Pacific Southwest
RURAL OPIOID TECHNICAL
ASSISTANCE REGIONAL CENTER

Treating Individuals in Rural Communities Who Use Stimulants

Presented by Thomas Freese, PhD & Beth Rutkowski, MPH

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TRUST: Treatment of Users of Stimulants

An Integrated Behavioral Model

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The materials in this manual include content and worksheets from the Matrix Model Therapist Manual (SAMHSA, 2006); from the Community Reinforcement Approach, plus Vouchers Manual (NIDA, 2020).

TRUST: The Components

TRUST is an integrated, evidence-based, multi-component program for the treatment of individuals with stimulant use disorders. The contents of this program will include strategies including:

1. Motivational incentives (based on contingency management research),
2. Elements of cognitive behavioral therapy
3. Elements of community reinforcement approach,
4. Motivational interviewing skills,
5. Physical exercise
6. Self-help (12-Step; Moderation management) program participation encouraged.

In addition, an appendix will include a set of other EBPs to augment the core program at the discretion of each organization.

TRUST: The Priorities

- 1. Establish a positive, compassionate, respectful, non-judgmental relationship with individuals who use stimulants to promote their engagement and retention in treatment. Individuals in treatment die from overdose and other causes at lower rates than those who are not in treatment
- 2. Provide incentives to promote participation (retention) in treatment. Retention is the single most important measure of treatment benefit. All treatment benefits (eg reduced drug use and criminal involvement, improved employment and other measures of functioning) are directly associated with treatment retention
- 3. Provide respectful evidence-based guidance/information/support to stimulant-using individuals that can help them make changes in their lives that will promote a reduction/discontinuation of methamphetamine/cocaine use.

Counselor Orientation

- This manual presents a framework and content for how to use evidence-based practices to address the treatment needs of patients with stimulant use disorder
- This 12-week protocol with ongoing continuing care can be used as a stand-alone program, or integrated into an existing program to address stimulant use disorder

The Incentive Program

- Contingency Management (CM), a.k.a. Motivational Incentives. is a technique to reward patients for accomplishing tasks that support recovery.
- CM has the greatest evidence of effectiveness for stimulant disorder treatment.
- Government limitations prevent many programs from doing full CM. The TRUST Curriculum includes incentives that conform to current regulations.

TRUST Incentive Program

- Developed to be simple and Medicaid compliant
- Patients are to be informed that every time they attend a treatment session whether it is a Drug Cessation or Recovery Skills Group, or an Individual Session they will receive a $5 gift card
- They can earn a total maximum of $75 over the course of the 12-week program
- Each organization will design their own incentive program which will hopefully deliver $75 to each patient
- Additional $25 gift card to complete the evaluation

Motivational Interviewing

- MI is an essential approach to interacting with patients to promote engagement and to address ambivalence
- The spirit of MI- compassion, evoking, acceptance, and empathy are fundamental to the success of treatment
- People entering treatment are often confused, depressed, embarrassed and ashamed, and maybe defensive and must be treated with respect, compassion and dignity

CBT and CRA

- Cognitive Behavioral Therapy and Community Reinforcement Approach are both “talk therapies” intended to teach, encourage, and reinforce patients to gain a better understanding of their own behavior, thought and emotions
- CBT-conditioned cues or triggers and the triggering process
- CRA-educate and encourage patients to develop non-drug related behaviors

Physical Exercise

- Evidence shows the positive benefits of exercise on mental health, particularly anxiety and depression
- Exercise can improve cognitive functioning, and reduce symptoms of anhedonia
- What do you do to motivate yourself to exercise?
- How can you encourage your patients to exercise?

