Implementing Evidence-Based Treatment in Jail: Early Treatment & Community Integration

William D. Beverly, PhD
Dennis M. Dye, LCSW
Maricopa County Correctional Health
“Nothing can be so amusingly arrogant as a young man who has just discovered an old idea and thinks it is his own.”

Sidney J. Harris
how to increase your will-power
The Great Debate

- In 1935, Alcoholics Anonymous (AA) was established by Bill W. and Dr. Bob

- In 1956, the American Medical Association declared the misuse of alcohol a “disease”

- In the 60’s & 70’s relapse prevention was popularized
  - a cognitive-behavioral approach with the goal of identifying and preventing high-risk situations such as substance abuse

- Harm reduction
12 STEPS FOR SPIRITUAL GROWTH

A New Program Devoted to Spiritual Health and Healing.

AA, AL-Anon, ACoA all use the Twelve Step Program for recovery. Now there exists a Twelve Step Program for Spiritual Growth in all areas of life.

"IT REALLY WORKS!"

COME AND TAKE THE FIRST STEP.
Meets Wednesdays, 7:30 PM
On the Tao Restaurant (upstairs)
1218 Morse Avenue, Rogers Park
Or join us for worship Sundays at 11 AM,
No Exit Cafe, 6970 N. Glenwood.
General Consensus: Dynamic Interaction

- Biological vulnerability and genetic predisposition, in interaction with certain facilitating environments create problems and maladaptive behaviors that resemble a disease
Types of treatment available

- Abstinence vs. harm reduction
- Relapse Prevention (Marlatt & Gordon)
- “Anonymous” 12-step meetings
- Outpatient
- Intensive Outpatient
- Inpatient
  - 30-day
  - Long-term residential
- Half-way house
- Aversion Therapy
  - e.g. Covert sensitization
- Detoxification
- Biological interventions
  - Antabuse
  - Naltrexone
    - Both produce aversive effects
  - Methadone/Suboxen
    - Opiate agonists
So how do you select a treatment?

- The treatment of choice is the approach that is consistent with the client’s theory of change and current motivational processes.
“What Works”

With regard to the client’s theory, a significant amount of data indicates:

- **Congruence** between a person’s beliefs about the causes of his or her problems and the treatment approach results in stronger therapeutic relationships, increased duration in treatment, and improved rates of success

(Duncan, Miller, & Sparks, 2004; Hubble, Duncan, & Miller, 1999).
Thus...

- We are implementing a program that actively involves the client and elicits their motivational processes.

- This program integrates components of various approaches, especially motivational interviewing, & emphasizes the clients particular stage of change.
What Is Motivational Interviewing?

Directive, person centered counseling style that aims to help people explore and resolve their ambivalence about behavior change.
• Any change that will happen will come from within the client and not imposed upon them by some outside force. It is the role of the client to be able to articulate and resolve his or her own ambivalence to change.

• Ambivalence is the *I want to but I don’t want to* state of mind – feeling 2 ways about something. Direct persuasion is rarely effective at resolving ambivalence.
Benefits of Motivational Interviewing

• Actively involves the person in his/her own care

• Improves adherence and retention

• Instills hope

• Evidence base for Motivational Interviewing

• Provide clinical interventions based on an individual’s stage of change
<table>
<thead>
<tr>
<th>CONCEPT</th>
<th>DEFINITION</th>
<th>METHODS OF TX.</th>
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<tbody>
<tr>
<td>Pre-contemplation</td>
<td></td>
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<tr>
<td>Contemplation</td>
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<td>Preparation</td>
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<td>Action</td>
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<tr>
<td>Maintenance</td>
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<tr>
<td>Relapse</td>
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# STAGES OF CHANGE

