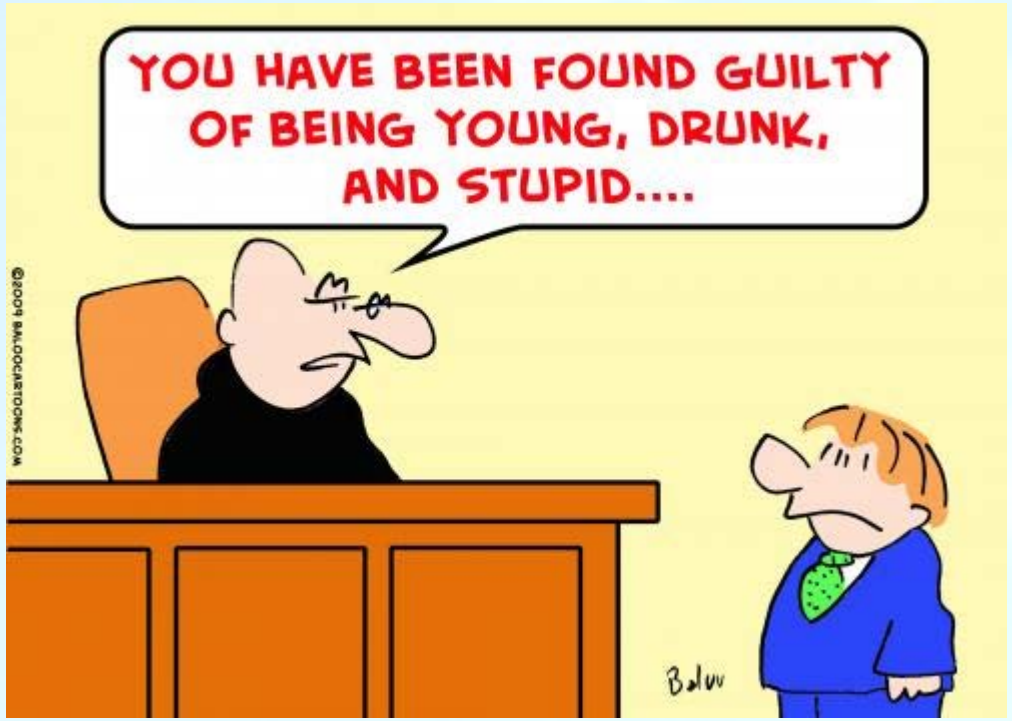
The Practical Application Of The Science Of Behavior Change

Part 2 Court



What Happens when Information Doesn’t Get Shared at Staffing?

Judge Davis: Shawana Part 1

What do you do when your team doesn't give you the information you need?

Best practices on the fly…

A. Delay until next court session
B. Delay and call team to bench/chambers to discuss
C. Decide on the fly - Go with the standard: 24 hours jail
D. Decide on the fly - Acknowledge mistake and encourage to work on compliance

She missed a UA, should you still give an incentive for her successes?

For completing treatment and getting a job?

A. No incentive, she missed a UA

B. Praise (no tangible incentive)

C. Praise plus certificate or other tangible incentive for each accomplishment

Background (Facts vs “Story”)

- “Shawana” scored as high risk on standardized risk assessment.
- She meets the clinical criteria for moderate to severe substance use disorder.
- “Shawana” suffers from depression and PTSD.
- At 27, she has been in and out of the criminal justice system her entire adult life.
- She has been to prison and returned to the community, only to return to the same issues of substance use and criminality.

Background

- “Shawana” has never before been able to stay consistently involved in treatment.
- She has never held a full time job.
- “Shawana” just returned to the community after successfully completing ninety days residential treatment.
- She just started working full time at the local dry cleaners.
- She has three children who are now living with her (since she returned from treatment).
- She has been compliant with all other conditions of the court and treatment since returning home.

Judge Davis: Shawana Part 2

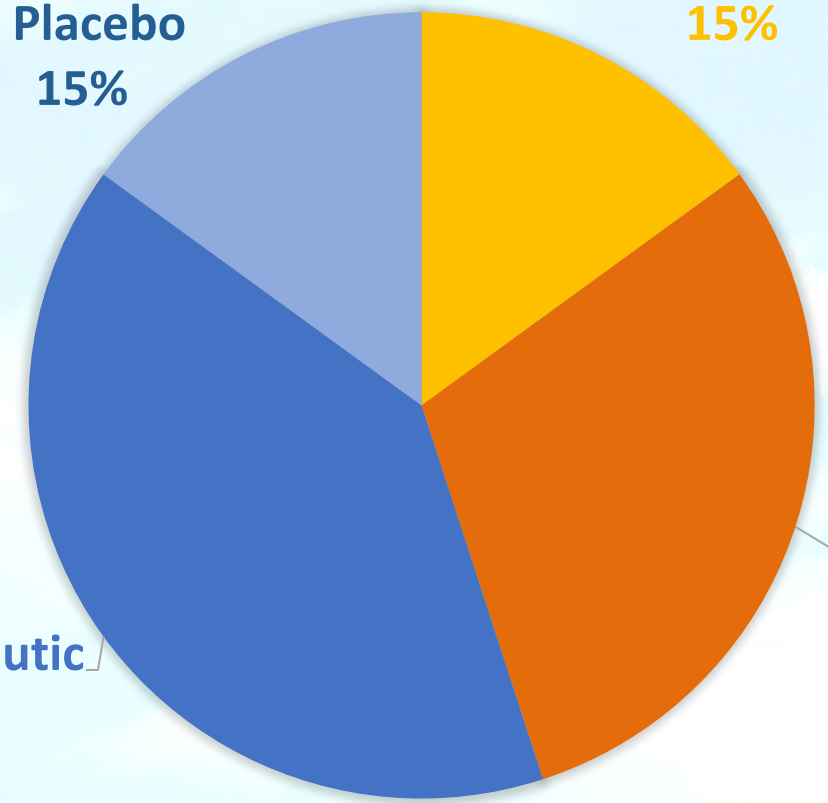
What leads to behavior change?

Belief that the intervention will (or will not) work

Expectations / Placebo 15%

Technique 15%

Specific model used
- **CBT**
- **DBT**
- **Seeking Safety**



Staff/Client Relationship 30%

- Alliance
- Empathy
- Positive Regard

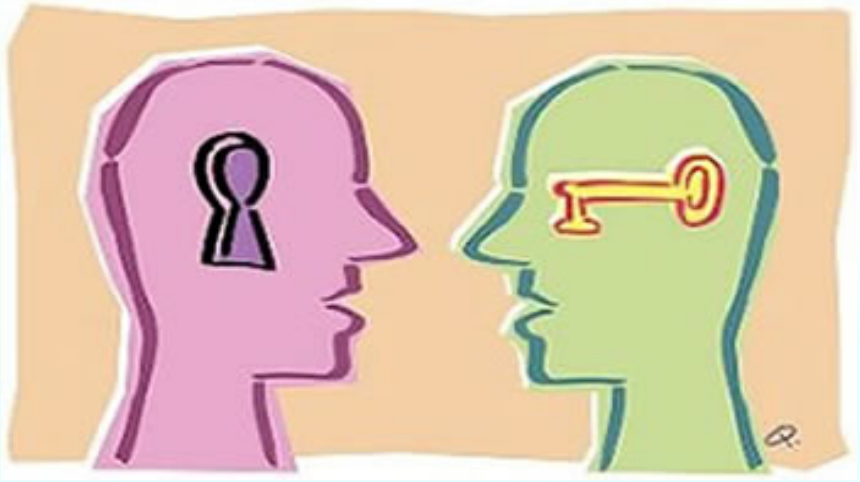
Extratherapeutic Change 40%

Criminogenic Factors
- Family
- Peers
- SU
- Housing

Lambert and Barley 2001

SETTING THE STAGE FOR EFFECTIVE COMMUNICATION

Establishing Trust, Rapport and Safety



Develop Rapport

(Putting clients at ease increases their ability to listen to you and understand the message)