Continuing Care

- Chronic conditions require chronic care
- This 12-week treatment episode is but the beginning of the process to discontinue substance use, develop pro-social behaviors and a healthy life-style
- Other EBPs can be added to TRUST and a list will be in the Appendix of the manual

Retention

- The overarching priority here is to retain patients in treatment
- The founders of AA and decades of research show that the longer a person remains involved in the recovery process, they use fewer substances, are less likely to be involved in criminal activities, and are a better functioning member of society
- To be precise, people in treatment/recovery die less often

Promoting Retention

- Positive, supportive, safe environment
- Non-judgmental MI interactional style
- Positive incentives
- Availability of snacks and drinks
- Transportation
- Childcare
- Flexible hours
- Telephone/text outreach
- Care Coordination

TRUST: The Components (#1)

- Orientation and engagement session. An individual session with new patients that allows a counselor to listen to new patients and learn about their situation and provide them with an overview of their treatment.
- Use of motivational interviewing as a manner of interacting with patients and as a set of techniques to promote a positive relationship with patients
- Incentives (gift cards or fishbowl) to be determined by each organization for their patients always presented with enthusiasm and praise.
- Four (4) Drug Cessation Group (DCG) sessions (one per week). Providing information, support and encouragement to help people reduce/stop their use of stimulants. Use of MI, CBT and CRA techniques.

TRUST: The Components (#2)

- A weekly Recovery Skills Group (RSG) session for 12 weeks that provides information/support/encouragement (CBT and CRA) to promote a recovery from stimulant use and improved functioning.
- A weekly Individual Coaching Session (ICS) for 12 weeks that allows for individualization of treatment, together with promotion on new behaviors including physical exercise as steps in recovery.
- A weekly Continuing Care Group beyond the 12-week program that participants are encouraged to participate in for an extended period (at least 12 months) as part of a support system to prevent relapse and promote long term recovery.

