Moving Beyond Compliance to Lasting Change

How The ASAM Criteria and Evidence-based Practices Can Help

June 1, 2016 – NADCP 22nd Annual Training Conference
Anaheim, CA

David Mee-Lee, MD
Chief Editor of The ASAM Criteria
Senior Fellow, Justice Programs Office, American University
Senior Vice President, The Change Companies®
A Word About Terminology

Treatment Compliance vs. Adherence

- Webster’s Dictionary defines...
  - **Comply** – To act in accordance with another’s wishes, or with rules and regulations
  - **Adhere** – To cling, cleave (to be steadfast, hold fast), stick fast
Criminal Justice’s View of Presenting Problem and Solution

• Three Cs
  • Consequences
  • Compliance
  • Control
Coerced Clients and Working with Referral Sources

• Common purpose and mission
• Common language of assessment of stage of change
• Consensus philosophy of addressing readiness to change
• Consensus on how to combine resources and leverage to effect change, responsibility and accountability
• Communication and conflict resolution
From Pathology to Participant

- Resistance perceived as pathology within person, rather than interactive process; or even phenomenon induced and produced by clinician
- “Resistance” as much a problem with knowledge, skills and attitudes of clinicians, and lack of availability, access and utilization of broad range of services, as it is a “patient” problem
Changing the Concept of Resistance

• From Glossary, page 412

• Resistance – A term previously used in Motivational Interviewing, now deconstructed into its components: sustain talk and discord.

• Notice “previously used” means “Resistance” as term and concept will no longer be used as it was in previous editions, for example “Rolling with Resistance” and “Responding to Resistance.”

Changing the Concept of Resistance

• **Resistance**

• Focus on SUSTAIN TALK and DISCORD
What is Sustain Talk?

• “The client’s own motivations and verbalizations favoring the status quo” (97).
  • Person NOT interested in changing anything
    • “I am okay with keeping things the way they are – status quo, sustain what I have already got or where I already am.”

• “There is nothing inherently pathological or oppositional about sustain talk. It is simply one side of ambivalence. Listen to an ambivalent person and you are likely to hear both change talk and sustain talk intermingled.” (197)
  • “Well maybe I have a drug problem and should do something about it if I don’t want to be arrested again.” (Change Talk)
  • “But it really isn’t as bad as they say, they’re just overreacting.” (Sustain Talk)
What is Sustain Talk vs. Discord?

- “Sustain talk is about the target behavior or change”
  - Drinking or drugging, overeating, gambling, etc.
- “Discord is about you or more precisely about your relationship with the client – signals of discord in your working alliance.”
  - Are you on the same page with your client?
  - Are you more interested in abstinence and recovery than they are?
  - Are you doing more work than they are about going to AA or taking medication?
NATURAL CHANGE AND SELF-CHANGE

• The Transtheoretical Model illuminates the process of natural recovery and the process of change involved in treatment-assisted change.
  • BUT “treatment is an adjunct to self-change rather than the other way around.”

• “The perspective that takes natural change seriously... shifts the focus from an overemphasis on interventions and treatments and gives increased emphasis to the individual substance abuser, his or her developmental status, his or her values and experiences, the nature of the substance abuse and its connection with associated problems, and his or her stage of change.”

What Works in Treatment?

- The empirical evidence

  Treatment
  - Alliance: 62%
  - Allegiance: 30%
  - Model/Technique: 8%

  Extratherapeutic and/or Client Factors

  87%

  13%

Models of Stages of Change

• 12-Step Model
  • Surrender vs. comply; accept vs. admit; identify vs. compare

• Transtheoretical Model of Change
  • Precontemplation, Contemplation, Preparation, Action, Maintenance, Relapse and Recycling, Termination

• Readiness to Change
  • Not ready, Unsure, Ready, Trying, Doing what works
• **Similar to climbing a spiral stairway**

• Maintenance
• Action
• Preparation
• Contemplation
• Precontemplation
Engage the Client as PARTICIPANT

Treatment Contract

- What?
- Why?
- How?
- Where?
- When?
Identifying the Assessment and Treatment Contract

**Individual**
- What does the individual want?
- Why now? What's the level of commitment?
- How will he/she do this?
- Where will he/she do this?
- When will this happen? How quickly? How badly does he/she want it?

**Clinical Assessment and Reassessment**
- What does the individual need?
- Why? What reasons are revealed by the assessment data?
- How will you support the individual's goals?
- Where is the appropriate setting for treatment? What is indicated by the ASAM criteria?
- When? How soon? What are realistic expectations? What are milestones in the process?