- "Never forget how scary you look."
- **Bad experiences with authority figures, esp.**
  - **Judges, DA's, Law enforcement, even Probation**
  - **We have the power to send them to jail**
- **Work on connection and demonstrating respect, understanding and positive regard**

Judge Greenlick: Developing Rapport

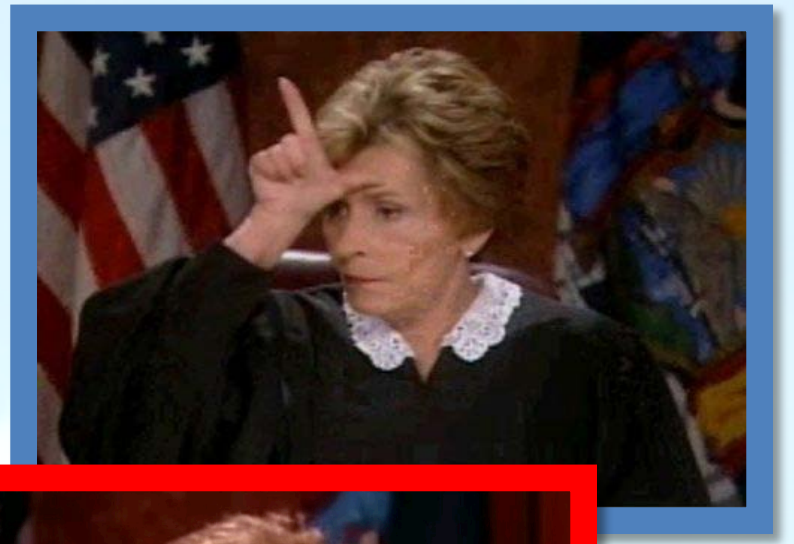
The Fundamentals of MI

IT'S ALL IN THE DELIVERY

"Its not just what we say, it's HOW we say it."

Tone matters

- **No “Judge Judy”**
- **No snarky comments**
- **No shaming or attacking**
- **Respectful, firm, clear, but not harmful**



Your face matters

- **Watch for “leaking” body language**
- **Listen for the positive**
- **Watch your own patterns of thinking – including labelling**

Consider your garden –

If you want a plant destroyed, call it a weed.

If you want a plant to be tended, call it a flower.

“Druggie, dopehead, perp, offender”

HUMAN

Things that shouldn't have to be said

State v. Lemke, 434 P. 3d 551 (Wash. Court of Appeals, 1st Div. 2018) No judge wielding the power of the State in any courtroom has any good reason to call a litigant a "**fucking addict**" and "**just a criminal.**" The judge's manifestation of personal animosity toward Lemke is not something we can write off as a byproduct of the informal and confrontational culture of drug court. A "fair trial in a fair tribunal is a basic requirement of due process." In re Murchison, 349 U.S. 133, 136, 75 S.Ct. 623, 99 L.Ed. 942 (1955). The sentence must be reversed.

Deliver Responses With Care

- **Be patient and explain**
- **Be consistent**
  - **When clients are treated differently, explain WHY**
- **<u>Model respect</u>**
  - **Speak respectfully, and expect respect in return**
  - **No blindsides**
  - **Listen, give opportunity to explain, even when clients are difficult**

Be patient, explain and ensure the participant understands your language

https://youtu.be/lcPXk6NPoRY

Judge Greenlick: Now it’s my turn

Welcome to the Psychiatric Hotline:
If you are obsessive-compulsive,
please press 1 repeatedly.
If you are co-dependent, please ask someone to press 2.
If you have multiple personalities, please press 3, 4, 5 and 6.
If you are a hypochondriac, listen carefully and a little voice will tell you which number to press.
If you are paranoid, don't bother, it doesn't matter which number you press. No one will answer.

Remember that unaddressed co-occurring disorders may impede the client's ability to understand your expectations

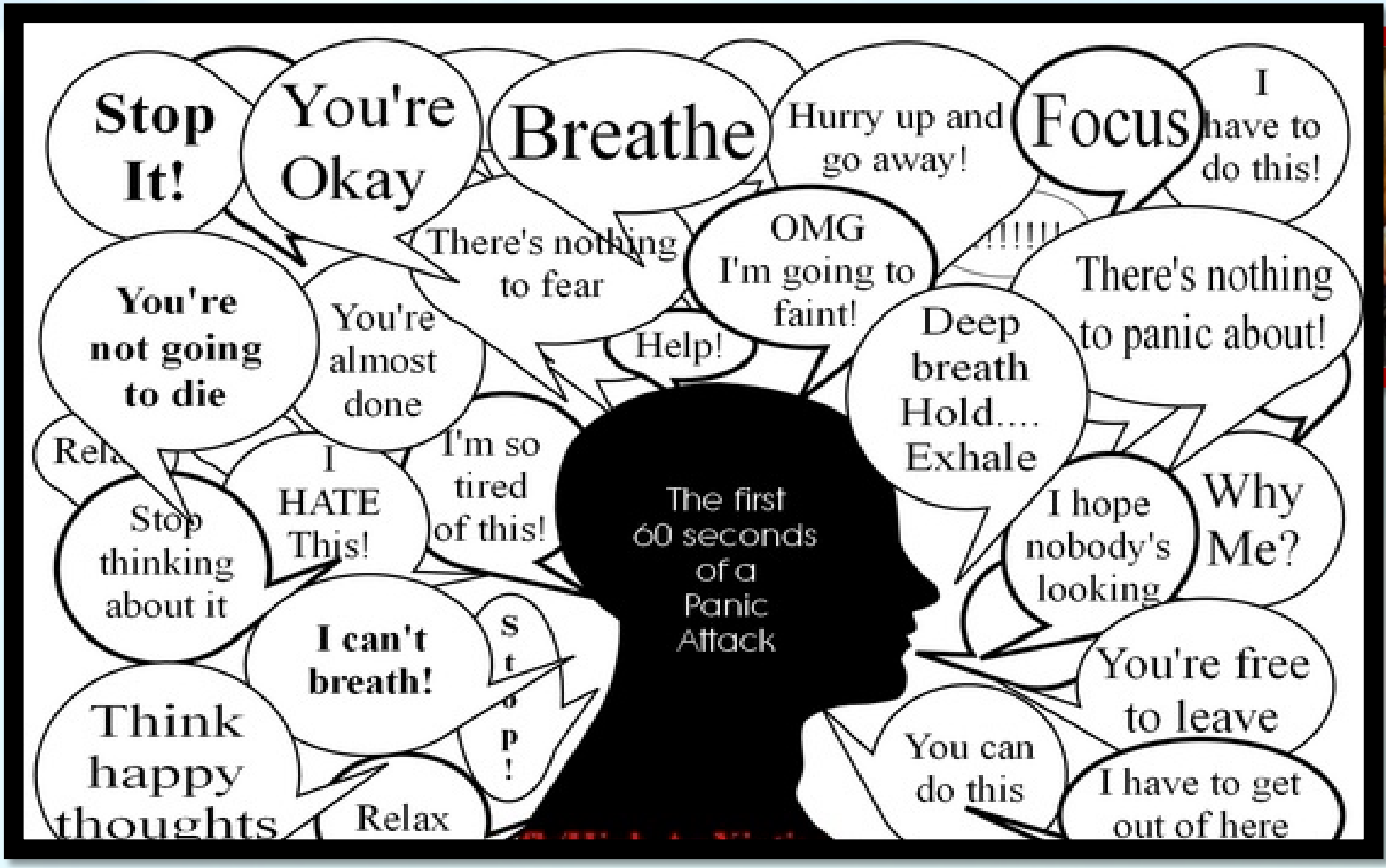
Repeat as needed

If you are paranoid, we know who you are and what you want. Just stay on the line so we can trace the call.