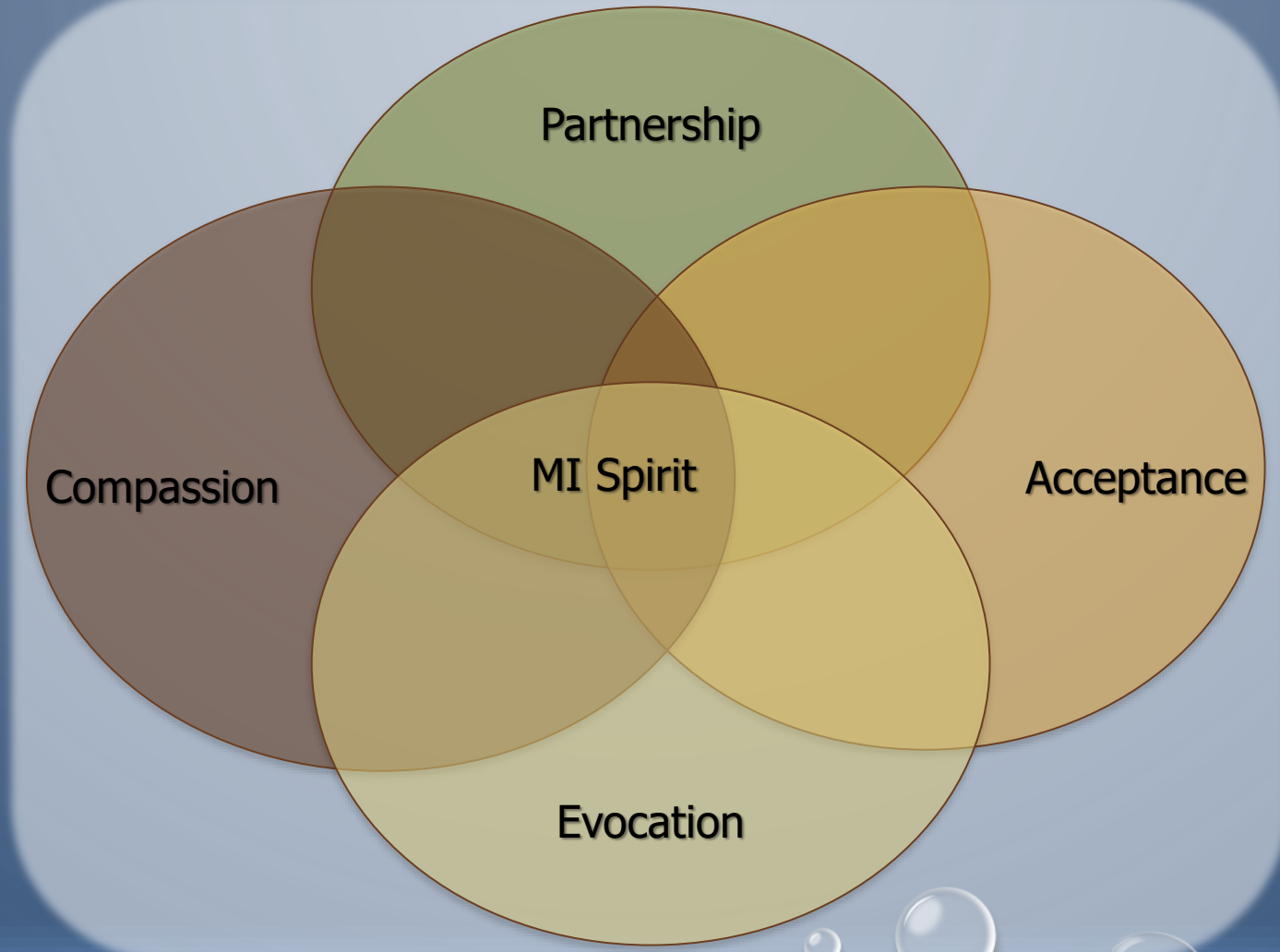
TRUST Training Program

- Eight 2-hour Zoom training sessions
- Bi-monthly coaching/mentoring Zoom sessions beginning two weeks after the last training session for 3 months, followed by a monthly mentoring for an additional 7 months.
- A minimal amount of data on number of patients, retention in treatment and UA data (If possible) collected and submitted weekly

Samples of TRUST Components

Motivational Interviewing

The Underlying Spirit of MI



MI Tools

- Open-ended Questions – ask for elaboration, more detail, in what ways, an example, etc.
- Affirming – commenting positively on the person's statement. Decrease Sustain Talk and Increase Change Talk.
- Reflecting change talk – continuing the thought
- Summarizing – collecting bouquets of change talk

Specific MI Skills

- Rolling with resistance
- Pros and cons list
- Readiness ruler
- Change talk and sustain talk

Implementation of CBT and CRA

- Delivered in Drug Cessation Group
- Recovery Skills Group
- Individual Coaching Sessions

Drug Cessation Group: Format and Content

- Allow patients to introduce themselves
- What brought them to treatment
- What they hope to gain from treatment
- ~ 30 minutes on the group topic and worksheets
  - Ask for volunteers to read the topic out loud
  - Provide ample time for patients to complete the worksheet
- All group members should be given an opportunity to share
- Group leader should tie patient's comments to the session theme

Group Timing

- Check-in and introductions 5 minutes
- Topic discussion 30 minutes
- 15 minutes patients share their challenges, accomplishments and are able to ask questions regarding recovery
- Last 10 minutes the scheduling handout is reviewed
  - Group leader can assist individuals attending their first group with the scheduling exercise
  - Other group members can be completing their schedules (worksheet A)

Scheduling

6: Scheduling: What is Scheduling?

Helping patients create a plan for each day for staying away from stimulants is a central component to using behavioral treatment to stop using stimulants. Every session ends with every patient making a rough, hourly plan for the next 3-4 days. On a patient's first session, they are given a brief introduction to the importance of scheduling. Often the group leader works with new patients during their first session to help them understand the task. Once everyone has completed a schedule, they briefly discuss them and talk about any anticipated challenges and activities they may be looking forward to completing.

Worksheet 6: Scheduling: What is Scheduling?

A schedule is a plan you make for yourself. Your clinic visits for medication should be the basic framework of your schedule. It is also important to schedule recreation and rest as well as work and appointments. Scheduling will leave less room for impulsive, possibly high risk, behavior which may result in your using drugs.

Why should I schedule?

It is important to build a structure around yourself that helps you to avoid drugs and risky situations. Moving from addiction is like getting out of a mine field. You need to be very careful where you are going and where you are stepping.

At the Clinic. For many people the waiting room, parking lot, or other areas near the clinic can be dangerous (for example, people who are high, dealing, or drug using friends). It may be necessary to change your visit times or your usual route to and from the clinic.

Do I need to write it down?

Absolutely. Schedules that are not written down are too easily revised.

