

Healing to Wellness Courts: Treatment Basics to Recovery Maintenance

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**TLPI National Healing to
Wellness Court Conference**

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Maximizing the Healing to Wellness Court



Treatment Effectiveness Principles

- 1. Provide a Treatment Continuum of Care (continuing care)**
- 2. The best treatment outcome is when an effective treatment alliance is formed between counselor and client**
- 3. Stick to the evidence-based treatment manual (EBT)**
- 4. The more services provided/the better the outcome**



Jobs, Jobs, Jobs

- Unemployment heightens probability of AODA dependency
- AODA problems decrease odds of gaining employment
- Unemployment following recovery initiation increases the risk of resuming AODA
- Stable work lowers the risk of AODA problems and is a major factor in stabilizing recovery
- Inadequate training/education and employment experience=limited recovery capital
- Healing to Wellness Court should build recovery capital!!

5. Treatment LOS Must Be Long Enough

- Very little effect for first 3 months
- Longer the length of stay the better the outcome (up to 18 months). However, people progress through treatment at various rates.

6. Joint development of treatment plan helps client stay in treatment. Self-directed recovery plan helps maintain recovery.

7. Assess for Cultural Identity

- Helping treatment court participants to identify with their culture (or not) will help guide the healing process, achieve balance and influence the selection of treatment approaches and other services and activities. (TIP 61 - Behavioral Health Services for American Indians and Alaska Natives)
- “Those carrying historical trauma can transcend trauma through a collective survivor identify and a commitment to traditionally oriented values and healing.” Marta Yellow Horse Brave Heart



- Who raised you?
- Where were you raised?
- Who is in your family ? Who is helping to raise your children?
- How have you been exposed to the culture of your tribe?
- Do you participate in: Stories? Ceremonies? Community events?
- What languages do you speak? Which do you prefer?
- How would you describe your spiritual beliefs? How do you practice your spirituality?
- What is your experience with traditional healing practices?
- How important is it to you to work with a healer or medicine person in addition to your treatment?
- Do you have a traditional healer or advisor who is currently working with you?

8. Become Trauma Informed

- Each additional adverse childhood experience increases a person's risk of relapse during opiate related MAT by 17%
- Each visit to trauma-informed clinic reduces relapse rate by two percent



Types of Childhood Trauma

- physical, emotional and sexual abuse
- physical and emotional neglect
- living with a family member who's dependent on alcohol or other substances, or who's depressed or has other mental illnesses
- experiencing parental divorce or separation
- having a family member who's incarcerated
- witnessing a mother being abused

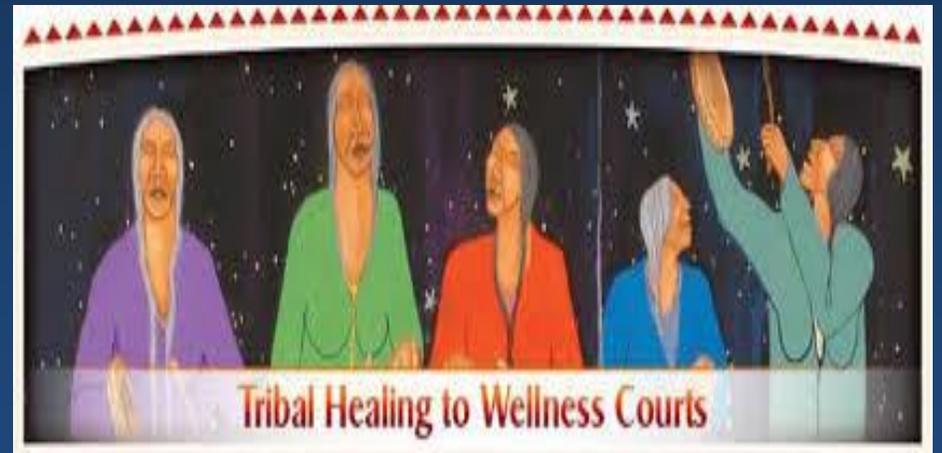
9. Strengthen Recovery Management

After all the dedication, skill and care that treatment professionals and treatment court personnel devote to our participants' well being, we all too often see our best work erode as vulnerable people return to the same circumstances and environments that fostered their illness.

