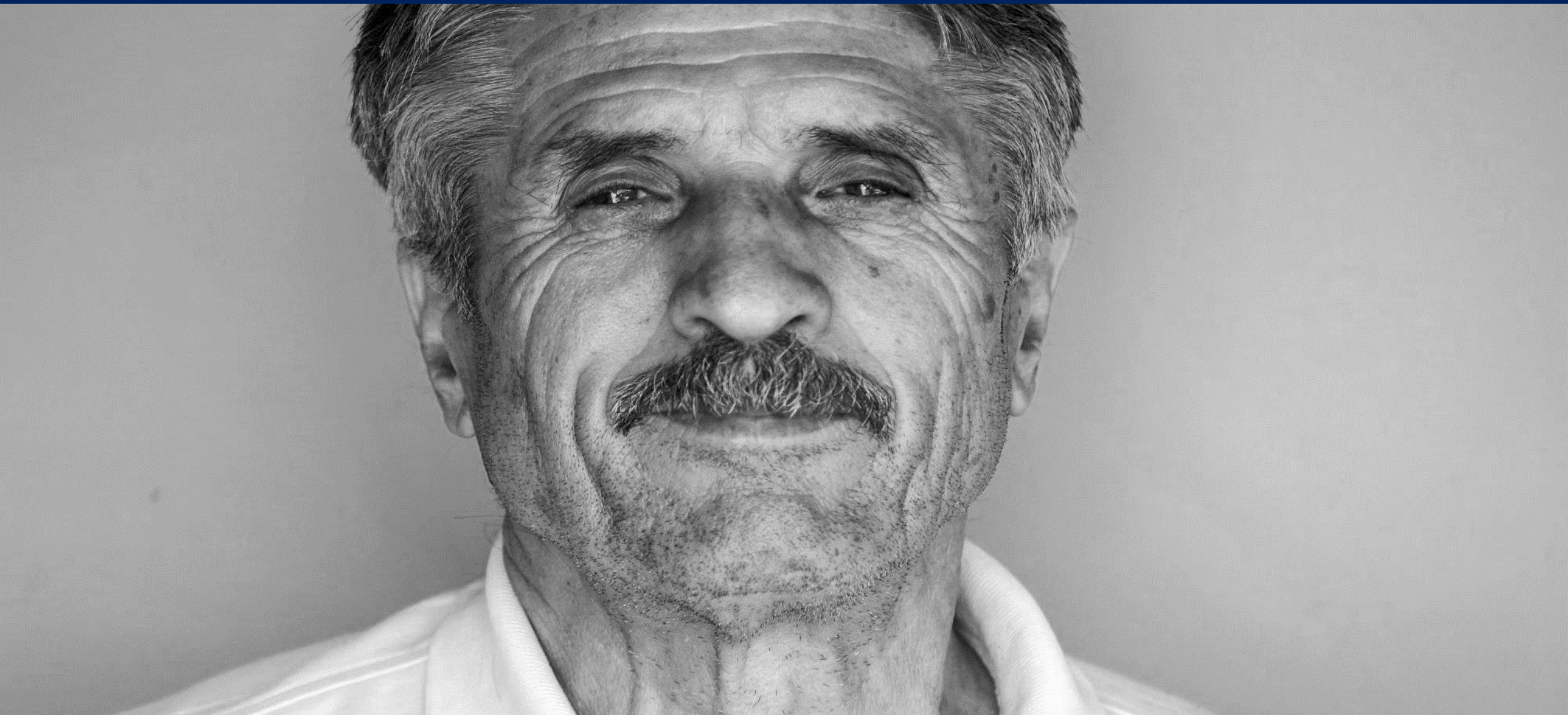
Try to match demographics, lifestyles, and level of substance involvement