UNDERSTAND TRAUMA

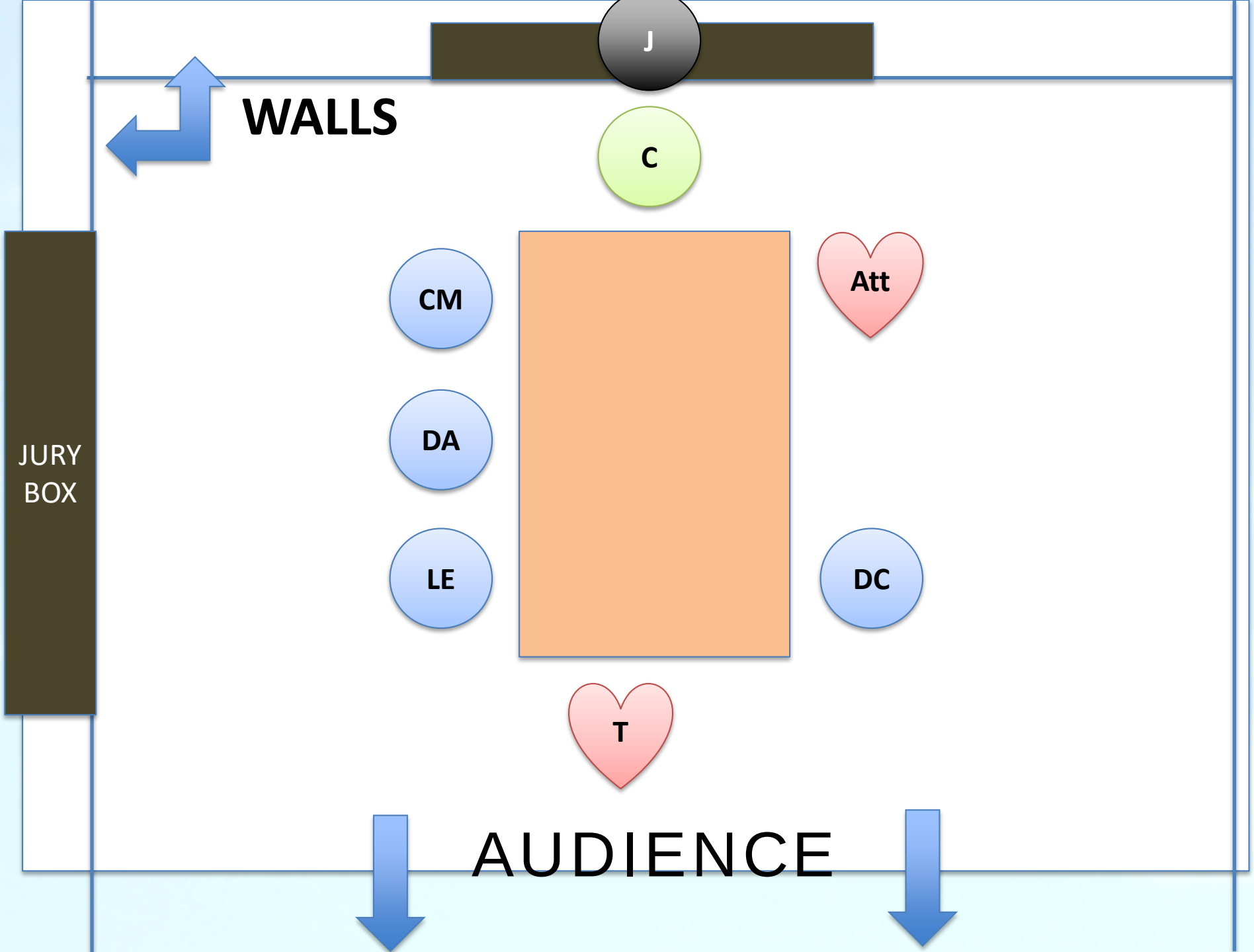
- **Almost all our clients (veterans and non-veterans, combat or no-combat) have experienced significant trauma– but some may not realize it.**
- **Traumatized individuals process information differently**
- **Face significant hurdles and may need "more".**
- **Screen at Orientation and design a treatment plan that meets individual needs.**

Trauma Impedes Communication



PUTTING PARTICIPANTS AT EASE

- **One Solution: Re-orient the courtroom.**
- **When clients feel safe, they will open up.**
- **Caveat: This will extend your Court Review!**



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Do Due Process

(Procedural Fairness)

- Allow participants to explain
- Explain judge/team decision
- Be respectful (and expect respect)
- Have written incentive/sanction guidelines for team and list for participant
- Allow reasonable discretion

Skill Steps to Effective Responses

A Magic Formula for Meaningful Conversations:

- **Identify behavior to be reinforced/ punished.**
- **Immediately tell person WHAT behavior you liked/ disliked.**
- **Tell the person WHY you liked/ disliked it.**
- **Discuss short and long term costs/ benefits of the behavior? (Effect on her goals?)**
- **Pair the approval* / disapproval with an incentive / sanction.**

WHY WE DO IT

This method helps clients internalize:

- **“I’m not just doing this to get off probation.”**
- **There are more intrinsic reasons for this change: boss, spouse, teacher, etc.**

We must change the internal tape from:
“I need to be on time to treatment
so I don’t get in trouble” to:
“I NEED TO LEARN SO I CAN GET BETTER.”