“The odds of recovery rise in tandem with social network support for abstinence and decline with the increased density of heavy

AOD users in one's social network” (Kaskutas &

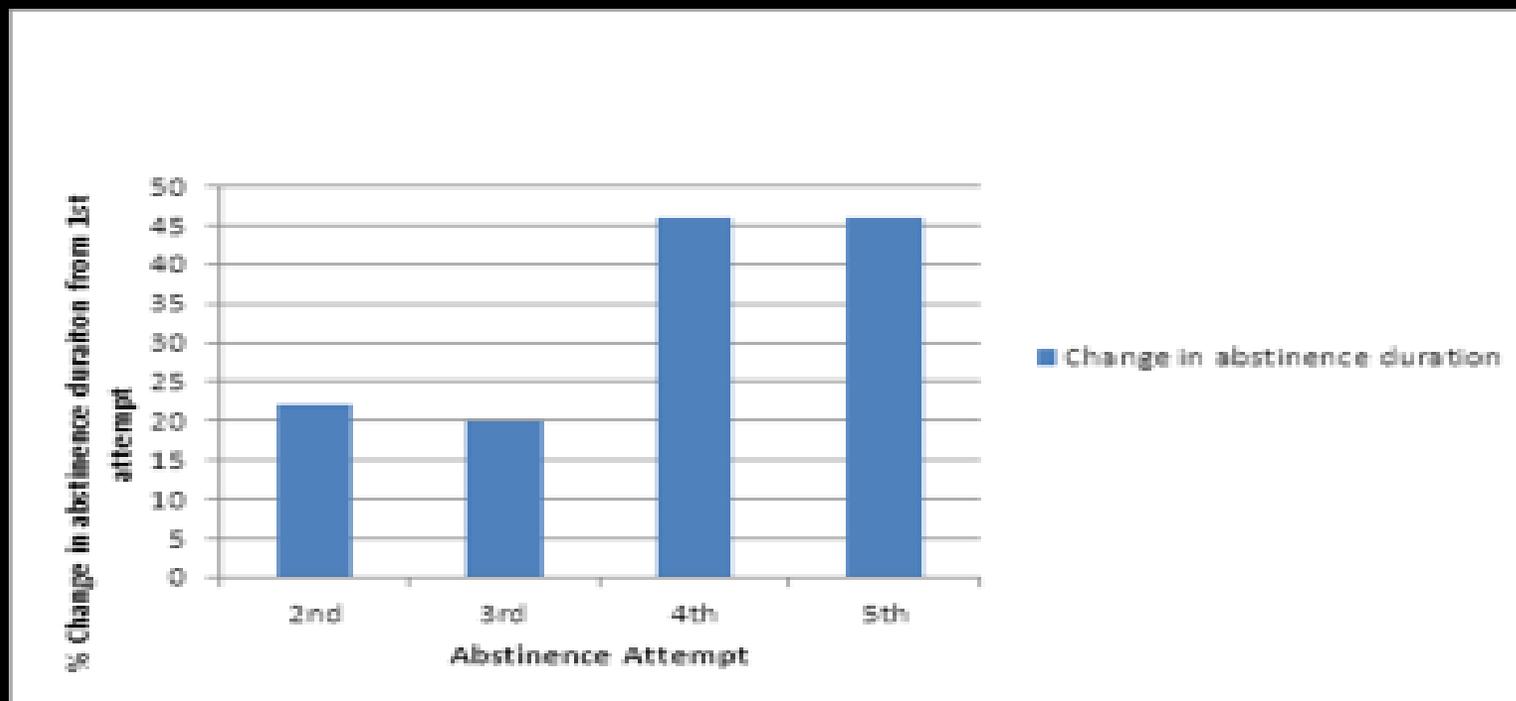
Weisner, Dennis, Foss & Scott, Zywiak, Longabaugh & Wirtz, Mohr, Averna, Kenny & Boca, Weisner, Matzgher & Kaskutas)



