Motivating Behavior Change with Court-Ordered Clients

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Learning Objectives

Participants will be able to:

1. Describe the method of assessing and motivating behavior change;
2. Identify challenges to implementing the approach with involuntary clients;
3. Identify solutions to implementing the approach with involuntary clients.
Workshop Outline

1. Introduction and history
2. Driving Forces
3. Assessing motivation
4. Enhancing motivation
5. Challenges
6. Solutions
7. Conclusion and next steps
Introduction & History
Introduction & History

- Community Assessment and Treatment Services (CATS) is a treatment center providing alcohol and drug services.
- Affiliated with criminal justice system.
  - 95% consumers coerced into treatment.
- Evolved from a small “mom & pop” organization to a respected behavioral healthcare organization.
Introduction & History

- **CATS Services include:**
  - Assessment, Group Therapy, Individual Counseling, Case Management, Urinalysis and Crisis Intervention

- **CATS Levels of Care:**
  - Residential, Outpatient, IOP

- **CATS Treatment Modalities:**
  - Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Social Learning, Behavior Management
Context of cost

- Addiction treatment in the community in Ohio = $1,600
- Mental health treatment w/ two medications = $7,500
- $25,269 for a year of incarceration in an adult prison
- Ohio’s youthful offender population FY 2011 institutional per diem = $442.46 per day
- Of average length of stay for FY 2011 7.1 months = cost per youth at $94,243
  - 76 percent of these youth diagnosed with substance use disorders
  - 53 percent present with a mental illness diagnosis
ODADAS reported (2011)

- 70 to 80 percent of all ODRC offenders had a history of substance abuse
- 9 percent of prison population with a Severe and Persistent Mental Illness
- 18 percent of offenders received mental health services in prison
Passage of major sentencing reform in HB 86 creates -

- An overarching framework for integrating efforts at both the state and county levels -
- with intended cost savings, efficiencies and impact –

Existing efforts at state and local levels must be coordinated and aligned to mutually beneficial outcomes.
Missing from HB86 -

- ...investment in the full development “to scale” of a community-based behavioral health service delivery system -
  - capable of effectively serving and managing a sizable, newly-divertible supervised population - in addition to
  - post-release and other community corrections populations
Heterogeneity of the Population with Co-occurring Disorders

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<th>III Substance Abuse System</th>
<th>IV State Hospitals Jails/Prisons Emergency Rooms</th>
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<td>I</td>
<td>Primary Health Care Settings</td>
<td>II Mental Health Care System</td>
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Importance of adequate Screening and Assessment for Co-Occurring Disorders

- **High prevalence** rates of mental and substance use disorders in criminal justice settings
- Persons with undetected disorders are likely to **cycle back through** the criminal justice system
- Allows for stage-wise **planning & treatment** with linkage to appropriate treatment services
Driving Forces
Driving Forces for CATS initiative

- Reached a plateau in regards to improving effectiveness of services
  - 2005-07 success rates for programs ranged from 35% - 60%
  - 2008-present
    - Using standard CQI procedures, raised success rates to 60% - 75% and reached a plateau
  - Needed to do “something” different to continue upward movement
Driving Forces

- Increased emphasis on Evidence Based Practices (EBP)
  - From recommended to required for accreditation and to acquire grants
  - CATS was rooted in the Minnesota Model of substance abuse treatment (based on 12-steps and confrontation) which is not supported by research
Driving Forces

- Strategically planned to add mental health treatment to services
  - This reflects best practices and prepares for Integrated DD Treatment
  - Mental health accreditation increases eligibility for grants/funding
  - Integrated provides opportunities for future funding & sustainability
  - Outcomes needs further analysis
Driving Forces

- Medicated Assisted Therapy (MAT) is offered
- Research suggests MAT is most effective with clients who are motivated to change
- Motivating clients to get the maximum benefit from this program is important
Driving Forces

- Decision to pursue CARF accreditation
- Revised CBT curricula with training
- In preparation for CARF, contracted with CEBP to provide technical assistance on best practices to integrate AOD and mental health services
- Received training on Stages of Change and Motivational Interviewing (MI)
Assessing Motivation to change
Assessing Motivation

- Research suggests that people change their behavior in a predictable manner, by moving through a series of distinct stages:
  - Pre-contemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance
Assessing Motivation

Issues considered:

- What stage is a consumer in?
  - informs what interventions will be done

- How to assess motivation?
  - in a way that generated data we could quantify and aggregate so we could use it effectively

- False assumption
  - because our clients are coerced, they were not motivated to change their behavior
Assessing Motivation

- Decision
  - use a standardized instrument to measure motivation

- URICA – University of Rhode Island Change Assessment scale
  - Psychometric properties
    - High validity and reliability
  - Easy to use
    - Consumers fill out, saving staff time
  - Easy to score
Assessing Motivation

- Assumption = because clients are coerced, most would be in pre-contemplation & not wanting to change
- Current data (342 sampled at intake):
  - 18% in Pre-contemplation
  - 38% in Contemplation
  - 25% in Preparation
  - 13% in Action
  - 6% in Maintenance
Enhancing Motivation to change
Enhancing Motivation