Daily/Hourly Schedule

Date		Date			Date	
7:00		7:00			7:00	
8:00		8:00			8:00	
9:00		9:00			9:00	
10:00		10:00			10:00	
11:00		11:00			11:00	
12:00		12:00			12:00	
1:00		1:00			1:00	
2:00		2:00			2:00	
3:00		3:00			3:00	
4:00		4:00			4:00	
5:00		5:00			5:00	
6:00		6:00			6:00	
7:00		7:00			7:00	
8:00		8:00			8:00	
9:00		9:00			9:00	
10:00		10:00			10:00	
11:00		11:00			11:00	
12:00		12:00			12:00	

DC Session 3
Triggers and Thought-Stopping

- This session helps patients explore ways to interrupt the craving cycle by helping them to recognize and manage their thoughts
  - Thought-stopping can help patients keep thoughts from developing into powerful, overwhelming cravings
  - Behavioral activation strategies including but not limited to:
    - Meditation
    - Exercise
    - Prayer
    - Talking with someone
    - Walking, Housework, Yardwork

Triggers and Thought-Stopping

DCG 3 – Triggers/Thought-stopping

The Losing Argument

- Even though you've decided to reduce/stop meth/cocaine use, you will often find yourself thinking of using. Your brain tries to give you permission to use through a process we call "drug use justification."
- As you think about drug use, your brain will often start an internal argument where part of you wants to use and part of you doesn't want to use. The argument inside you can be part of a series of events leading to drug use.

The "Automatic" Process

During addiction, triggers, thoughts, cravings and use all seem to run together. However, the usual sequence goes like this:

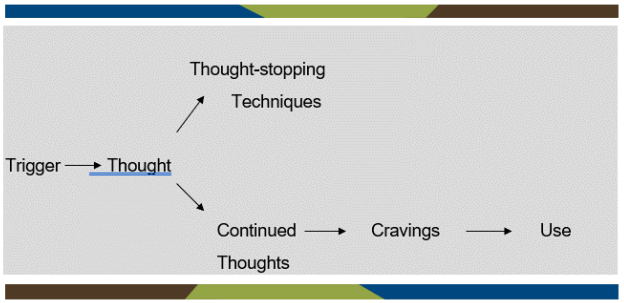
TRIGGER → THOUGHT → CRAVING → USE

Thought-Stopping

- The key to success is stopping the thought before it becomes a craving.
- It is important to respond to the thought as soon as you recognize it occurring.
- Allowing yourself to think about drug use, buying drugs, old drug experiences, etc., is taking a step toward drug use.
- The quicker you can stop the thought the more successful you will be in not using.

A New Sequence

In order to get recovery started it is necessary to change the trigger - use sequence. Thought – stopping provides a tool for breaking the process. The choice is:



You make a choice. It is not automatic.

Techniques for Thought-Stopping

Try the techniques described and use those that work best for you.

VISUALIZATION – There are many ways to use your imagination to substitute a new thought in place of the drug thought. Some include:

- ✓ Picture a switch or a lever in your mind. Imagine yourself actually moving it from ON to OFF to stop the drug thoughts.
- ✓ Focus on a positive memory/scene from your life that is something you enjoy thinking about. A great view from a mountain when you went on a hike. The face of your child or a parent. Any thought that has a strong positive effect.

SNAPPING – Wear a rubber band on your wrist loosely. Each time you become aware of drug thoughts snap the band and say "NO!" to the thoughts as you make yourself think about another subject. Have a subject ready that is something meaningful and interesting to you.

RELAXATION/MEDITATION – Thoughts can be avoided or replaced by taking a deep breath and then focusing on your normal breathing. Prayer can also be a productive way to take your mind off drugs.

EXERCISE – Exercise is a great way to get your brain to think about more positive things.

CALL A SOBER FRIEND OR SPONSOR – Talking with a positive person can be very helpful.

Can you imagine yourself using any of these activities? If yes, which ones?

DC Session 4
Your Brain and Stimulant Recovery

- This session helps patients better understand the conditioning process that underlies craving and drug use
- A brief explanation of the powerful conditioned cravings that persist despite one's intentions to stop using
- The automatic nature of this process is discussed in relation to Pavlov's conditioning experiments
- Patients need to understand that stimulants change the way the brain works and can result in depression, sleep disturbances, irritability, low or high energy and drug cravings

Your Brain and Recovery

DCG 4 – Your Brain and Recovery

In understanding and dealing with addiction it is important to think about your brain regarding two very powerful and different parts:

1. The higher, rational brain. This is the decision-making part of your brain.
2. The lower, emotional centers in the brain. This is your pleasure center.