ACUTE CARE-Doesn't Work

- Crisis-linked timing (arrest)
- Single episodes of treatment
- Little use of the full continuum of services, i.e. immediate abstinence as the short-term goal
- Expectation that improvement will continue after treatment without any systematic support
- Primarily professional decision-making with short treatment relationships (adm. to disch.)
- Low tolerance for alcohol and other drug use, i.e. the symptom of the disease
- Relapse considered failure of person/treatment

Acute Care vs. Chronic Care

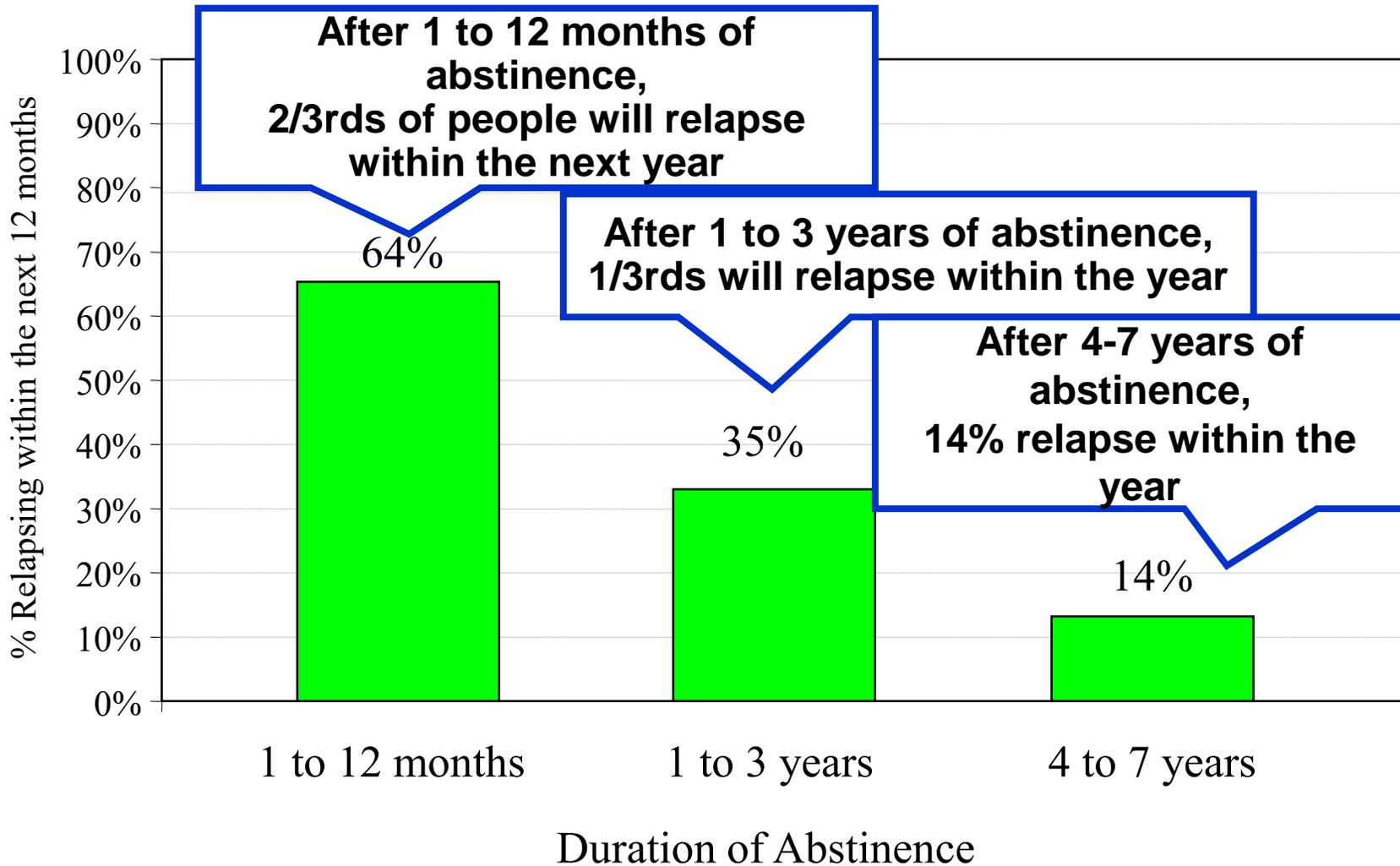


