Strategies for Increasing Retention Rates in Problem Solving Court Programs

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WEDNESDAY, MAY 16, 2012

Presentation Agenda

- Welcome & Introductions
- Group Exercise
- Drug Court & Family Drug Court Overview
- MCFDC Orientation Curriculum Overview
- Strategies for Increasing Retention
- Discussion
- Contact Information
- References
Introductions

- Introductions
  - What county are you from?
  - Why are you here today?
  - Where do you work?
  - What are your roles?

Leading off...
Drug Court Overview

- Drug Court concept introduced in 1989 in Miami
- As of December 2009, there were 2,459 operational Drug Court programs nationally
- Major components: Accessibility to substance abuse treatment, urinalysis testing, interaction with judge, & achieving goals

Drug Court Overview

- Components of Drug Court –
  - Focus on rehabilitation
  - Acknowledge relapse is part of recovery
  - Supportive court staff & personnel

- Goals of Drug Court –
  - Achieving & maintaining sobriety
  - Improving health & well-being
  - Reducing relapse or substance abuse episodes
Family Drug Court (FDC) Overview

- Early 1990s –
  - Family courts incorporate principles of Drug Court
  - FDC programs were born

- Goals of FDC –
  - Best interest of the family & children at the forefront
  - Provide safe environment for kids while intervening and treating parental substance abuse

Family Drug Court (FDC) Overview

- FDC components –
  - Consider a variety of issues (housing, employment, child care, domestic violence, & any pending criminal charges)
  - Professionals from diverse disciplines (CPS, health providers, substance abuse treatment providers, & mental health providers)
  - Basic FDC model includes:
    - Monitoring progression through the program
    - Frequent court appearances
    - Accessible treatment(s)
    - Urinalysis testing
    - Rewards connected to compliance
Family Drug Court (FDC) Overview

• FDC components –
  ○ Participants offered variety of services:
    • Individual counseling
    • Group therapy
    • Parenting classes
    • Visitation with children

MCFDC Orientation Curriculum

• Psychoeducational program designed to capture participants from initial contact

• Facilitate understanding of RI, MI, Stages of Change, Family Systems, and Mentoring

• Evidence-based theories/interventions

• Structured program that outlines expectations for graduation
Orientation Strategies

- Strategies –
  - Role Induction (RI)
  - Stages of Change
  - Motivational Interviewing (MI)
  - Co-Parent
  - Mentoring

Orientation Strategies

- For each strategy:
  - Definition
  - Literature says...
  - Curriculum application & tools
  - Findings from participants
Strategy #1: RI

- **Definition** –
  - Process of educating participants on the procedures of the program including:
    - Treatment process
    - Rationale for treatment
    - Expectations for change
    - Explicitly defining roles of all parties involved
    - Resources available
    - Description of court proceedings

- **Literature says** –
  - Harrison et al. (2007) examined whether participants inducted into a substance abuse treatment program were more likely to continue for 30 days compared to those not exposed to RI
    - Data revealed continuation in treatment increases when RI occurs at the initial meeting
  - Connors et al. (2002) investigated individuals diagnosed with alcoholism who sought treatment for their “drinking problem”
    - Individuals assigned to RI condition reported an overall more positive rating of general health
Strategy #1: RI

- **Curriculum application & tools** –
  - Explaining the MCFDC program
  - Defining expectations, roles, & procedures
  - Discussing pertinent topics
  - Providing realistic notion of the change process

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Strategy #1: RI

- **Findings** –
  - “On a scale of 1-3, with 1 being not important and 3 being very important, which components of the orientation curriculum do you feel were most helpful in continuing the program?”
    - 100% of participants reported learning the roles & expectations of the program was the most salient element of the orientation
  - “What about the orientation curriculum did you find most helpful?”
    - 43% of participants reported getting the program requirements clarified as the most helpful portion of the orientation
Strategy #2: Stages of Change

• Definition –
  ○ Prochaska & DiClemente (1983)
  ○ Trantheoretical Model of Change
  ○ Postulates that change is intentional and involves thinking, behavior, & emotions as key components
  ○ Supported in literature as efficacious in helping people overcome substance abuse, smoking, weight control, medication compliance, & stress management
Strategy #2: Stages of Change

- **40-40-20 Rule**
  - In the population at large, for any behavioral problem:
    - 40% are in precontemplation
    - 40% are in contemplation
    - 20% are in preparation or action

- **Ambivalence** –
  - [Image of a circle divided into two parts: Want to change and Don’t want to change]
Strategy #2: Stages of Change

Change Basics –
- Conceptualizing intentional human behavior change
- Model of change – not psychopathology
- Change is viewed as progressive, not as changed or not; it is a process and not an outcome