Decisions to use drugs or alcohol start in the higher brain. You weigh the positives and negatives associated with using, and when you use, the pleasurable experiences happen in the lower brain.

After a time, as the negative consequences of use mount, you have probably decided at times to stop using but you are not able to stop. You decide in your higher brain, but the decision to stop is overpowered by your lower brain.

What happens?

Most people describe cravings that overpower the rational decision to stop using.

Why does this happen?

1. After a period of regular substance use, the people, places, and circumstances that have been associated with the drug use have the power to trigger a response in the lower, "addicted," brain.
2. When this happens, you feel a craving and your thinking changes making it seem OK to use, "one more time," or "just a little bit," etc.

Why is this important?

1. The triggered reaction in the lower brain cannot be directly controlled. This automatic reaction is like a reflex.
2. No amount of good intentions, promises, or commitments will reduce the strength of the cravings.

3. If you are around people, in places, or in situations where you have used in the past, the chances are great that you will use again even if you have a sincere desire to stop using.
4. If you understand substance dependence you can begin to effectively deal with it.

What can you do about this?

1. Change your behavior so that you avoid the things that will trigger cravings.
2. Start doing new, healthy, alternative behaviors.
3. Reassume higher brain control of what you do by planning your day and scheduling you time.

Understanding the brain and addiction makes sense out of your behavior up until now and provides the key to beginning your first steps in recovery.

1. Have you tried to stop in the past and failed? What happened?

_____

_____

_____

_____

_____

2. What could you have done differently in light of what you know now about the brain?

_____

_____

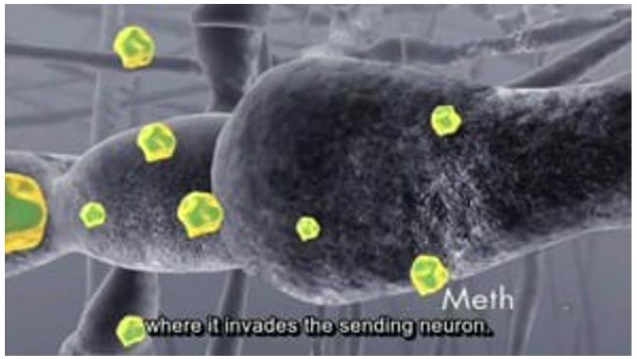
_____

_____

_____

Video Clip 2. Dopamine system changes from the use of methamphetamine

Press play below, or access the video online here: https://vimeo.com/418132723



Recorded versions of stimulant information are available in the SUD Keyse to Education on Stimulants. (see Keys 3 and 4 for instance https://mtplainsattc.org/sud-keys/stimulants/

Recovery Skills Group

- 12 weekly 90-minute groups designed to provide information promote skill development and strategies for addressing real-life recovery related challenges
- Topics are adapted from the National Institute on Drug Abuse, Community Reinforcement Approach (CRA manual, NIDA 1998) and the Matrix Model cognitive behavioral therapy manual (SAMHSA, 2006)
- The group setting provides the opportunity for patients to learn from and support one another

RSG-Format and Content #2

- The first 60-minutes of the session are devoted to the topic, while minimizing any digressions from the main topic
- The counselor summarizes the discussion around the topic, ensuring to include information shared, all the while reinforcing the change-talk statements that are made
- The last 30-minutes of the group are devoted to recent problems that patients have encountered, any new developments, or cravings since the last session and plans to not use stimulants until the next visit
- The session is ended with a scheduling exercise and a commitment to maintain confidentiality and a commitment to their recovery

Special Challenges

- At times, the counselor may need an assertive intervention in response to specific patient behavior(s)
  - Occupying too much time
  - Arguing in favor of behaviors contrary to recovery
  - Aggressive, threatening, insulting or personally directive remarks. Intoxication, nodding or being high
  - Disruptive behavior, poor attendance, resistance to treatment interventions or repeated relapses