Sanction Script

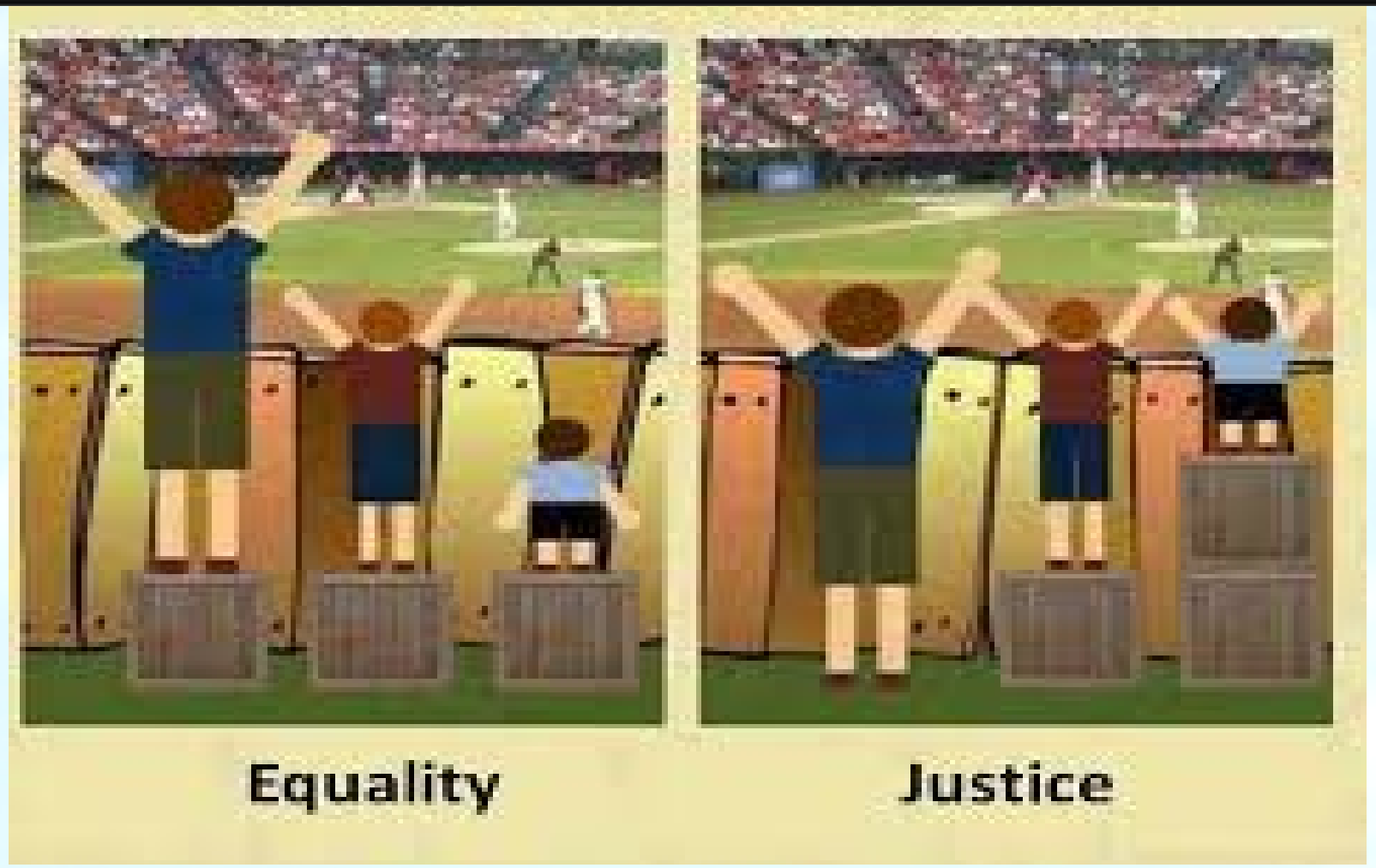
- **It was not appropriate that you fell asleep in treatment because it's disrespectful and you missed important information that could help you succeed.**
- **Right now, how do you think this behavior has or could hurt you?**
- **Can you see where continuing the behavior might cause any problems for you down the road?**
- **Let's discuss what you could've done instead, and how that would've looked (thoughts/ behavior).**
- **I'm going to give you a 8:00 p.m. curfew for 5 days. I recommend an early bedtime so this doesn't happen again."**

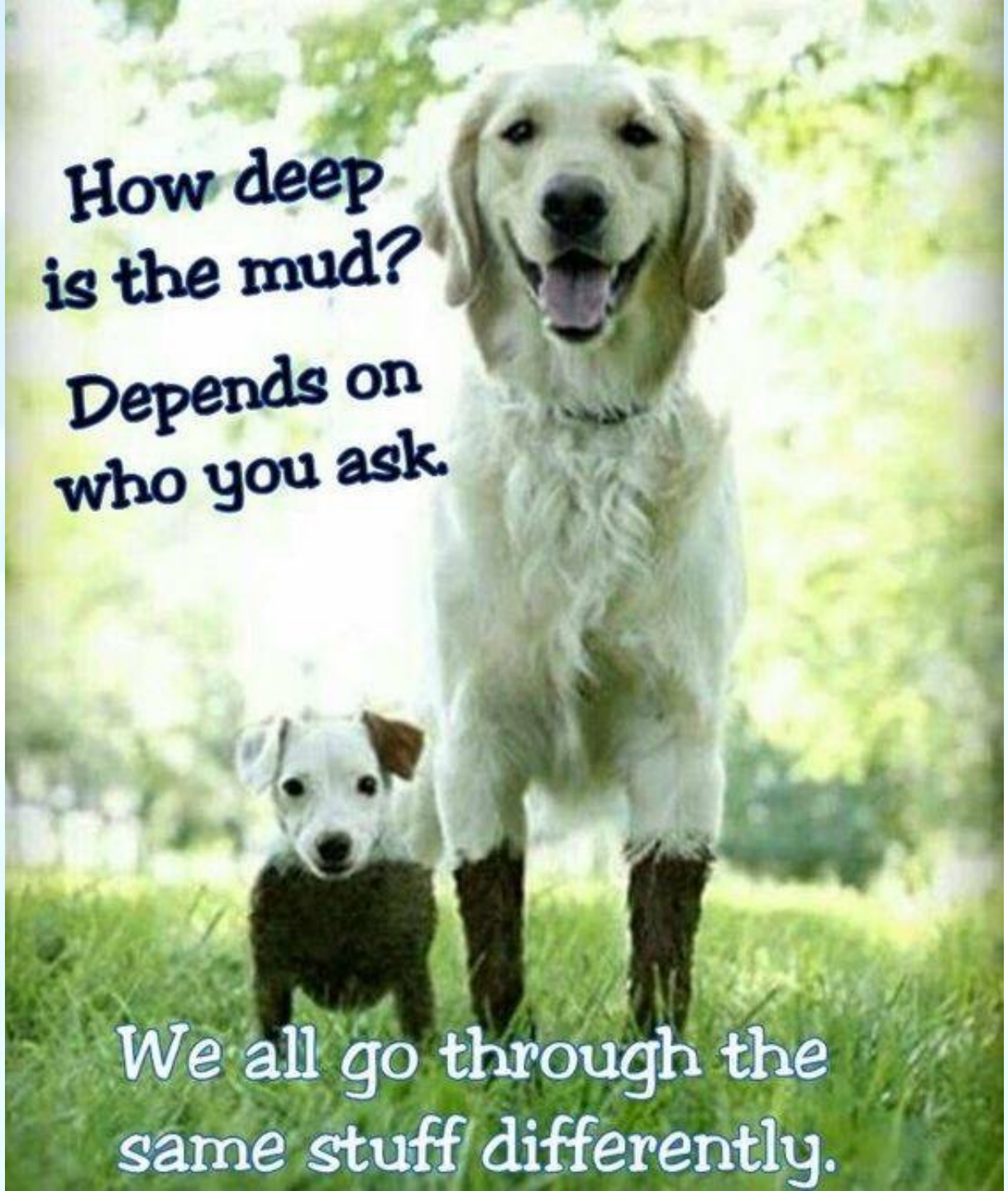
Greenlick: Kratom Defense Vid

A Word About Fairness

- **Behavior Modification Principle: Humans Need /Expect Fairness**
- **Commitment increases when the process is perceived as fair.**
  - **If not, clients disengage.**
- **Young clients and those with MH issues require special attention**
- **Take the time to explain.**

Fair doesn’t mean the same.




How deep
is the mud?
Depends on
who you ask.
We all go through the
same stuff differently.

P

Finlay: Wayne Everybody’s Different Video

What leads to behavior change?