Precontemplation Stage
Entry point to the process of change
Not yet considering the possibility of change
Defends substance use & lashes out

Common Characteristics
- Lack of awareness of a problem
- Passive & uncommitted in treatment
- Defensive, feels pressured by others
- Avoids steps to change behavior

Helper Interventions
- Building rapport
- Exploring precipitating events
  “Egg Model”
- Praise for coming to program & raise doubt

Contemplation Stage
Characterized by ambivalence
Examines benefits & risks for continued use
Open to information gathering

Common Characteristics
- Desire to exert control or mastery
- History of change attempts
- Evaluate pros & cons of behavior change
- Gaining awareness into problem

Helper Interventions
- Examine options in neutral, unbiased way
- Strengthen belief that change is possible
- Discuss extrinsic & intrinsic motivation
- Decisional Balance Worksheet exercise
## Strategy #2: Stages of Change

### Preparation Stage
- Characterized to commitment for change
- Intrinsic connection to make positive change
- Begins to locate resources & opportunities

### Action Stage
- Characterized by implementation of a plan
- Substance-free for up to 30 days
- Goal is to produce change

<table>
<thead>
<tr>
<th>Common Characteristics</th>
<th>Helper Interventions</th>
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</thead>
<tbody>
<tr>
<td>On the verge of action</td>
<td>Developing a change plan</td>
</tr>
<tr>
<td>Engaged in the change process</td>
<td>Accounting for obstacles</td>
</tr>
<tr>
<td>Prepared to follow through on action steps</td>
<td>Assisting in problem solving</td>
</tr>
<tr>
<td>Committed to making changes</td>
<td>Engaging in support systems</td>
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<th>Common Characteristics</th>
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<tr>
<td>Verbalizes commitment to change</td>
<td>Negotiating a relapse prevention plan</td>
</tr>
<tr>
<td>Willing to make changes necessary</td>
<td>Focus on restructuring social cues</td>
</tr>
<tr>
<td>Modifies decisions &amp; follows through</td>
<td>Securing an extensive support network</td>
</tr>
<tr>
<td>Motivated efforts</td>
<td>Provide methods for overt behavior change</td>
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### Maintenance Stage
- Focuses on relapse prevention & maintaining sobriety
- Avoid the problem behavior
- Develop & implement coping strategies

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<th>Common Characteristics</th>
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<tr>
<td>Sustaining behavioral change</td>
<td>Establish specific plan for continued behavior change</td>
</tr>
<tr>
<td>Practicing coping strategies</td>
<td>Develop reinforcers to maintain sobriety</td>
</tr>
<tr>
<td>Decreasing desire to engage in old behaviors</td>
<td>Plan for follow-up support</td>
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<tr>
<td>Paying attention to relapse</td>
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### Helper Interventions
- Developing a change plan
- Accounting for obstacles
- Assisting in problem solving
- Engaging in support systems
- Negotiating a relapse prevention plan
- Focus on restructuring social cues
- Securing an extensive support network
- Provide methods for overt behavior change
### Strategy #2: Stages of Change

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Helper Tasks &amp; Tools</th>
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<tbody>
<tr>
<td>Precontemplation</td>
<td>Raise doubt – increase participant’s perception of risks &amp; problems with current behaviors</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Tip the decisional balance – evoke reasons for change &amp; talk about risks of not changing</td>
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<tr>
<td>Preparation</td>
<td>Help participant determine the best course of action to take &amp; develop a plan</td>
</tr>
<tr>
<td>Action</td>
<td>Help participant implement the plan – support self-efficacy &amp; assist with problem solving</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Help participant identify &amp; use strategies to prevent relapse – resolve associated problems</td>
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### Curriculum application & tools –
- Stages of Change participant worksheet
- Decisional Balance worksheet
- Readiness Ruler exercise
Strategy #2: Stages of Change

- **Findings** –
  - “On a scale of 1-3, with 1 being not important and 3 being very important, which components of the orientation curriculum do you feel were most helpful in your continuing with the MCFDC program?”
    - 85.7% of participants indicated learning their particular stage of change was a useful piece of the orientation curriculum

Strategy #3: MI

- **Definition** –
  - “A client-centered, directive method for enhancing intrinsic motivation to change by exploring & resolving ambivalence” (Miller & Rollnick, 2002, p. 56)
  - Strongly rooted in the client-centered therapy of Carl Rogers (1951, 1959) with emphasis on understanding participant’s internal frame of reference
  - Used with a variety of clinical issues from drug abuse, gambling, eating disorders, anxiety disorders, & health-related behaviors
Strategy #3: MI

- **Literature says** –
  - Resistance is behavior evoked by environmental conditions
  - The relationship should be collaborative & friendly
  - Gives priority to resolving ambivalence
  - Participants responsible for their progress
  - Focuses on participants’ sense of self-efficacy