Recovery from Opioid Dependence

- Demographic variable not associated with abstinence
- Being employed, less severe drug use and at least 6 mos. of treatment associated with duration of abstinence
- Having 4 or more attempts at abstinence associated with longer abstinence

Consistent with a model of a chronic disease

The Risk of Relapse: common, decreases slowly over time, but does not go away

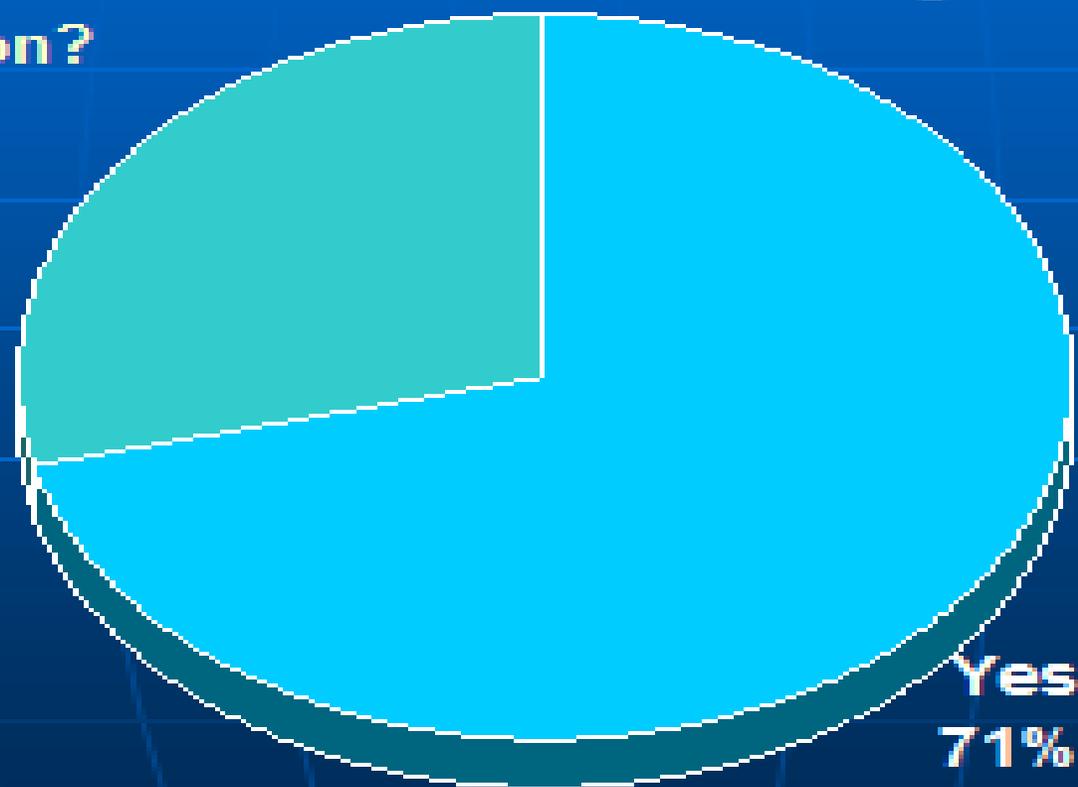


Source: Dennis, Foss & Scott (2007)

Pathways to Long-Term Abstinence

Relapse History (n=354)