Belief that the intervention will (or will not) work

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Technique 15%

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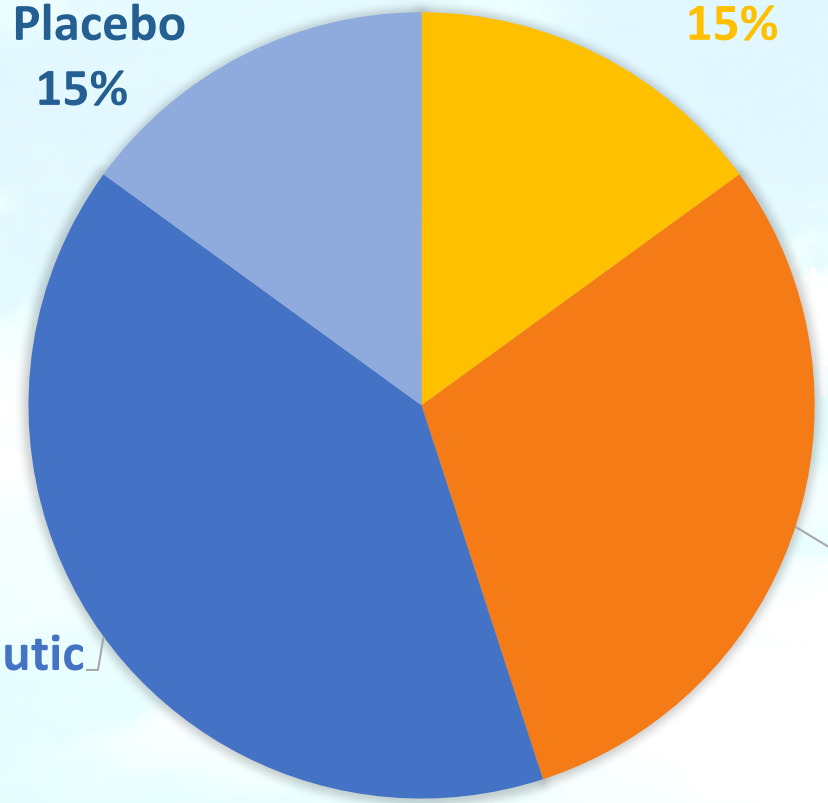
- **Seeking Safety**



Staff/Client Relationship 30%

- Alliance
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Extratherapeutic Change 40%

Criminogenic Factors
- Family
- Peers
- Housing
- Health

Lambert and Barley 2001

Capitalizing on Hope at Court Review

- **Seeing is believing: New clients need to see it all.**
- **Take later phases first so new clients will see and hear of the other client's successes every week.**
- **Take incentives first– unless a "teachable moment."**
- **Utilize mentors or your alumni group.**
- **Generously use incentives until "natural" reinforcers kick in.**

Judge Papack: Hope from team

Review (Final Quiz)

What is the purpose of Sanctions?

What is the purpose of Incentives?

What else do you need?

- **Therapeutic responses**
- **Supervision/Monitoring**

Questions, Training, TA?

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Stigma: A Barrier to Achieving Good Outcomes in Addressing Substance Use Problems

Specialized Dockets Conference
November 21, 2019

Ohio Department of Health

Mark Hurst, M.D., Medical Director
Ohio Department of Health

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Objectives

- Identify the effects of stigma on outcomes
- Identify stigmatizing attitudes and language
- Replace stigmatizing attitudes and language with approaches that are more respectful and helpful

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Addiction (Substance Use Disorders) Are Major Contributor to Death and Disability Worldwide (1)

- Alcohol kills 3.3 million worldwide annually
- 350,000 die due to illicit drugs (WHO, 2015)
- Alcohol and other drug-related conditions number 1 public health concern in US and unintentional overdoses are now the leading cause of accidental death (CASA, 2011; Warner et al., 2011)

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Addiction (Substance Use Disorders) Are Major Contributor to Death and Disability Worldwide (2)

- 20.3 million individuals with substance use disorder in the US
- Cost of SUD in US is estimated at $600 Billion annually due to:
  - lost productivity
  - health care expenditures
  - criminal justice involvement

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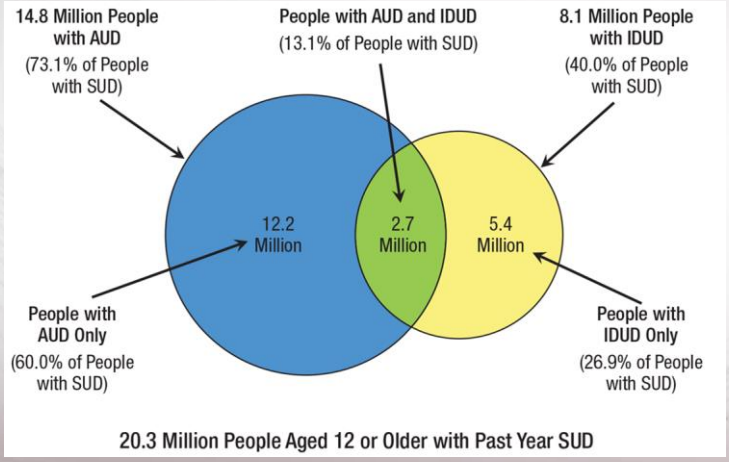
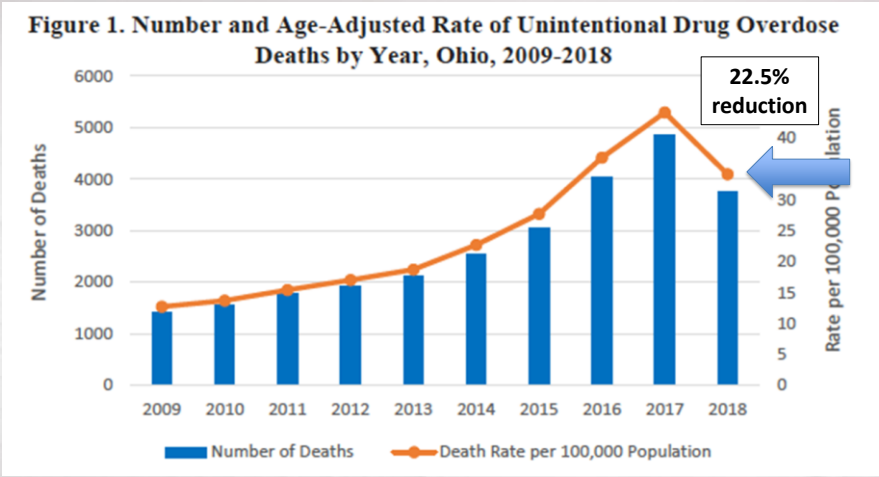
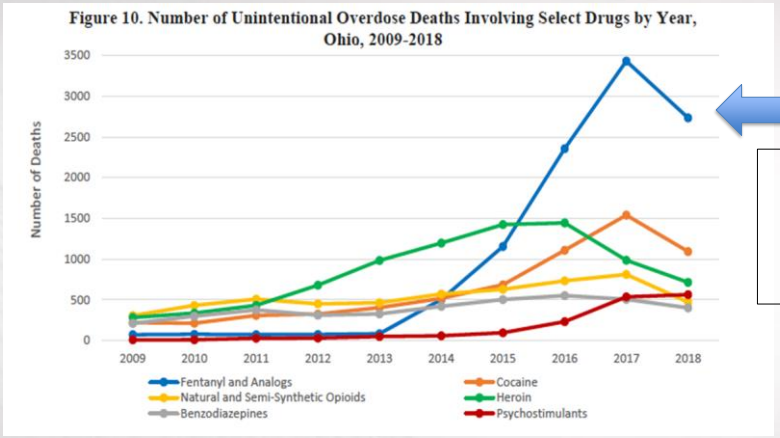
Alcohol Use Disorder (AUD) and Illicit Drug Use Disorder (IDUD) in the Past Year among People Aged 12 or Older with Past Year Substance Use Disorder (SUD): 2018