Maintaining a Recovery

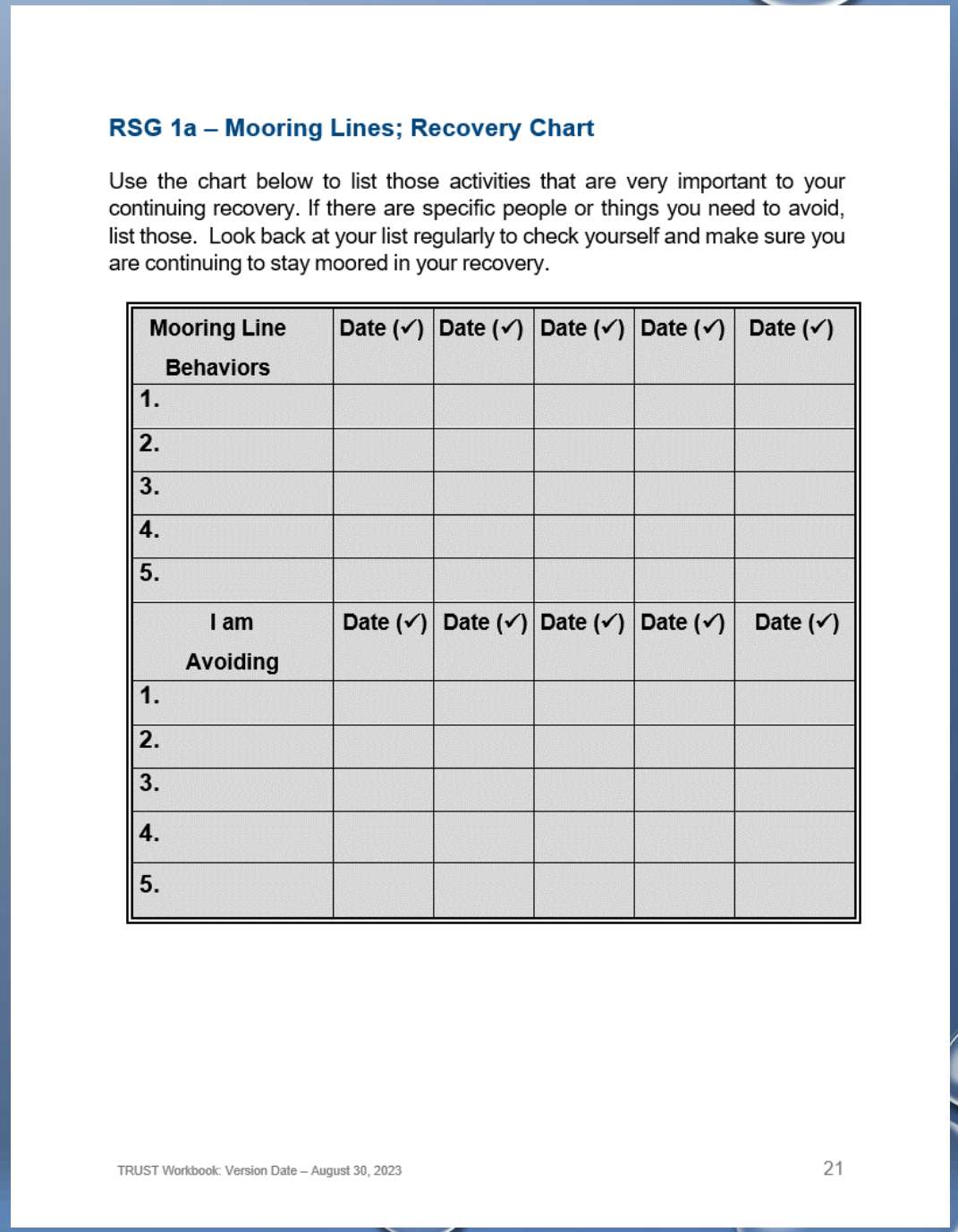
Use the Mooring Lines Recovery Chart to list and track the things that are holding your recovery in place. Follow these guidelines when filling out the form:

1. Identify 4 or 5 specific things that are now helping you stay sober. (e.g., working-out for 20 min., 3 times per week).