- Motivational Interviewing
  - Match interventions to specific change issues and stage
- Client centered & collaborative
- Non-confrontational
- Guide the client to connect their use of AOD, Criminal Behavior, and MH symptoms to personal goals - their happiness or lack of it.
- Choice is up to them
Enhancing Motivation to change

Pre-Contemplation

“DENIAL”

“I don’t have a problem!”
or

“I don’t want to change”

Engagement

○ Don’t argue or try to convince them
○ Ask about their goals, dreams, hopes
○ Use solution focused techniques: the miracle question, displacement stories
○ Develop the relationship
Enhancing Motivation

Contemplation

**AMBIVALENCE**

"OK, fine, maybe I do have a problem, but, I’m not sure that I do"

Raise Doubts

- What they are doing to meet their goals? What barriers are they facing?
- Decisional balance exercise (pros & cons lists)
- Readiness ruler
- Inform
Enhancing Motivation

**Preparation**

**INSIGHT**

“I know I have a problem but am unsure what to do about it...what would I do?”

**Support and Inform**

- Notice and verbally reward insight and small steps
- Support decision to change when made
- Assess and build confidence
- Help lessen anxiety about change
## Enhancing Motivation

### Action

**COMMITMENT**

“I want to change. Help me with my problem.”

### Behavior Change

- Deliver treatment per your treatment protocols
- CBT, Social Learning Skills & Solution Focused Interventions
- “Winner’s Circle”
Enhancing Motivation

**Prevention**

"Help me to avoid slipping back to old behaviors."

- Maintenance
- Relapse Prevention
  - Identify triggers and prepare for them
  - Develop contingency plan, in case relapse happens
  - Lifestyle changes
Challenges
Challenges

- Adjustment from Minnesota Model to Evidence Based Practices – MI and CBT combined was difficult:
  - Most staff bought in, especially after seeing positive responses
  - Some staff couldn’t adjust and left
  - Old habits die hard, the adjustment was not an event, it has and continues to be a process
  - Implications for future staff selection
Challenges

What is success?

- Supervising Authority: 30 consecutive days of abstinence and no new legal charges during the treatment episode
- Spirit of MI & CBT: any movement through stages of change or insight into underlying thoughts and beliefs
- Ideal: Long term harm reduction and abstinence from use of substances, reduction of MH symptoms and no recidivism post Tx
Challenges

Criminal Justice historically has a Different Point of View

- Although attitudes are changing, treatment may still be viewed as a form of punishment by some
- Success, as defined by the spirit of MI/CBT in the previous slide may be perceived as being soft on crime
- CBT is predominant model – other “evidence based” practices
Challenges

- Mixing and Mingling of Stages

  - Lack resources to run separate groups by stage, so people with different levels of motivation are in the same groups
  - MI in groups – issue of capacity and effectiveness
  - All of the groups are aimed for action stage but only 14% of clients in action
Challenges

- Level of Care, Treatment Dosage and Length of Stay often predetermined by supervising authority and/or program limitations
  - Common for some clients to complete treatment before getting to the action stage
  - Are groups effective?
  - Relapse “prevention” is ineffective when the consumer was never committed to abstinence
Solutions
## Solutions

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<th>Challenge</th>
<th>Strategies</th>
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| Adjusting from Minnesota Model of 12-step processes and confrontation to evidence based practices of MI, CBT, Behavior Management | - Training staff to provide information and build confidence  
- Use of MI with staff!  
- Show positive results to staff  
- Accept that some staff will not change. Replace them with others |
Solutions

**Challenge**

Coping with conflicting definitions of success

**Strategies**

- Define success as your governing bodies and funding sources require
- Talk up the gains that were made even if “un-successful” to plant the seed of continued growth and new definitions in future
Solutions

Challenge
Criminal Justice systems may consider services as punishment, not treatment. They don’t want to be perceived as soft on crime.

Strategies
- Show quantifiable data that shows the services are effective
- Demonstrate cost effectiveness
Solutions

Challenge
Group therapy sessions include consumers in multiple stages of change

Strategies
○ Use MI individually
○ Ensure that scenarios used for role plays and thinking reports are individualized to each client
○ MET groups
○ “Winner’s Circle”
## Solutions

**Challenge**
Levels of Care, treatment dosage and length of stay may all be pre-determined by the program or funding source, not by stage of change or other clinical consideration.

**Strategies**
- Take the time to advocate for recommended alternatives, emphasizing that your way may result in long term cost savings.
- Accept limitations and do your best with what you have.
- Share lessons learned.
Conclusion and Next Steps

- Continue to gather data
  - Use URICA at d/c to measure movement through stages of change
  - When FY13 concludes in June, it will be one full year of MI. Compare success rates to FY12 (some MI) and FY11 (none)
- Develop an outcome measure for mental health symptoms
- Add persuasion group to schedules
- Review BJA field project data
Discussion
Contact Information

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