Almost 73% of deaths involve fentanyl

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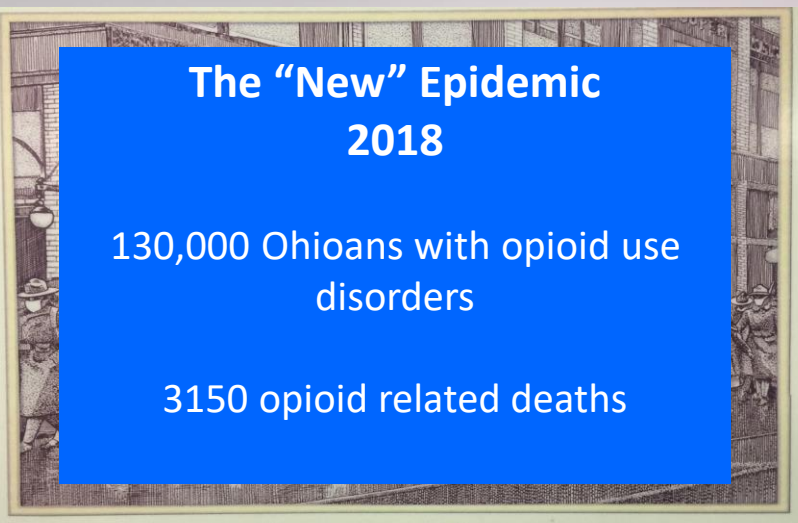
The "New" Epidemic 2018

130,000 Ohioans with opioid use disorders

3150 opioid related deaths



1918 INFLUENZA PANDEMIC
OHIO REPORTED 1,113,797 CASES & 8,602 DEATHS.
UP TO 40 MILLION PEOPLE DIED GLOBALLY.

Addiction (Substance Use Disorders) Are Major Contributor to Death and Disability Worldwide (3)

- Despite high prevalence and about 14,000 treatment facilities and 100,000 self-help groups meeting weekly in US, only 10% receive some form of help
- A main barrier to seeking and receiving help is stigma (but not the only one)

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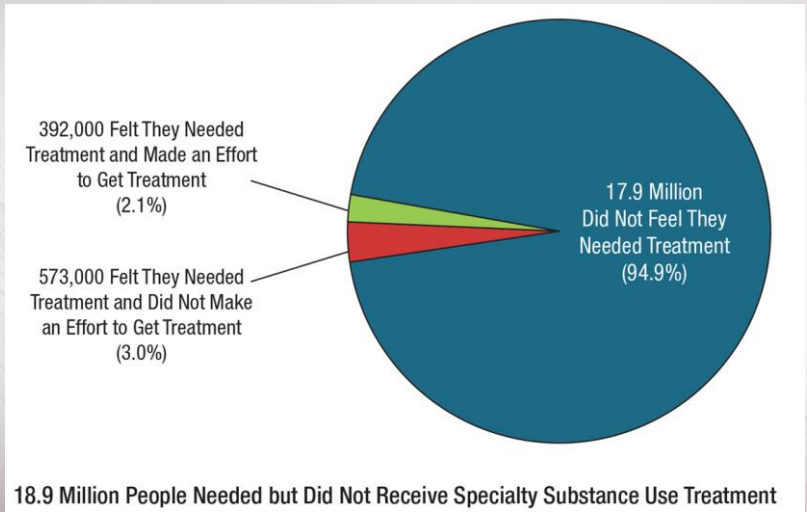
Treatment Seeking in SUDs (SAMHSA, 2019)



18.9 Million People Needed but Did Not Receive Specialty Substance Use Treatment

Response to the Opioid Crisis

- Prevention
- Early Intervention
- Treatment
- Harm Reduction
- Interdiction

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Feedback from Across Ohio

Executive Order required that we **listen** and create a report of the **community needs**.

We **must** assess and **respond** to these needs.

We must also **report back** on progress.

RecoveryOhio

RecoveryOhio Recommendations

1. Stigma and Education
2. Parity
3. Workforce Development
4. Prevention
5. Harm Reduction
6. Treatment and Recovery Supports
7. Specialty Populations
8. Data Measurement and System Linkage

RecoveryOhio

What is Stigma?

- ***An attribute, behavior, or condition, that is socially discrediting"***
- It is universal and is seen in all cultures
- ***"Stigma occurs when the elements of labeling, stereotyping, separation, status loss and discrimination occur together in a power situation that allows them"***

(Link and Phelan, 2001)

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What Is the Result of Stigma?

- Label Avoidance: People don't seek treatment to avoid a stigmatizing label
  - People avoid interactions with providers and places associated with these stigmatizing labels
- Public Stigma: Prejudice and discrimination that undermines the pursuit of life goals related to work, independent living, personal relationships, etc.

(Corrigan, 2015)

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DSM 5 Criteria for Substance Use Disorders (1)

- Taking the substance in larger amounts or for longer than the you meant to
- Wanting to cut down or stop using the substance but not managing to
- Spending a lot of time getting, using, or recovering from use of the substance
- Cravings and urges to use the substance
- Not managing to do what you should at work, home or school, because of substance use
- Continuing to use, even when it causes problems in relationships
- Giving up important social, occupational or recreational activities because of substance use

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DSM 5 Criteria for Substance Use Disorders (2)

- Using substances again and again, even when it puts the you in danger
- Continuing to use, even when the you know you have a physical or psychological problem that could have been caused or made worse by the substance
- Needing more of the substance to get the effect you want (tolerance)
- Development of withdrawal symptoms, which can be relieved by taking more of the substance.

2-3 “mild” SUD, 4-5 “moderate SUD, > 6 “Severe” SUD

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But there are substantial moral overtones relating to Substance Use Disorders…….

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DSM 5 Criteria for Substance Use Disorders* (1)

- Taking the substance in larger amounts or for longer than the you meant to **WEAK-WILLED, BAD JUDGEMENT**
- Wanting to cut down or stop using the substance but not managing to **WEAK-WILLED**
- Spending a lot of time getting, using, or recovering from use of the substance **IRRESPONSIBLE**
- Cravings and urges to use the substance
- Not managing to do what you should at work, home or school, because of substance use **IRRESPONSIBLE**
- Continuing to use, even when it causes problems in relationships **UNFEELING**

*with moral judgments added

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DSM 5 Criteria for Substance Use Disorders* (2)

- Giving up important social, occupational or recreational activities because of substance use **IRRESPONSIBLE**
- Using substances again and again, even when it puts the you in danger **RECKLESS, IRRESPONSIBLE**
- Continuing to use, even when the you know you have a physical or psychological problem that could have been caused or made worse by the substance **IRRESPONSIBLE**
- Needing more of the substance to get the effect you want (tolerance)
- Development of withdrawal symptoms, which can be relieved by taking more of the substance.

*with moral judgments added

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How and Why to Diminish Stigma

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What Factors Influence Stigma? Cause, Controllability and Safety

- Cause: "It IS their fault"
- Controllability: They CAN help it"
- Safety: "They ARE dangerous"

Result: Punishment over treatment

- Cause: "It's NOT their fault"
- Controllability: "They CAN'T help it"
- Safety: "They AREN'T dangerous"

Result: Treatment over punishment

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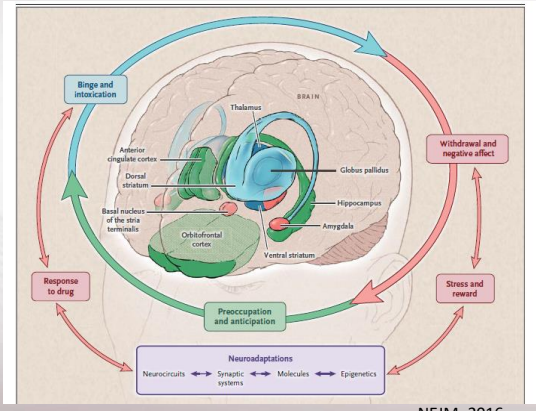
Substance Use Disorders are Brain Disorders



NEJM, 2016

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Not Everyone Who Uses Opioids Becomes Addicted…..