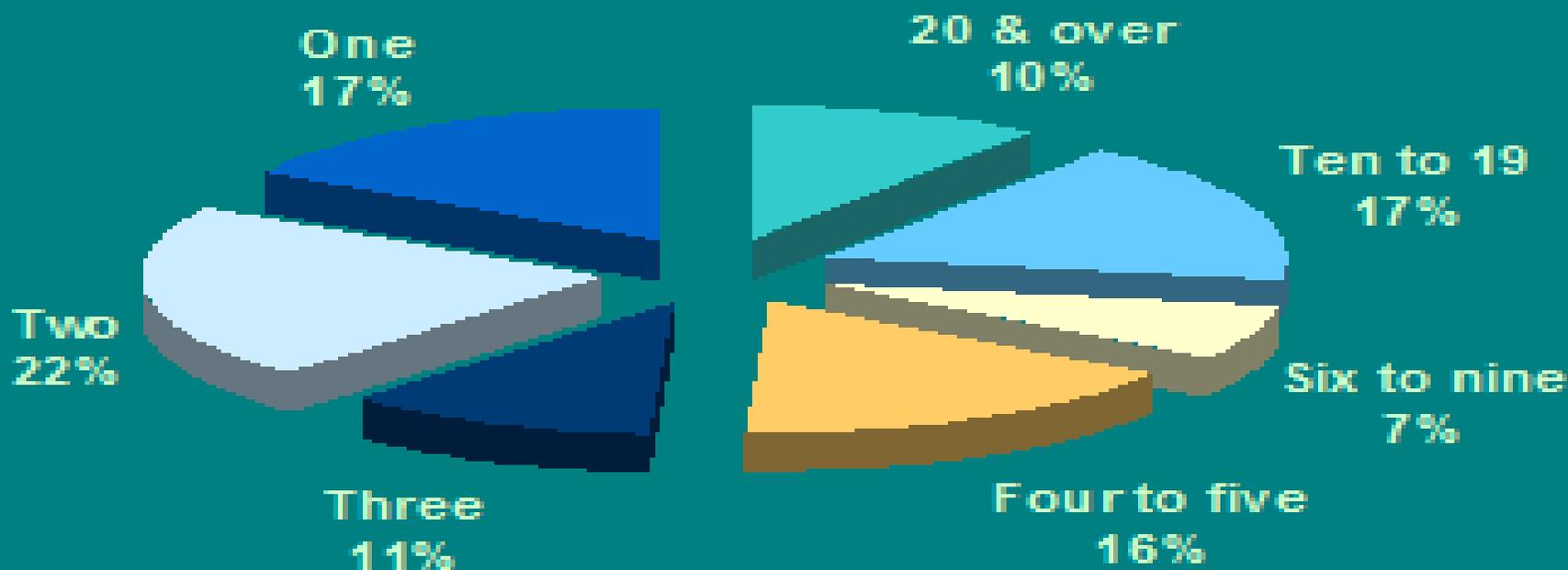
Since starting regular drug use, did you ever have one or more period (s) of complete abstinence of one month or longer followed by return to active addiction?



Relapse History

Number of clean periods followed by return to active addiction^b

Over 50% reported 4 or more abstinent periods followed by return to active addiction



Range 1 to 90 Mean = 7.56; Std dev= 10.6

^bAmong those who report one or more such periods: N=248- 5 "don't know"

CHRONIC CARE-Works

Disease that alters brain and may take years to fully recover thus **may** require:

- Multiple cycles of recovery, relapse, and repeated treatments for many
- Post treatment monitoring for reentry into treatment when necessary and asap
- Ongoing support and monitoring post treatment for a variety of needed wrap around services including culturally relevant services and events
- Continuous recovery pro-social activities
- Strategies with support for and from entire family and the community

Acute Care vs. Chronic Care

**Continuing Care Final
Phase Focus on Recovery
Management Plan (RMP) –**

**Standard: contact
participant for at least 90
days after formal
discharge**



The Journey

BETWEEN WHO YOU ONCE
WERE AND WHO YOU ARE
NOW BECOMING, IS WHERE
THE DANCE OF LIFE
REALLY TAKES PLACE.