**Treatment Services**
- What are the agreed-upon goals?
- Are the goals linked to what the individual wants?
- What is the menu of options available to achieve the goals?
- Determine appropriate services
- What is the degree of urgency?
- What is the process? What are the expectations of CSOs?
Carl

Carl is a 15-year-old male who you suspect meets DSM criteria for Alcohol and Marijuana Use Disorder, with occasional cocaine (crack) use on weekends. He reports no withdrawal symptoms, but then he really doesn’t think he has a problem and you are basing your tentative diagnosis on reports from the school, probation officer, and older sister.

Carl has been arrested three times in the past eighteen months for petty theft/shoplifting offenses. Each time he has been acting intoxicated but denies use. The school reports acting up behavior, declining grades and erratic attendance, but no evidence of alcohol/drug use directly. They know he is part of a crowd that uses drugs frequently.

Yolanda, Carl’s 24-year-old sister, has custody of Carl following his mother’s death from a car accident eighteen months ago. She is single, employed by the telephone company as a secretary, and has a three-year-old daughter she cares for. She reports that Carl stays out all night on weekends and refuses to obey her or follow her rules. On two occasions she has observed Carl drunk. On both occasions he has been verbally aggressive and has broken furniture. A search of his room produced evidence of marijuana and crack, which Carl says he is holding for a friend.
Individualized, Clinically and Outcomes-driven Treatment

- Patient/Participant Assessment
- BIOPSYCHOSOCIAL Dimensions
- Progress
- Severity of Illness/Level of Function
- Plan
- INTENSITY OF SERVICE Modalities and Levels of Service
- Problems/Priorities
- Severity of Illness/Level of Function

ASAM Principles of Addiction Medicine. 5th Ed. 2014.
The ASAM Criteria: Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional/Behavioral/Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse/Continued Use/Continued Problem Potential
6. Recovery Environment
### Criminogenic Factors and ASAM Criteria Dimensions

**Criminogenic Factors**
- Antisocial values, attitudes, behavior, personality
- Criminal/deviant peer association
- Substance Abuse
- Dysfunctional family relations

**ASAM Criteria Dimensions**
- Dimensions 3, 4, and 6
- Dimension 6
- Dimensions 1, 4, 5, 6
- Dimension 6
Biopsychosocial Treatment

Treatment Matching: Modalities

- Motivate: Dimension 4
- Manage: All six Dimensions
- Medication: Dimensions 1, 2, 3, 5 – MAT
- Meetings: Dimensions 2, 3, 4, 5, 6
- Monitor: All six Dimensions
The ASAM Criteria: Treatment Levels of Service

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
Focus Assessment and Treatment

What does the patient want? Why now?

Does the patient have immediate needs due to imminent risk in any of the six assessment dimensions?

Conduct multidimensional assessment

What are the DSM diagnoses?
Focus Assessment and Treatment

1. Multidimensional severity/level of function profile
2. Identify which assessment dimensions are currently most important to determine treatment priorities
3. Choose a specific focus and target for each priority dimension
4. What specific services are needed for each dimension?
Focus Assessment and Treatment

WHAT “DOSE” OR INTENSITY OF THESE SERVICES IS NEEDED FOR EACH DIMENSION?

WHERE CAN THESE SERVICES BE PROVIDED, IN THE LEAST INTENSIVE BUT SAFE LEVEL OF CARE OR SITE OF CARE?

WHAT IS THE PROGRESS OF THE TREATMENT PLAN AND PLACEMENT DECISION; OUTCOMES MEASUREMENT?
Motivational Interviewing (3rd Edition)

- Helping Conversations About Change
  - Initial edition for addiction treatment, broadened application to all change

Continuum of Communication Styles

Directing  Guiding  Following
The Righting Reflex and Ambivalence

• **Righting Reflex**
  - “Desire to fix what seems wrong with people and to set them promptly on a better course, relying in particular on directing” (p. 6)
  - “The most common place to get stuck on the road to change is ambivalence.” (p. 6)
Dealing with Ambivalence

**True or False**

- If a person is ambivalent, it is best to respectfully persuade them to make the healthy choices.
Sustain Talk

- Client behaviors occur in the context of and are influenced by interpersonal interaction.
- Discord is a signal of dissonance (different agendas, different aspirations) in counseling relationship (Miller and Rollnick, 2002. Motivational Interviewing. 2nd Ed. p. 46).
- Discord is a meaningful signal – it predicts that person will not likely follow through.
- Sustain talk represents and predicts movement away from change.
“Change talk” conceptually opposite of sustain talk – person’s arguments for and against change

(Miller and Rollnick. (2013). Motivational Interviewing. 3rd Ed. p. 165)

“Change talk is any self-expressed language that is an argument for change.”