Opioid addiction is not merely about the USE of an opioid, it is about the brain's response to that use and resulting behaviors:

- Craving
- Inability to control use
- Urge to re-administer
- Spending large amounts of time procuring the drug, using or recovering from effects of the drug
- Continuing to use the drug despite problems related to use
- etc…..

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Factors that Contribute to Opioid Addiction

- Genetics
- Environment and life experiences
  - Exposure to potentially addictive substances (especially early in life)
  - Early life trauma
  - Life stress
- Other Predisposing conditions
  - Mental Illness
- Characteristics of the drug

All influence the brain's response to opioids and the likelihood of developing an opioid use disorder

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Characteristics of Chronic Diseases

- Disordered functioning of a part of the body for one or more causes (etiology)
- Continues over a long period or recurs
- Characteristic symptoms
- Characteristic signs
- Predictable course
- Known outcomes
- Treatments

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Signs and Symptoms of Chronic Diseases

Disease characteristic	Cardiac Disease	Addiction
Symptoms	• Weakness • Shortness of breath on exertion • Chest pain	• Craving • Inability to control use • Consequences of use
Signs	• EKG abnormalities • Abnormal stress test • Abnormal angiography	• Abnormal lab tests, • Infections • Accidents, etc.

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Etiology of Chronic Diseases

Factor	Cardiac Disease	Addiction
Genetics	• Substantial genetic component	• Substantial genetic component
Life experiences	• Early life trauma • Stress • Sedentary lifestyle	• Early life trauma • Stress • Drug exposure
Predisposing conditions	• Addiction • esp. tobacco • Hypertension • Diabetes	• Mental illness

Outcomes of Chronic Diseases (Untreated)

Outcome	Cardiac Disease	Addiction
Untreated	• Progressive deterioration in functioning and premature death	• Progressive deterioration in functioning and premature death
Treated	• Most survive and do well, but despite treatment may have exacerbations of symptoms	• Most survive and do well, but despite treatment may have exacerbations of symptoms

Treating Chronic Diseases

Type of treatment	Cardiac Disease	Addiction
"Old" (acute care)	• Patient has heart attack • Treated in hospital • Sometimes lives • Discharged to home with no further treatment • Return of symptoms: go back to hospital	• Patient has addiction related crisis • "Minnesota Model" • Fixed length treatment • Accelerated 12-step program • Discharged to home with AA follow-up • Return of symptoms: go back to treatment
"New" (chronic care)	• Patient has heart attack • Revascularization • Usually lives • Cardiac rehab, diet changes, stop smoking, etc. • Medications to prevent relapse • Return of symptoms: increase intensity of treatment	• Patient has addiction related crisis • Assessment determines type and intensity of care • Counselling, 12-step therapy • Medications to prevent relapse • Return of symptoms: increase intensity of treatment

Comprehensively Addressing Chronic Disease

	Cardiac Disease	Addiction
Prevention	• Know family history • Don't smoke • Exercise • Follow a prudent diet • Stress management • Decrease early life trauma	• Know family history • Delay/eliminate exposure to drugs that can cause addiction • Stress management • Decrease early life trauma • "Start Talking" and other interventions
Early intervention	• Treat Diabetes, hypertension, elevated lipids • Smoking cessation, exercise,	• Identify and treat mental illness • SBIRT
Treatment	• Utilize modern evidence-based approaches for treatment	• Utilize modern evidence-based approaches for treatment
Life-saving measures	• CPR • Wide availability of defibrillators	• Wide availability of naloxone and individuals trained to administer

Addiction is Similar to other chronic illnesses because…

- It has biological and behavioral components, both of which must be addressed during treatment
- Recovery from it--protracted abstinence and restored functioning--is often a long-term process requiring repeated episodes of treatment
- Relapses can occur during or after treatment, and *signal a need for treatment adjustment or reinstatement*
- Participation in support programs during and following treatment can be helpful in sustaining long-term recovery

Recovery can occur with appropriate treatment and supports

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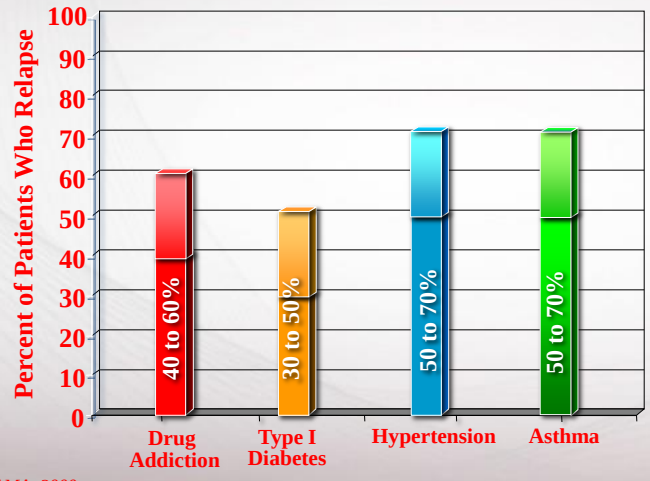
Treatment for Drug Addiction is as Effective as Treatment for other Chronic Illnesses



McLellan et al., JAMA, 2000.

NIDA

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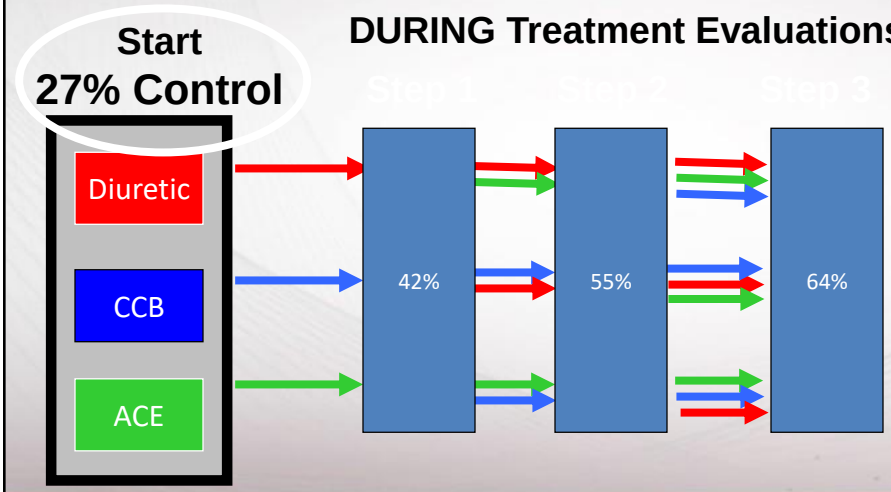
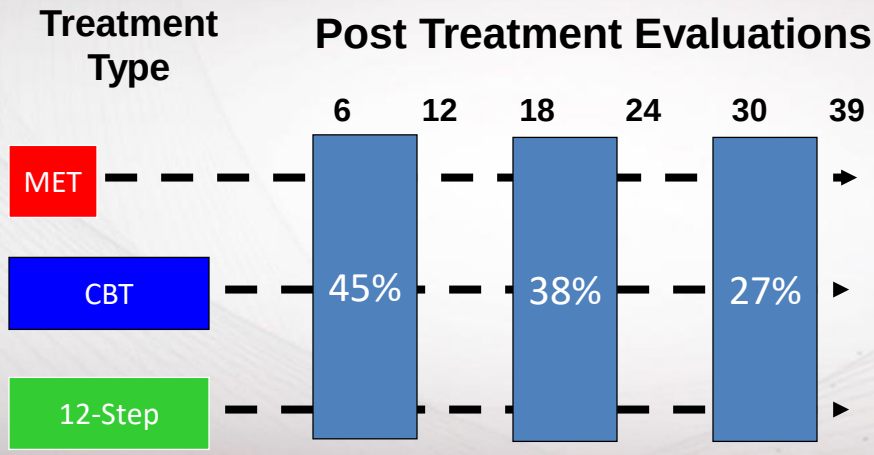
ALLHAT