*Silver Lining Of
Your Cloud* 
FB.com/SilverLiningOfYourCloud



Recovery from drug addiction requires effective treatment, followed by management of the problem over time.

NIDA

SAMHSA's Definition of Recovery

Recovery: is a process of change through which individuals **improve their health and wellness, live a self-directed life, and strive to reach their full potential.**

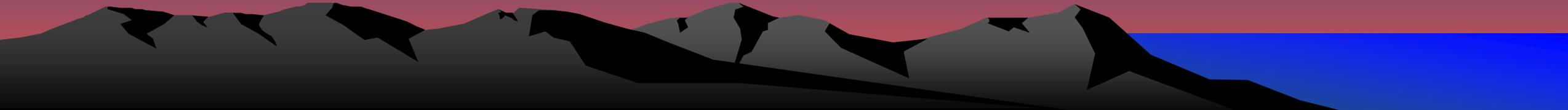
Four dimensions that support a life in recovery:

- **Health:** **overcoming or managing one's disease(s)** or symptoms—for example, abstaining from drug use —making informed, healthy choices that support physical and emotional wellbeing.
- **Home:** a **stable and safe place to live**;
- **Purpose:** **meaningful daily activities**, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society;
- **Community:** **relationships** and social networks that provide support, friendship, love, and hope.

Recovery Capital

“The breadth and depth of internal and external resources (‘assets’) that can be drawn upon to initiate and sustain recovery.” *

* Cloud and Granfield (2009)



Types of Recovery Capital

1. **Social capital**---a result of relationships
2. **Physical capital**---tangible assets like property and money
3. **Human capital**---skills, positive health, hopes and personal resources
4. **Cultural capital**---values, beliefs and attitudes that link us together



- **RMP is the focus of treatment court through completion or graduation, i.e. for the participant, the judge from the bench, the case manager, the treatment provider and the entire drug court team.**
- **RMP covers most areas of life in order to remain clean, sober and productive (in recovery).**

11. Recovery Management Checkups



- ✓ More likely to return to treatment when needed
- ✓ Return to Treatment Sooner
- ✓ Stay longer in treatment
- ✓ Eventually need less treatment

12. Develop a Recovery Oriented System of Care in the Jurisdiction

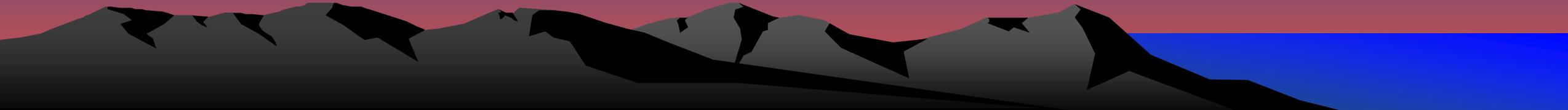
- Require a Recovery Management Plan
- Support Recovery Month – September
- Include family members in recovery events
- Support alumni clubs
- Utilize recovery mentors and coaches
- Initiate Recovery Check-ups
- Support alcohol and drug free housing