(Miller and Rollnick. (2013). Motivational Interviewing. 3rd Ed. p. 159)

Four categories of change talk

- Disadvantages of the status quo
- Advantages of change
- Intention to change
- Optimism for change

Change talk reflects movement of the person toward change
Four Processes of MI

ENGAGEMENT

The therapeutic alliance

• Three aspects of the therapeutic alliance (p. 39)
  a.
  b.
  c.
Four Processes of MI

• Focusing
  • Collaborative process of finding mutually agreeable direction
  • “What” and “Why”

• Evoking
  • Drawing out the person’s arguments for change
  • “How”

• Planning
  • From evoking to planning; don’t get ahead of person’s readiness
  • “Where” and “When”
Building Motivation and Eliciting Change Talk

Using OARS and Readiness Rulers

- **OARS**
  - Help you navigate client’s discussion through rapids of resistance and steer your counseling into calmer waters of change
    - Open questions
    - Affirmations
    - Reflective listening
    - Summaries
Building Motivation and Eliciting Change Talk

Using OARS and Readiness Rulers

• Readiness Ruler
  • Readiness or being ready to make change can be thought of as a function of relationship between how important it is for person to make change (how much person values change) and how confident person is in their ability to make the change.
  • The Readiness Ruler is a simple tool for assessing where a person is on different dimensions of readiness: “How important is it to you to change behavior?” and “How confident are you that you can change behavior?”
Building Motivation for Change

Preparatory Change Talk

• DESIRE
  • Words that signal that one wants something – such language often appears in conversations about change
    • Examples: I want to lose weight, get a better job or better grades, get people off my back, etc.
  • Wanting is one component of motivation for change
  • It helps to really want to change, though it is not essential. People still do things even when they don’t want to.
Building Motivation for Change

Preparatory Change Talk

• ABILITY
  • A second component of motivation is the person’s self-perceived ability to achieve it
  • People won’t build motivation for change if they feel it is impossible for them, e.g., “I’d like to run a marathon, but I’d never make the distance.”
  • In conversations about change: “I can...” or “I am able to...”
  • A person may not be committed to change, and so may say “I could...” or “I would be able to...”
  • Ability language only signals that change seems possible
Building Motivation for Change

Preparatory Change Talk

• REASONS
  • Third component of motivation is the statement of a specific reason for change, e.g., “I would have more energy if I exercised” or “I would have more money if I didn’t smoke so much.”
  • Stating reasons for change does not imply either ability or desire – even though there may be good reasons, a person may feel incapable or not want to change
Building Motivation for Change

**Preparatory Change Talk**

• NEED
  • Fourth component of motivation is reflected in imperative language that stresses the general importance of or urgency to change
  • Need statements don’t say specifically why change is important (that would be Reasons)
    • Examples: I need to… I have to… I must… I’ve got to… I can’t keep going on like this.
  • Such imperative language does not imply desire or ability to change
Mobilizing Change Talk

- COMMITMENT
  - Committing language signals the likelihood of action
  - When you ask someone to do something for you, you listen for commitment language: is this really going to happen?
  - Commitment language is what people say to make promises to one another: I will, I promise, I swear, I guarantee, I give my word
  - I want to, I could, I have good reasons to, I need to (DARN) is not commitment language
Building Motivation for Change

Mobilizing Change Talk

• ACTIVATION
  • Words that indicate movement toward action, yet aren’t quite a commitment to do it
  • Signals that the person is leaning in the direction of action: “I’m willing to...” “I’m ready to...” “I am prepared to...”
  • The natural next response to such talk is: When will you do it? What exactly are you prepared to do?
  • Activation language is “almost there” and implies a commitment without actually stating it
Building Motivation for Change

Mobilizing Change Talk

• **TAKING STEPS**
  - Third kind of mobilizing language indicates that the person has already done something in the direction of change, e.g., “I bought some running shoes to start exercising,” “I got the prescription filled,” “I went to one AA meeting.”
  - Taking steps doesn’t necessarily indicate a commitment to change, but they key is to listen for language that signals movement toward change.
Proximal and Distal Goals

- **Traditional**
  - Abstinence is a “distal” goal for participants with addiction (dependence – they need treatment); but a “proximal” goal for those with “Substance Abuse” (DSM-IV) (assumes substance use is voluntary)

- **Traditional**
  - Those with complex needs, “regimen compliance” is “proximal” goal. Better still “treatment adherence.”