Pre-Specified Criteria – Adjustment Oriented



Project Match

Fixed Time - Fixed Content – Rehab Oriented



Endorsement of Biomedical Model has Increased over Time

- Between 1996 and 2006 people viewed “alcohol abuse” as more “genetic” and due to a “chemical imbalance” but also viewed it significantly more as due to “bad character”
- Despite the increase in support for a biomedical model, no improvements to public tolerance between 1996 and 2006…

(Schnittker, 2008)

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"Disease of Addiction" Does Not Entirely Defeat Stigma

- Viewing addiction as a "chronic relapsing disorder" CAN reduce stigma, blame and sense of personal failure, but can have unintended consequences:
  - "Diseased brain" = "normal vs. abnormal"
  - "Chronic, incurable" can be interpreted as persistent and untreatable
- Need to offset this with realities of effective treatments with a good prognosis and people do recover (data and individual testimonials)

(Buchman and Reiner, 2009)

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Stigma and Treatment Seeking (Keyes, et al., 2010)

- Treatment utilization - highest in the lowest stigma group
- Individuals with lifetime alcohol use disorder (AUD) less likely to use services if had higher perception of stigma towards individuals with AUD
- Odds of treatment/self-help decreased with each increase in alcohol stigma scores

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And when they do seek treatment…

- Health professionals had a negative attitude toward patients with substance use disorders
- Perceived factors impeding healthcare for these patients:
  - Violence
  - Manipulation
  - Poor motivation
- Health professionals did not have adequate training in regards to working with this patient group
- Health professionals may have an avoidant approach to delivery of care with substance use disorder patients compared to other patient groups, resulting in shorter visits, expression of less empathy, and less patient engagement and retention

(Van Boekel, et al, 2013)

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So…..

- Perception of discrimination is a significant predictor of treatment completion
- Greater perceived discrimination was associated with increased dropout
- In interviews with study participants (13) all reported they experienced discrimination in the past in treatment or at other health facilities

(Brener, 2010)

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Challenges to Recovery as a Result of Stigma

People with SUDS:

- Experience discrimination:
  - 60% believe people treat them unfairly because they knew about their substance use
- Feel Feared:
  - 46% felt others were afraid of them when they found out about their substance use
- Feel Abandoned:
  - 45% felt some of their family gave up on them after finding out about their substance use

(Luoma, et al., 2006)

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More Challenges….

709 people randomly surveyed:

- 90% were unwilling to have a person with drug addiction marry into their family
- 78% were unwilling to work closely with them on a job
- 64% thought employers should be able to deny employment based on addiction
- 54% thought landlords should be able to deny housing based on addiction
- 59% think treatment is not effective

(Berry, et al, 2014)

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So what can we do to address stigma and addiction?

- Education:
  - The cause and nature of SUDs
  - Treatment and recovery supports help sustain remission
  - A majority of people make full recoveries and have productive lives
- Personal witness:
  - Put a face and voice on recovery
- Change our language/terminology to be consistent with the biomedical nature of substance use disorders and the policies to address it

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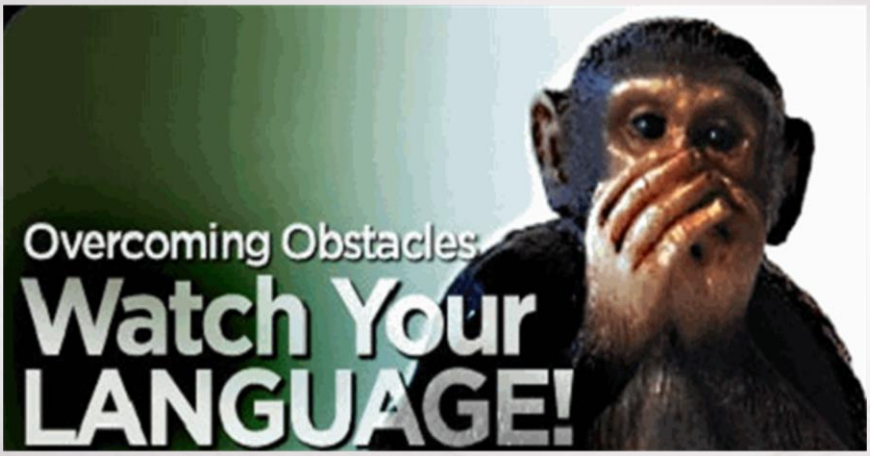
WATCH YOUR LANGUAGE



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The Words that We Choose DO Influence Stigma and Discrimination

"Substance Abuser" suggests willful misconduct

- It IS their fault
- They CAN control it

"Person with Substance Use Disorder" denotes a person with a medical disorder

Research shows that even well-trained clinicians judge patients differently based on these terms

(Kelly and Westhoff, 2010, Kelly et al., 2010)

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Stop Talking Dirty!

- Urine drug screens are not "dirty" or "clean"
- They are either:
  - Negative for drugs tested; or
  - Positive for specific drugs

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Other Terminology to Change

Don't say this….

- "Substance abuser"
- "Frequent flyer", "recidivist"
- "Patient failed treatment"
- "Medication Assisted Treatment", "Substitution Therapy"

Say this instead

- "Person with a substance use disorder"
- "Person experiencing a recurrence"
- "Treatment was not efficacious"
- "Treatment", "opiate agonist treatment", "opiate antagonist treatment

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All MATs Improve Abstinence Rates

Medication	With MAT (% Opioid Free)	Without MAT (% Opioid Free)
Naltrexone ER	36 %	23 %
Buprenorphine	20-50 %	6%
Methadone	60 %	30 %

NOTES:

- **COMPARATIVE CONCLUSIONS CANNOT BE DRAWN DUE TO LACK OF HEAD-TO-HEAD STUDIES**
- **ALL MAT WAS PROVIDED ALONG WITH RELAPSE PREVENTION COUNSELING**

References: Krupitsky 2011, Mattick 2009, Fudala 2003, Weiss, 2011

Overheard about MAT

- "It's a crutch"
- "Why use a drug to treat a problem with a drug?"

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Promoting Wellness and Recovery

John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

Confronting the Stigma of Substance Abuse

Mark Hurst, M.D., Medical Director
Ohio Department of Mental Health and Addiction Services

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Promoting Wellness and Recovery

John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

Stigma and Its Impact in Individuals with Substance Use Disorders

Mark Hurst, M.D., Medical Director
Ohio Department of Mental Health and Addiction Services

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Stigma: A Barrier to Achieving Good Outcomes in Addressing Substance Use Problems

Specialized Dockets Conference
November 21, 2019

Mark Hurst, M.D., Medical Director
Ohio Department of Health

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Questions

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