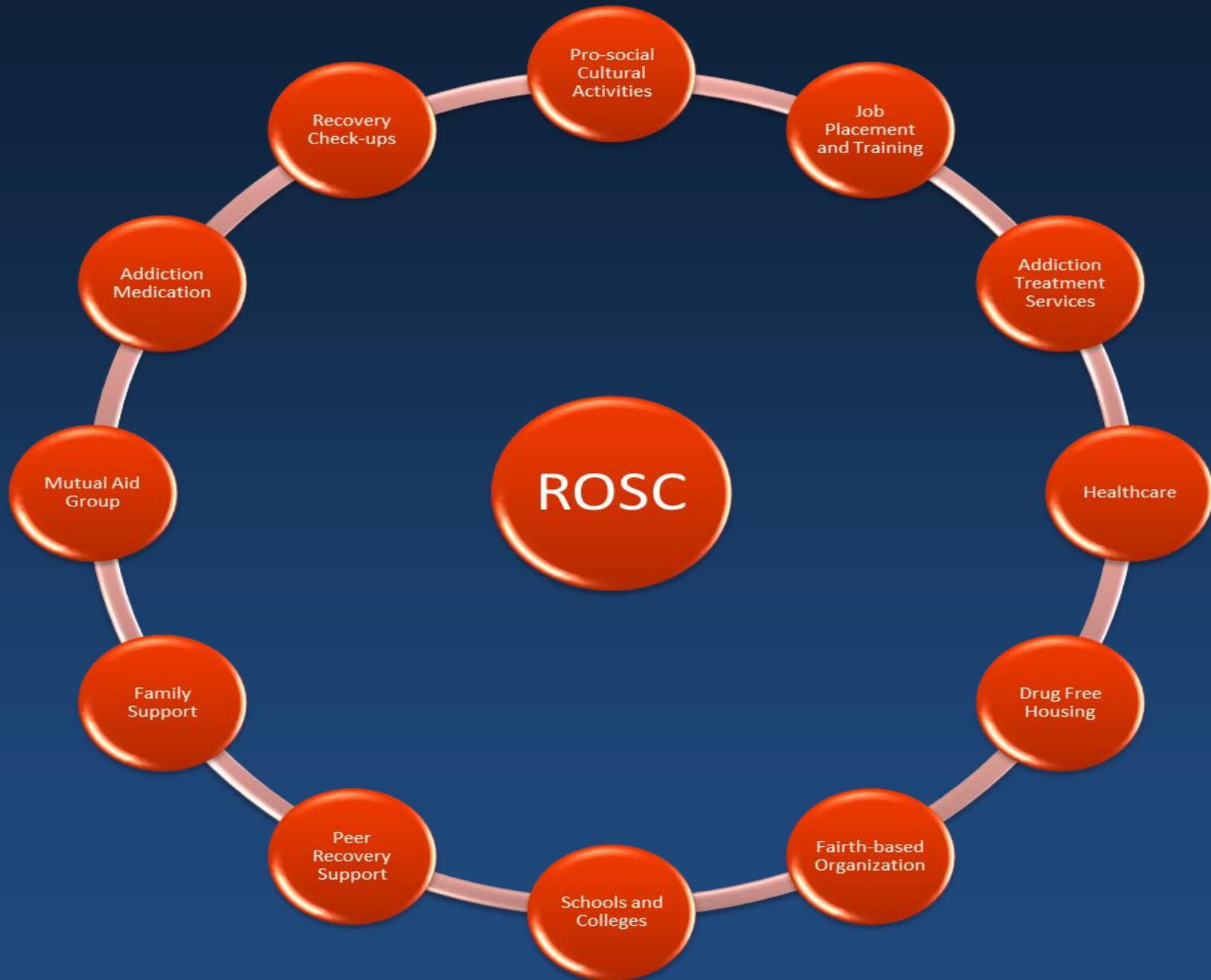
Support Alcohol and Drug Free Pro Social Activities Cultural Customs and Traditions

Help participants:

- become proficient at their native language
- participate in the Native American Church or other religious offerings
- attend cultural adapted mutual aid groups (AA, NA Smart Recovery, Wellbriety)
- participate in Sweats, tobacco/pipe ceremonies,, smudging and/or herbal medicines, pow-wows and other pro social ceremonies
- facilitate bead work and drum-making
- participate in dance/song/chanting (pow wows, fiestas)
- set up a cultural mentoring effort (mentors/coaches)

- Develop information packets for family members, employers and others who support the treatment court participant
- With participant approval, involve family members in developing RMP
- Incentivize family counseling participation
- Encourage family member participation throughout the treatment court process
- Assess and inventory the community and identify recovery support components and gaps
- Again, consider check-ups, telephone follow-up, and mentors for orientation to, during and after treatment court





Additional Resources

For information regarding the:

**Recovery Management Policy and Participant Plan for Healing to
Wellness Courts**

Family Strength and Needs Assessment

The Recovery Maintenance Check-in

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