

“Aftercare, Relapse Prevention and Continuing Care”: Applying Research Findings to Practice”. Webinar Brief

The following summary highlights the presentations made during the *Research to Practice* webinar on “*Aftercare, Relapse Prevention and Continuing Care: Applying Research Findings to Practice*”, conducted and recorded by the School of Public Affairs at American University and the National Center for State Courts, on September 3, 2013. Webinar panelists were: Jeffrey Kushner (Montana Supreme Court); James McKay, Ph.D., (U. of Penn.); and Judge John Schwartz (Rochester, New York). Caroline Cooper (American University) served as moderator. The webinar is posted on the websites for the Research 2 Practice Project (research2practice.org), American University (www.american.edu/spa/jpo) and the National Drug Court Resource Center (ndcr.org). References are provided to key resources at the end of this Webinar Brief.

• WHY AFTERCARE/RECOVERY SUPPORT SERVICES SHOULD BE AN ESSENTIAL COMPONENT OF DRUG COURT PROGRAMS

- Substance addiction is a chronic disease effecting the brain and cognitive functions. The American Society of Addiction Medicine (ASAM) has defined substance addiction as a “... chronic disease of brain reward, motivation, memory and related circuitry....characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response... [W]ithout treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.”¹
- Research on the treatment of chronic diseases generally – diabetes, hypertension, asthma, for example— indicates that the availability of aftercare services is critical to sustaining the longer term effects of the treatment for chronic diseases that was provided during the acute phase of the disease.
- With over 2,500 problem solving court programs in the U.S. focusing on substance addiction, and hundreds of individuals graduating from these programs regularly, sound aftercare services must be in place to provide these individuals with the essential chronic care services chronic disease research has shown are essential and necessary to sustain the benefits of the drug court program over the long term
- **Current Situation: Summary of Research Findings Re Recidivism**
 - Drug Court re-offense rates are 8-14% less than other types of supervision (Belenko, MADCE²); however, 52% of drug court graduates still report an arrest in the MADCE follow-up after 24 months.
 - Fifty-six percent of Drug Court participants reported using drugs in the year after drug court discharge and 41% reported serious drug use. Twenty-nine percent actually tested positive. (MADCE)
 - Forty percent of drug court participants reported committing a crime in the year after discharge. (MADCE).

¹American Society of Addiction Medicine. “Definition of Addiction”.<http://www.asam.org/for-the-public/definition-of-addiction>.

²Steven

Belenko. *Research on Drug Courts: A Critical Review* (Update). June 2001.

<http://www.drugpolicy.org/docUploads/2001drugcourts.pdf>, The Multi-Site Adult Drug Court Evaluation. December 2011.<http://www.ncjrs.gov/pdffiles1/nij/grar>

- Clients in publicly funded treatment programs (many of which treat drug court participants) relapse at a 64% rate after 1 to 12 months of abstinence, 35% after 1-3 years of abstinence but less than 14% after 4-7 years of abstinence (Dennis, Foss & Scott).
- **APPLICATION OF RESEARCH FINDINGS RE RECIDIVISM TO CONTINUING CARE SERVICES FOR DRUG COURT PARTICIPANTS:**
 - While Drug Court graduates recidivate (new drug use and/or new crime) at lower rates than non drug court graduates, their recidivism rates still leave room for substantial improvement that continuing care services could promote;
 - Continuing care/aftercare services need to be initiated during the early stages of drug court program participation and available for at least 24 months and, ideally, longer following graduation; and
 - Multiple modalities of aftercare services need to be available, just as with the treatment of the acute phases of substance addiction –one size does not fit all
- **WHAT IS “RECOVERY?”**
 - “Recovery” from substance addiction has been defined as “... a process of change through which individuals who have been addicted to substances improve their health and wellness, live a self-directed life, and strive to reach their full potential”³
 - The recovery process includes four dimensions:
 - **Health:** overcoming or managing the disease,, abstaining from alcohol and nonprescribed medication, and making informed, healthy choices that support physical and emotional well-being
 - **Home:** having a stable and safe place to live
 - **Purpose:** having meaningful daily activities and the independence, income and resources to participate society
 - **Community:** having relationships and social networks that provide support, friendship, love and hope; and, implicitly
 - a **crime free life** and **crime free lifestyle:**
- **AFTER CARE AND RECOVERY SUPPORT SERVICES: RESEARCH FINDINGS RELEVANT TO DRUG COURTS**
 - Although relatively limited research has been conducted on the effectiveness of aftercare services for persons treated for substance addiction, particularly for individuals in a drug court setting, available research findings suggest that:
 - Interventions are more likely to be effective when they;
 - provide support for 12 months or longer
 - include active efforts to deliver the intervention to the individual rather than rely on the individual to take the initiative –e.g., to come to a clinic each week, for example:
 - Those who benefit most from continuing care services are essentially the “high risk/high need” participants drug courts should target: - e.g.,