<table>
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<tbody>
<tr>
<td>PRE-CONTEMPLATION</td>
<td>Unaware of the problem, hasn’t thought about change</td>
<td></td>
</tr>
<tr>
<td>CONTEMPLATION</td>
<td>Thinking about change, in the near future (usually w/in the next 6mos)</td>
<td></td>
</tr>
<tr>
<td>PREPARATION</td>
<td>Making a plan to change plans, setting gradual goals (w/in 1 mo)</td>
<td></td>
</tr>
<tr>
<td>ACTION</td>
<td>Specific changes to life style has been made w/in past 6 mos</td>
<td></td>
</tr>
<tr>
<td>MAINTENANCE</td>
<td>The stage where new behavior pattern is sustained for an extended period of time &amp; consolidated into one’s lifestyle</td>
<td></td>
</tr>
<tr>
<td>RELAPSE</td>
<td>PART OF THE PROCESS</td>
<td></td>
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<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PRE-CONTEMPLATION</td>
<td>Unaware of the problem, hasn’t thought about change</td>
<td>Raise concern, develop trust, assertive outreach, accept client where they are at, provide concrete care</td>
</tr>
<tr>
<td>CONTEMPLATION</td>
<td>Thinking about change, in the near future (usually w/in the next 6mos)</td>
<td>Instill hope, positive reinforcement for harm reduction, discuss consequences, raise ambivalence, motivational interviewing</td>
</tr>
<tr>
<td>PREPARATION</td>
<td>Making a plan to change plans, setting gradual goals (w/in 1 mo)</td>
<td>Assist in developing concrete action, problem solve w/ obstacles, build skills, encourage small steps, tx planning</td>
</tr>
<tr>
<td>ACTION</td>
<td>Specific changes to life style has been made w/in past 6 mos</td>
<td>Emphasize long term benefits, enhance coping skills, teach how to use self help, tx. Planning, develop healthy living skills, teach to avoid high risk situations</td>
</tr>
<tr>
<td>MAINTENANCE</td>
<td>The stage where new behavior pattern is sustained for an extended period of time &amp; consolidated into one’s lifestyle</td>
<td>Assist in coping, reminders, finding alternatives, relapse prevention</td>
</tr>
<tr>
<td>RELAPSE</td>
<td>PART OF THE PROCESS</td>
<td>Determine the triggers and plan for future prevention</td>
</tr>
</tbody>
</table>
It’s frustrating...

- Many of our patients are quite **ambivalent** about changing behaviors that have hitherto made their lives painful and unmanageable

- But their not the first, nor the only ones…
“This ridiculous weakness is perhaps one of our worst melancholic instincts, for what can be more absurd than to be eager to go on carrying a burden of which we wish to be eased?, to hold our existence in horror, and yet to cling to it, to gently caress the serpent that devours us until it has eaten our hearts away?”
Ambivalence & Homer

Alcohol

"The cause of - and solution to - all of life's problems."
### Stages of Change and Therapist’s Tasks

<table>
<thead>
<tr>
<th>Stage</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Raise doubt—Increase the client’s perception of risks and problems with current behavior</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Tip the decisional balance—Evoke reasons for change, risks of not changing; strengthen client’s self-efficacy for behavior change</td>
</tr>
<tr>
<td>Preparation</td>
<td>Help the client determine the best course of action to take in seeking change; develop a plan</td>
</tr>
<tr>
<td>Action</td>
<td>Help the client implement the plan; use skills; problem solve; support self-efficacy</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Help the client identify and use strategies to prevent relapse; resolve associated problems</td>
</tr>
<tr>
<td>Relapse</td>
<td>Help the client recycle through stages of contemplation, preparation, and action, without becoming stuck or demoralized because of relapse</td>
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</tbody>
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Our Challenge

- What we have here is a paradox of patients with tons of clean time, who are at substantial risk for relapse, problem drinking, and drug abuse
Pseudo-Sobriety

- A period of sobriety that is prolonged but **not** related to an individual's current stage of change or motivational processes, but rather a result of situational or institutional control.
Pseudo-Sobriety & the other Homer
“I can resist anything… except temptation”
Pseudo-Sobriety

- Problems for us resulting from Pseudo-Sobriety
  
  1. Ignores current stage of change
  2. Poor measurement or predictor for future relapse

- So what should we measure with our patients to assess readiness to change?

- Self-Efficacy: Confidence to avoid relapse or drug use in high risk situations, in response to various triggers.
### Analysis of High-Risk Situations for Relapse