2. Include items such as exercise, therapist and group appointments, scheduling, 12-Step meetings, eating patterns, etc.

3. Do not list attitudes. They are not as easy to measure as behaviors.

4. Note specific people or places that are known triggers and need to be avoided during the recovery.



RSG 1a – Mooring Lines; Recovery Chart

Use the chart below to list those activities that are very important to your continuing recovery. If there are specific people or things you need to avoid, list those. Look back at your list regularly to check yourself and make sure you are continuing to stay moored in your recovery.

Mooring Line Behaviors	Date (✓)	Date (✓)	Date (✓)	Date (✓)	Date (✓)
1.					
2.					
3.					
4.					
5.					
I am Avoiding	Date (✓)	Date (✓)	Date (✓)	Date (✓)	Date (✓)
1.					
2.					
3.					
4.					
5.					

Recovery Skills Group Sessions 2-3

- Internal/External Trigger Questionnaire/Trigger Chart
  - Explanation of Internal and External Triggers and their relationship to stimulant use
  - Assist patients to recognize triggers, avoid triggers when possible, and when not possible to avoid, learn to manage/cope with triggers
  - Goal is to give patients a better understanding of the reflexive nature of the craving process and how to avoid use

Internal and External Triggers

RSG 2 – Internal Trigger Questionnaire

During recovery, there are often certain feelings or emotions that trigger the brain to think about using drugs. Read the following list of emotions and indicate which of them might trigger (or used to trigger) thoughts of using for you:

_____ Afraid	_____ Frustrated	_____ Neglected
_____ Angry	_____ Guilty	_____ Nervous
_____ Confident	_____ Happy	_____ Sexy
_____ Criticized	_____ Inadequate	_____ Pressured
_____ Depressed	_____ Insecure	_____ Relaxed
_____ Embarrassed	_____ Irritated	_____ Sad
_____ Excited	_____ Jealous	_____ Bored
_____ Exhausted	_____ Lonely	_____ Tired

1. Which of the emotions above are the most often triggering for you?

_____

2. Are there any times in the recent past in which you were attempting to not use and a specific change in your mood clearly resulted in your using? (For example, you got in an argument with someone and used in response to getting angry.) Yes ____ No ____

If yes, describe: _____

RSG 3 – External Trigger Questionnaire

1. Place a check mark next to activities or situations in which you frequently used stimulants. Place a **zero (0)** next to activities or situations in which you never have used stimulants.

__Home alone	__Before a date	__After payday
__At home with friends	__During a date	__Calling friends who use
__At a friend's home	__Before sex	__Before work
__At a party	__During sex	__At a lunch break
__At the clinic	__After sex	__In some neighborhoods
__At bars/clubs	__Before work	__After work
__At night to stay awake	__When carrying money	__Driving in some areas
__Before going to the clinic	__Near a dealer's place	__Texting certain people
__When I gain weight	__With drug using friends	Other _____

2. List any other settings or activities where you use meth/cocaine.

_____

3. List activities or situations in which you would not use.

_____

4. List people you could be with and not use meth/cocaine.

_____

Trigger Chart

RSG 2a-3a – Trigger Chart

Name:_____

Date:_____

Instructions: List people, places, objects, situations, and emotions below according to how likely they would trigger drug or alcohol use.

Chance of Using — Chance of Using

Never Use	Almost Never Use	Almost Always Use	Always Use

These are "safe" situations.	These are low risk, but caution is needed.	These situations are high risk. Staying in these is dangerous.	Involvement in these situations is deciding to stay involved with drug use. Avoid totally.

Individual Coaching Sessions

- Provides patients with an opportunity to establish an individualized relationship with a counselor
- Allows for sensitive information to be shared in a 1:1 setting
- Utilizing motivational interviewing skills
- Combines CBT and CRA concepts in combination with motivational interviewing

ICS Rational and Content

- Patients can develop their own recovery plan with the guidance of the counselor
- Can be combined with the incentive program component
- Provides the counselor an opportunity to assist the patient in exploring and developing an exercise program
- Exercise provides patients with an additional form of non-drug related activity which has been shown to reduce stimulant use
- Small steps in developing an exercise routine should be supported