³ Substance Abuse and Mental Health Administration. Ten Guiding Principles of Recovery.
<http://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf>

- those who continue to use alcohol or other drugs during their initial period of treatment program participation; and
- those who have poor social support for recovery

➤ **Two Continuing Care Models for which research findings have been produced:**

▪ Adaptive Telephone Continuing Care:

Structured 15-30 minute sessions weekly at first, and then graduated to monthly, that include:

- monitoring of symptoms and progress
- identifying problems and barriers to recovery
- focusing on concrete planning and problem solving
- encouraging the patient to actively take charge of their own recovery

Results: (Compared with patients in standard care)

- Participants had higher alcohol abstinence rates (12%) and lower (10-15%) incidence of cocaine use than comparison group

▪ Recovery Management Checkup (RMC)

Interview patients every 3 months; if patient determined to be in need of treatment, patient is referred to individual trained in motivational interviewing and knowledge of community resources and treatment who provides personalized feedback; explores possibility of returning to treatment, and then scheduling, arranging transportation, and addressing other potential barriers to returning to treatment

Results: (Compared with patients in standard care)

- Reduced time to return to treatment (376 vs. 600 days)
- Increased total days of treatment: (62 vs. 40 days)
- Reduced percent of patients in need of treatment after 24 months (43% to 56%)
- Participants in RMC more likely to return to treatment (70% vs. 51%)
- Total number of abstinence days over 4 years higher (1,026 days vs. 932)

• **APPLICATION OF RESEARCH FINDINGS ON POSITIVE EFFECT OF CONTINUING CARE MODELS FOR DRUG COURT PRACTICE:**

- Treatment of substance abuse, like that of other chronic diseases, can benefit from aftercare services after initial treatment services are completed in the drug court program;
- Drug Courts should ensure that participants develop recovery plans that include provision of aftercare/recovery support services

• **DEVELOPING A RECOVERY MANAGEMENT PLAN FOR/BY THE DRUG COURT PARTICIPANT**

➤ **Key Principles:**

- Many “paths” to recovery; a range of aftercare services should be made available;
- Keeping people in treatment, in recovery, is the key, not the particular venue
- Recovery needs to be a “self-directed” process by the patient
- In preparing participants to participate in aftercare/recovery support services, the Drug Court should ensure that participants transition from the program’s *prescribed directed* requirements

to a *self-directed* orientation, with the participant taking responsibility for exercising choices/decisions regarding his/her recovery path and goals

➤ **Critical Elements of a Recovery Management Plan: Need strategies for**

- Identifying triggers and avoiding them
- Managing cravings
- Identifying health problems and wellness strategies
- Promoting 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 these pressures
- Identifying high risk times and making plans for dealing with them
- Managing relapse events and identifying persons for help
- Developing linkages to support groups, post-treatment recovery support institutions (e.g., recovery homes, ministries, mentors, and others)
- Addressing other life areas (educational and vocational skill deficits, tec.)
- Assessing family strengths and needs and related services