- **Traditional**
  - Increase treatment for substance use early in treatment for participants with addiction, but punish with sanctions once engaged in treatment and some sustained sobriety

- **Traditional**
  - For non-addicted participants, use escalating sanctions in initial phases to end voluntary use and not “reward” use
This is all based on a behavior modification approach when addiction is biopsychosocial-spiritual disease. If a participant has addiction, treatment is needed. If not, education, risk advice and escalating legal consequences (like speeding fines and DUI) are appropriate. Abstinence is a “proximal” or “distal” goal for participants with addiction, depending on their stage of change regarding abstinence assessed in treatment. Use escalating sanctions in initial and/or later phases of treatment for lack of good faith effort in treatment. Don’t sanction for signs and symptoms of addiction flare-ups and poor outcomes.
From Punishment to Lasting Change

Implications for **Sanctions** and **Incentives**

1. Sanction for lack of good faith effort and adherence in treatment, not for signs and symptoms of their addiction and/or mental illness.

2. Treatment provider responsible to keep court apprised of any risk to public safety, not just passive compliance with attendance and positive or negative drug screens.
From Punishment to Lasting Change

Implications for Sanctions and Incentives

3. If client is not changing their treatment plan in a positive direction, client is “doing time” and not “doing treatment and change.”

4. Incentives for clients can be explored/matched to what is most meaningful to them.

5. A close working relationship between client, judge, court team and treatment providers needed to actualize this approach.
Interactive Journaling®
Moving Forward

Setting effective program goals

You will be better prepared to make progress if you think about what you want to work on and turn those ideas into goals for your time in this program. Your program goals are what you will use to measure how close you are getting to what you want.

And for each of your program goals, there is action to be taken. This action often takes the form of learning, trying to practice something that brings you closer to the goal.

You will set several action steps for each program goal. As you start to move through these steps, you may decide to set new ones for yourself. Over time, those little steps will add up to equal big results!

A - Achievable
Your goals should be achievable - things that are possible and realistic. They don’t have to be easy; it’s okay for your goals to be challenging, just make them doable.

R - Realistic
Your goals should be realistic - things you want that would make life better for you or others. What possible, write your goals as things you want to do, not things you want to avoid.

M - Measurable
Your goals should be measurable - changes that you and others can observe. How will you know that you are making progress toward them?

S - Specific
Your goals should be specific - general goals like “I want to be a better person” aren’t clear enough to work on. For a longer-term change project, decide on the steps you want to take.

Your first program goal

On the next three pages, you will work with your change team to set your program goal. You and your change team will use what you both have learned so far to create goals that are important and unique to you. We sure your program goals are Achievable, Realistic, Measurable, and Specific.

My first program goal: __________________________

Date: __________________________

My reasons for setting this goal are:

This goal will help me move toward getting what I want.

Yes [ ]

No [ ]

These are the strengths, skills, and resources I will rely on:

Here are a few of the specific action steps I am working on to achieve this goal:

1. __________________________

2. __________________________

3. __________________________

4. __________________________

Signatures: __________________________

Change team initials: __________________________
Interactive Journaling®
Drug Court
Resources from The Change Companies®

DVD/Streaming Bundle

The Complete Five DVD Collection
Bibliography

• “A Technical Assistance Guide For Drug Court Judges on Drug Court Treatment Services” - Bureau of Justice Assistance Drug Court Technical Assistance Project. American University, School of Public Affairs, Justice Programs Office. Lead Authors: Jeffrey N. Kushner, MHRA, State Drug Court Coordinator, Montana Supreme Court; Roger H. Peters, Ph.D., University of South Florida; Caroline S. Cooper BJ A Drug Court Technical Assistance Project. School of Public Affairs, American University. May 1, 2014.

• Critical Treatment Issues Webinar Series, Bureau of Justice (BJ A) Drug Court Technical Assistance Project at American University Feb. 10, 2016 – May 3, 2016 https://www.youtube.com/watch?v=AuUEP52z1Xk


Bibliography


  To order: The Change Companies at 888-889-8866. www.changecompanies.net.