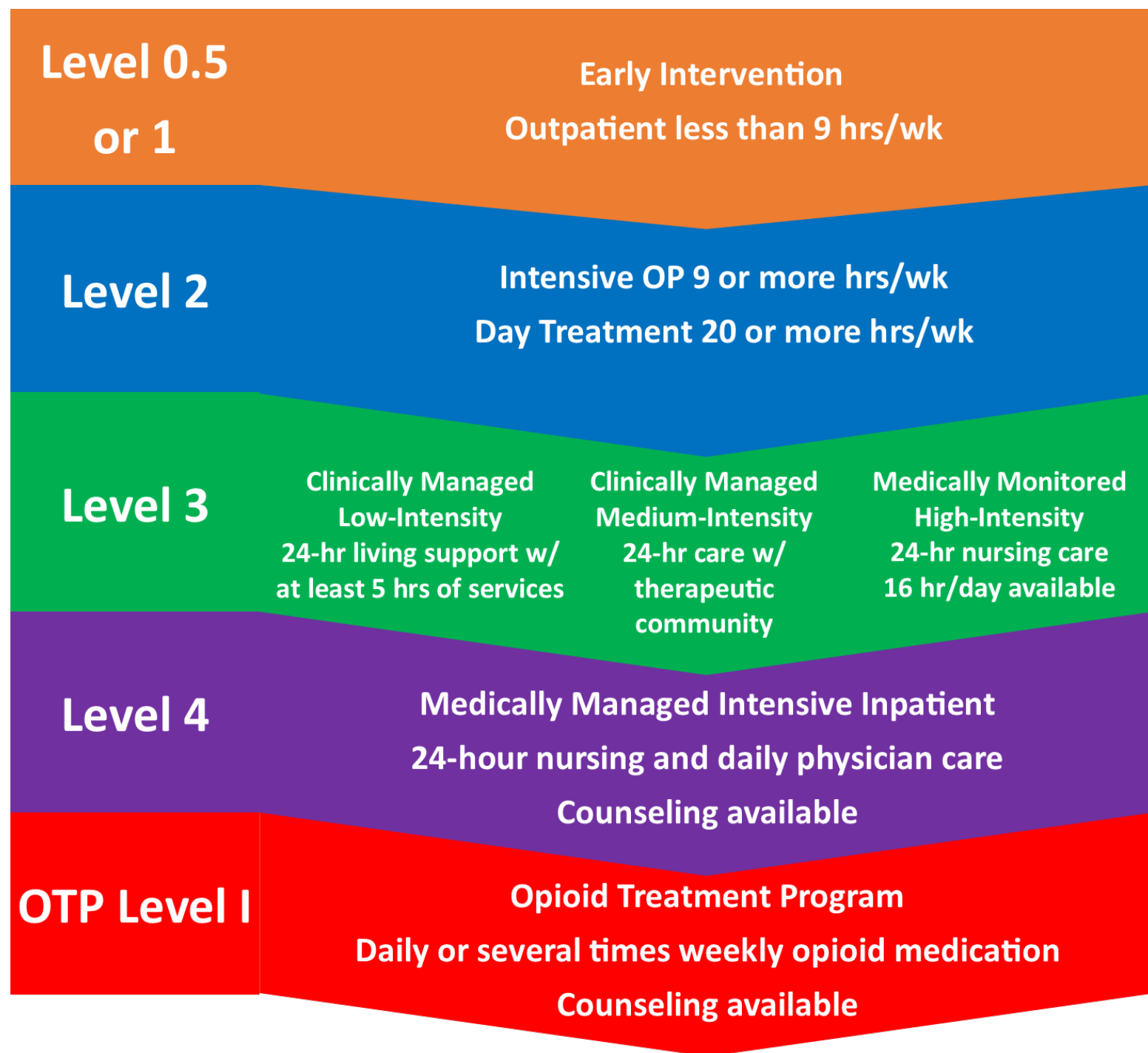
ASAM Dimensions

	I. Outpatient	II. Intensive Outpatient	III. Monitored Inpatient	IV. Medically Managed Inpatient
1: Acute intoxication and/or withdrawal potential	No risk	Minimal	Mild-moderate	severe
2: Biomedical conditions and complications	No risk	Manageable	Monitoring needed	24-hr acute medical needs
3: Emotional, behavioral, or cognitive conditions and complications	No risk	Mild	Monitoring needed	24-hr acute psych needs
4: Readiness to change	Action	Preparation/Action	Contemplation	
5: Relapse, continued use, continued problem potential	Maintains abstinence	More symptoms	Unable to stop using	
6: Recovery / Living Environment	Supportive	Can cope with structure	Actively undermining	

STAGE-BASED TREATMENT



ASAM CONTINUUM OF CARE



TREATMENT DOSAGE AND DURATION


Best results if treatment lasts at least 9 to 12 months¹

**On average participants receive 6 to 10 hours of²
counseling weekly in the initial phase and 200 hours of
counseling over the course of treatment.³**



THE MOST EFFECTIVE PROGRAMS

**Retain sufficient flexibility to
accommodate individual
differences in each
participant's response to
treatment**



**DIFFICULT
ROADS
LEAD TO
BEAUTIFUL
DESTINATIONS**

NOT EITHER/OR SITUATION = COMBINATION

Counseling occurs in multiple settings throughout the duration of the participant's program and is based on standardized assessment.

- ✓ OP/IOP/Partial Hosp/Hi-Med-low intensity residential
- ✓ Individual counseling sessions
- ✓ Aftercare
- ✓ Mental health therapy sessions
- ✓ Cognitive skills-based interventions/groups

NOT EITHER/OR SITUATION = COMBINATION

When supervision and services are provided based on participant's individual risk and need, it results in a significant increase to public safety and cost savings. (Carey et.al 2018)

BE CAREFUL



- ✓ Treating high-risk offenders and lower-risk offenders together is harmful.
- ✓ Treating persons with and without substance use disorders together, as well as requiring persons without substance use disorders to attend recovery support groups, is likely to reduce treatment effectiveness.

STAGE-BASED TREATMENT

Initial Stage

- ✓ Stabilization and Engagement

Treatment Stage

- ✓ Early Recovery

Maintenance Stage

- ✓ Continuing Care

INITIAL STAGE(S) – STABILIZE & ENGAGE

- ✓ Detox
- ✓ Develop a relationship with counselor
- ✓ Develop a relationship with team
- ✓ Learn about the addiction, treatment, & recovery
- ✓ Regular attendance and participation is essential
- ✓ Increased change readiness
- ✓ 10-90 days

TREATMENT STAGE(S) – INTENSIVE TREATMENT

- ✓ Gain new insight and perspectives
- ✓ Learn and practice new behaviors
- ✓ Relapse prevention and relapse recovery
- ✓ Family counseling
- ✓ Practice behavioral compliance
- ✓ Psychological improvement
- ✓ 90 days – 1 year



MAINTENANCE STAGE – CONTINUING CARE

- ✓ Continuing relapse prevention
- ✓ Individual counseling as needed
- ✓ Utilization of recovery support network
- ✓ Urinalysis
- ✓ Alumni groups
- ✓ Mentoring earlier phase clients
- ✓ Recovery support groups

ELEMENTS OF GOOD TREATMENT

- ✓ Establishing rapport
- ✓ Increasing motivation to get sober
- ✓ Sobriety sampling (trial period)
- ✓ Analyzing consumption patterns
- ✓ Increasing positive reinforcement for abstinence
- ✓ Rehearsing new coping behaviors
- ✓ Involving significant others

**ANY
QUESTIONS?**