#### Alcoholics, Smokers, Heroin Addicts, Compulsive Gamblers, and Overeaters

**RELAPSE SITUATION (Risk Factor)**

<table>
<thead>
<tr>
<th></th>
<th>Alcoholics (N=70)</th>
<th>Smokers (N=64)</th>
<th>Heroin Addicts (N=129)</th>
<th>Gamblers (N=29)</th>
<th>Overeaters (N=29)</th>
<th>TOTAL Sample (N=311)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Emotional States</td>
<td>38%</td>
<td>37%</td>
<td>19%</td>
<td>47%</td>
<td>33%</td>
<td>35%</td>
</tr>
<tr>
<td>Negative Physical States</td>
<td>3%</td>
<td>2%</td>
<td>9%</td>
<td>-</td>
<td>-</td>
<td>3%</td>
</tr>
<tr>
<td>Positive Emotional States</td>
<td>-</td>
<td>6%</td>
<td>10%</td>
<td>-</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Testing Personal Control</td>
<td>9%</td>
<td>-</td>
<td>2%</td>
<td>16%</td>
<td>-</td>
<td>5%</td>
</tr>
<tr>
<td>Urges and Temptations</td>
<td>11%</td>
<td>5%</td>
<td>5%</td>
<td>16%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>61%</strong></td>
<td><strong>50%</strong></td>
<td><strong>45%</strong></td>
<td><strong>79%</strong></td>
<td><strong>48%</strong></td>
<td><strong>56%</strong></td>
</tr>
</tbody>
</table>

**INTRAPERSONAL DETERMINANTS**

**INTERPERSONAL DETERMINANTS**

<table>
<thead>
<tr>
<th></th>
<th>Alcoholics (N=70)</th>
<th>Smokers (N=64)</th>
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<th>TOTAL Sample (N=311)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal Conflict</td>
<td>18%</td>
<td>15%</td>
<td>14%</td>
<td>16%</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>Social Pressure</td>
<td>18%</td>
<td>32%</td>
<td>36%</td>
<td>5%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Positive Emotional States</td>
<td>3%</td>
<td>3%</td>
<td>5%</td>
<td>-</td>
<td>28%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>39%</strong></td>
<td><strong>50%</strong></td>
<td><strong>55%</strong></td>
<td><strong>21%</strong></td>
<td><strong>52%</strong></td>
<td><strong>44%</strong></td>
</tr>
</tbody>
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“Let’s just go in and see what happens.”
Enter Guided Self-Change

- The Guided Self-Change (GSC) Treatment has been evaluated as an “Evidence-Based Practice in Addictions” by the Division on Addiction Psychology of the American Psychological Association and has been accepted for inclusion on the American Psychological Association’s Division 12 (Society of Clinical Psychology) Empirically Supported Treatments.

- The GSC treatment for substance use disorders integrates cognitive-behavioral, motivational interviewing, and relapse prevention techniques to help individuals functionally analyze their alcohol or other drug problems and develop their own plans for changing.
Guided Self-Change

- The program is not confrontational.

- Clients are considered full collaborators in the development of their treatment plan.

- Guided Self-Change treatment is individualized to meet the needs of each client.

- An emphasis is placed on giving clients responsibility for changing, in recognition that effective change cannot be imposed but must be internally motivated.
“My life has been totally screwed up for years, but thus far no one has stepped forward to claim responsibility.”
GSC Module Components *(adapted for correctional setting)*

- Consists of an “Assessment Session” and Four additional sessions
- Clients are given reading exercises and homework assignments to complete between sessions and review with clinician
- **Brief** measurement instruments are used at various points in treatment
Assessment Session Components

- Drug Abuse Screening Test (DAST-10)
- Alcohol Use Disorders Identification Test (AUDIT)
- Brief Situational Confidence Questionnaire (BSCQ)
- Provide patient feedback on DAST-10 and AUDIT

**Homework:**
- Give client “Goal Statement” Handout
- Give client Handout 3.1 (*Decision Balance Exercise*)
Confidence to Resist Urges to Drink Heavily or Use Drugs

- Pleasant times
- Social pressure
- Conflict
- Urges and temptations
- Testing control
- Pleasant emotions
- Physical discomfort
- Unpleasant emotions
Session 2 Components

- Review and discuss client’s goal evaluation form
  - Discuss readiness for change based on these results

- Review and discuss completed Decisional Balance Exercise

**Homework:** Introduce and explain Identifying Triggers
Readings and Exercise
Session 3 Components

- Review and discuss client’s answers to Identifying Triggers homework exercise
- Give client BSCQ feedback profile and discuss relationship to Identifying Triggers homework answers

**Homework:**
- Give client handout Anticipating and Preventing Relapse
- Give client the exercise: Developing Options and Action Plans
Session 4 Components

- Review client handout Anticipating and Preventing Relapse

- Review and discuss client’s answers to the Developing New Options and Action Plans homework exercise

- If needed, assist client in identifying options & developing plan
  - Discuss possible opportunities for using these plans in the community/upon release, etc.