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Strategy #3: MI

- **Principles of MI** –
  - Avoid argumentation
  - Express empathy
  - Roll with resistance
  - Develop discrepancy
  - Promote self-efficacy & change
Strategy #3: MI

- **Principles of MI** –
  - **Expressing empathy:**
    - Experience the world from the participant’s perspective without judgment or criticism
    - Acceptance facilitates change (not condoning behaviors)
    - Skillful reflective listening is fundamental
    - Ambivalence is normal

- **Develop discrepancy:**
  - Amplify cognitive dissonance
  - Difference between where participant is & where s/he wants to be
  - Awareness of consequences is important
  - Encourage participant to present reasons for change
  - Elicit self-motivational statements
Strategy #3: MI

• **Principles of MI –**
  - **Roll with resistance:**
    - Use momentum to helper’s advantage
    - Try to shift perceptions
    - New perspectives are invited, not imposed
    - Participants are best resource in finding solutions
  

Strategy #3: MI

• **Principles of MI –**
  - **Support self-efficacy:**
    - Belief in possibility of change is critical
    - Helpers may act as consultant or guide – suggest possible ways to proceed
    - Participant is responsible for choosing & carrying out change
    - There is hope in the range of alternatives available
Strategy #3: MI

- **Spirit of MI —**
  - **Collaboration = Partnerships**
    - Collaborate with participant to support & explore possibility of change without imposing your agenda or personal needs
  - **Evocation**
    - Listening & eliciting
  - **Autonomy**
    - Ability to choose

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Strategy #3: MI

- **Curriculum application & tools —**
  - Helper establishes an unbiased, nonjudgmental environment that promotes active listening and unconditional support
  - Raise participants’ awareness of negative personal, familial, or community consequences due to problem behavior
  - Elicit hope, optimism, & the belief that change is possible
  - Create supportive, positive interpersonal environment that encourages communication that is collaborative & reciprocal
Strategy #4: Graduate Mentoring

- **Definition** –
  - “Personal relationship in which a more experienced person serves as an advisor to a less experienced individual within a program” (Johnson, 2002, p. 90)
  - “Mentoring matches are more likely successful when both partners—mentor & mentee—have a choice in the process” (Chao, 2009, p. 318)

- **Literature says** –
  - **Tonigan & Rice (2010)**
    - Having a sponsor provides several benefits including: Positive social support, maintaining abstinence, reduction in the use of substances, & having a relationship with somebody that has sustained sobriety
  - **Viola et al. (2009)**
    - Studied 670 individuals, 18-67 years of age. Used 10-item measure of helping behaviors to gain insight into the types of helping behaviors undertaken by sponsors. Authors found positive correlation between abstinence rate & participation in the sponsorship program
  - **Schwartz et al. (2011)**
    - Examined 1,139 youth in 4th through 8th grade interested in a Big Brothers and Big Sisters mentoring program. Authors concluded that mentees demonstrated “significant improvements in overall academic performance & prosocial behavior relative to those not receiving mentoring”
Strategy #4: Graduate Mentoring

- **Curriculum application & tools** –
  - Graduate of MCFDC program leads a discussion about triumphs, struggles, obstacles, & successes
  - Incoming participants invited to take part and maintain ongoing contact with mentor outside of the program
  - End of program social to celebrate graduation and encourage new graduates to become a mentor

Strategy #5: Co-Parent

- **Definition** –
  - Inclusion of the co-parent can help facilitate open lines of communication, a supportive environment, & maintain the children’s best interests in the forefront
  - Children exposed to high levels of parental conflict can develop poor interpersonal skills, insecure attachments, and display signs of distress
Strategy #5: Co-Parent

• Literature says –
  o Fabricius & Luecken (2007)
    • High levels of conflict among parents during divorce leads to distress in
      their children, expressed as both internalizing or externalizing disorders
  o Lindahl & Malik (2011)
    • Investigated martial conflict styles & children’s perceptions of the conflict
      using family cohesion as a mediator
  o Mustonen et al. (2011)
    • Examined the impact of parental divorce during childhood on adult
      children’s quality of romantic relationships

Strategy #5: Co-Parent

• Curriculum application & tools –
  o Co-parent supportive exercise
  o Familial genogram activity
  o Being a helper or hindrance discussion
  o Co-parent mentoring program
Strategy #5: Co-Parent

- Participant feedback findings —
  - “In what ways, if any, was it helpful to have your child’s other parent involved in the orientation curriculum?”
    - 14% of participants reported, “He should be the testing party.”
    - 85.7% stated, “It wasn’t helpful at all.”
    - 14% indicated, “It was humiliating” and “If she’s not willing to be helpful and supportive, any involvement is counterproductive.”

Discussion
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References

- See attached handout