➤ **Aftercare/Recovery Support Resources: Examples**

- Telephone Follow-Up (see research reported)
 - Can be important recovery management tool for drug courts to use to make contact with drug court participants after graduation.
 - Particularly valuable tool for rural areas and with populations that have a problem with making face-to-face appointments (work in remote areas or on irregular schedules)
 - Can be performed by drug court coordinator, trained clerical staff, and trained peer mentor
- Recovery Management Checkups: (see research reported)
 - Montana:*
 - already being used by two drug courts in Montana and a third starting up shortly
 - being administered by drug court coordinator using a short version of the GAIN
 - New York State:*
 - being implemented by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) statewide;
 - will introduce recovery coaches shortly;
- Self-help Groups: (extensive anecdotal information available; no formal research available)
 - Majority of people in recovery have fairly extensive histories of participating in self-help groups.
 - Although no formal research available, extensive anecdotal information indicates substantial benefit as an aftercare support
 - Groups vary significantly so participants need to find a group that meets their needs and where they can find a sponsor who will help them
- Drug Court Alumni Groups: (anecdotal information on effectiveness; no formal research available)
 - Can be effective in providing recovery support and linkages to recovery community;
 - For long term sustainability, need to be built into the program structure, with assigned tasks, projects and services; alumni need to feel meaningfully involved

- Trained peer mentors and coaches (anecdotal information on effectiveness; no formal research available)
 - Can augment resources in a number of ways
 - Structured training, role definition, and oversight should be provided

- **TRANSLATING RESEARCH INTO PRACTICE: SUMMARY**

- **WHAT DRUG COURTS CAN DO TO PROMOTE AFTERCARE/RECOVERY SUPPORT DURING AND AFTER DRUG COURT GRADUATION**

- Access and inventory the community and identify recovery support components and gaps
- Support alcohol and drug free housing
- Include staff training on recovery associated topics and attendance at open 12 Step meetings
- Encourage family member participation throughout drug court process
- Develop information packets for family members and others who support the drug court participant
- Incentivize family counseling participation
- Include family members in recovery events
- Support recovery mentors and coaches
- Support alumni clubs
- Support alcohol and drug free social activities
- Require each participant to develop a recovery Management Plan
- Initiate recovery checkups
- Consider developing mentors to serve after the period of drug court participation

- **SPECIFIC MEASURES THE DRUG COURT JUDGE CAN TAKE**

- Ensure that a vision for long-term recovery is included in drug court materials (policy, participant manual, brochure)
- Use a global assessment process, including family and significant others
- Include former drug court participants in the drug court program (advisory boards, mentors/coaches, presenters)
- Participate in activities to reduce stigma and discrimination
- Access the recovery resources available in your area from the beginning of planning your Drug Court e.g. Housing, GED programs, Vocational training and jobs.
- Mandate 12 Step Recovery Program soon after the evaluation is done on your Drug Court Participant. This is something they will take advantage of for the rest of their lives.
- Develop Mentor Programs within your Drug Court.
- Partner with your local Community College to develop a Court-to-College Program. Meet with your local Department of Labor for Vocational training and jobs.
- Get out of the Courthouse and meet with "Recovery Resources" on their home turf. Tell them what you are doing, ask for their help. Make them feel important.

- **CLOSING: All Panelists:**

- Ensure that each participant has developed a recovery plan by the time the participant enters the final phase of the drug court program;
- Provide multiple paths for participants to sustain their recovery and promptly access additional services when/as needed;
- Develop a simple and short instrument for drug court personnel and peer mentors to use as a follow-up questionnaire.

- Train staff on Motivational Interviewing is and the associated skills that can be incorporated in post-program contacts with participants;
- Develop a tickler file to indicate when telephone follow-up contact should occur with each drug court graduate and have a plan in place for responding to the range of needs that may be uncovered, including resumption of treatment if/as needed.

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NYC Global Partners Innovation Exchange

http://www.nyc.gov/html/unccp/qprb/downloads/pdf/Vancouver_FourPillars.pdf

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