- Have client complete new BSCQ in session (second administration).
Session 5 Components

• Prepare **personalized comparative BSCQ profile** of the client’s high-risk situations for relapse

• Revisit decisional balance exercise, revise if necessary; review client’s understanding of Identifying Triggers, if needed

• Discuss need for additional sessions, and schedule accordingly
Confidence to Resist Urges to Drink Heavily or Use Drugs

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- Pleasant emotions
- Physical discomfort
- Unpleasant emotions
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Situation

Confidence Scale: 0 to 100
Confidence to Resist Urges to Drink Heavily or Use Drugs

- Pleasant times
- Social pressure
- Conflict
- Urges and temptations
- Testing control
- Pleasant emotions
- Physical discomfort
- Unpleasant emotions
Mindfulness & Stress Management with Sex Offenders
What is Mindfulness?

- Mindfulness is about being fully aware of whatever is happening in the present moment, *without filters or the lens of judgment*.

Stahl & Goldstein, (2010). *A Mindfulness-Based Stress Reduction Workbook*
What is Mindfulness?

1. Awareness
2. Of present experience
3. With acceptance

Ronald Seigel, Psy.D.
Breathing in,
  I calm my body,

Breathing out,
  I smile.

Dwelling in the present moment,

I know this is a wonderful moment.

-- Thich Nhat Hanh
Mindfulness & Stress Management with Sex Offenders

- Using Mindfulness-Based Stress Reduction (MBSR)
  - Principally developed by Jon kabat-Zinn

AND

- Mindfulness-Based Cognitive Therapy (MBCT)
  - Teasdale, Segal, and Williams
MBSR and MBCT

- Awareness of Habitual/Automatic Thought process
- Interrupt Automatic Thoughts
- Focus Less on Reacting to Thoughts
- Observe and Accept Without Judgment
Group Structure: Six Sessions

1. Thought/Mind/Body Interaction
   • Stress Feedback Loop
   • Mindfulness Meditation Check In (each session)

2. Identifying Automatic Negative Thoughts
   • Begin Using Thought Journal (each session)

3. Breath Meditation
Group Structure: Six Sessions

4. Body Scan Meditation

5. Doing vs. Being
   • “Doing” mind sees things as other than it would like to be; dwells on discrepancy
   • “Being” mind accepts and allows with pressure for immediate change: no goal
Group Structure:  Six Sessions

6. Radical Acceptance

- Accepting absolutely everything about ourselves and our lives
- Awareness of what is within our body and mind in any given moment, without trying
- Feel sorrows and pain without resisting
- Feel a dislike, or a love, for someone without feeling a drive to act on it
The Guest House

This being human is a guest house.
Every morning a new arrival.

A joy, a depression, a meanness,
Some momentary awareness
comes as an unexpected visitor.

Welcome and entertain them all! . . .

The dark thought, the shame, the malice,
meet them at the door laughing,
and invite them in.

Be grateful for whoever comes,
because each has been sent
as a guide from beyond.

-- Jalal Al-Din Rumi
Data Collection & Results
The Perceived Stress Scale (PSS)

- Most widely used psychological instrument for measuring the perception of stress

- It is a measure of the degree to which situations in one’s life are appraised as stressful

- Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives
The Perceived Stress Scale (PSS)

- It has been used in prior studies assessing:
  - the stressfulness of situations
  - the effectiveness of stress-reducing interventions
  - the extent to which there are associations between psychological stress and various disorders
Results: Study 1

- $N = 11$

- Average age: 33, range: 21 - 45

- Data screening demonstrated that parametric statistical analysis was appropriate

- Results were statistically significant, $t = 4.743 \ p = .001$
Results: Study 1

Graph showing a downward trend from 'pre' to 'post'.
Results: Study 2

- $N = 10$

- Average age: 40, range: 20 - 66

- Data screening demonstrated that parametric statistical analysis was appropriate

- Results were statistically significant, $t = 4.653 \ p = .001$
Results: Study 2
Interpretation of Effect Size ($d$)

Using the labels in Table 1, the value of $d$ for these studies are considered "extremely large."

Study 1 = 1.43

Study 2 = 1.47
“Mindfulness meditation doesn't change life. Life remains as fragile and unpredictable as ever... ...mindfulness meditation changes the heart's capacity to accept life as it is”.

*Sylvia Boorstein, PhD, LCSW*