ICS Session Format and Content

- Once weekly, 45 minute session to address individual patient needs
- The 12 individual sessions should be balanced between planned worksheet topic coverage and an exploration of the patient's background, current life and future aspirations
- The topic can be covered in 20-25 minutes with the balance used to discuss current concerns and ongoing recovery activities
- Individual sessions should be schedule on a day of the week that is not contiguous with the group sessions

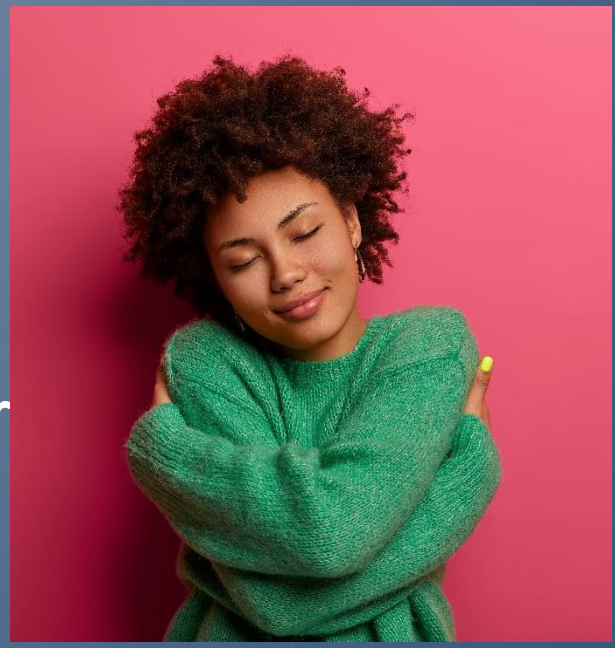
Exercise

Exercise

- What kind of exercise should we encourage our patients to do?
- How do we motivate people to “Just Do it?”
  - Exercise that elevates heart rate to 120 beats per minute
  - Three times per week for 30 minutes
  - Start gradually, go slower for shorter periods of time
  - Obtain medical clearance

Factors to Consider in Promoting Exercise

- Convenience - The exercise has to be easy to fit into your schedule. Avoid complicated arrangements (ie., going to a gym before or after work when you have kids at home, etc.).
- Comfortability - The exercise should not be intimidating. Walking into an unfamiliar gym or class can be uncomfortable. Promote activities that are familiar and/or have friend go with you.
- Affordability - Gym memberships are expensive, but there are low cost alternatives (YMCAs; College gyms).
- Consistency is important. Better that you do something on a regular basis than less frequent big workouts. Arnold says. “A short workout is better than no workout.”



Encouraging Patients to Exercise

- Start slowly - Begin with shorter, easier exercise and build slowly. Too much, too fast can produce injuries and serious soreness.
- Familiarity - Return to sports you did earlier in life (e.g. Basketball, running, skating)
- Partner - A friend to go with you. Being in a group class adds social support, which adds other recovery benefits
- Logbook - Keep track. Exercise phone apps. Calendar with stickers on your refrigerator.

Discussion: Exercise

- How will you help get your patients to exercise 3X week during their treatment? Some ideas include:
  - Locating a gym/YMCA that will accept patients at a low rate? Can the program pay the fee for the first month?
  - Setting up exercise sessions as part of the formal activities of the program (group walks/jogs; Yoga classes (??); etc.
  - Assisting patients to develop their own individual exercise plan?
  - How will they/you monitor it?
  - Provide incentives to "reward" exercise participation?
  - Identify potential challenges in implementing exercise

Incentives

How to Structure the Use of Incentives

- Deliver an agreed upon incentive every time a specified target behavior occurs. Commonly used target behaviors are;
- Stimulant-free drug screens
- Attendance at treatment sessions
- Escalating schedule where the value of the voucher increases with longer and longer periods of abstinence, and “resets” to the earlier value if a positive sample is submitted or a session is missed
- Fishbowl approach uses drawings of slips of paper or chips with varying values to create a variable schedule of rewards (Petry, 2000), including “Good Job”, small amounts ($1), moderate values ($5-$10) and a “jumbo” value ($25)
- Total cannot exceed $75

Incentive Implementation

- Never use cash as an incentive
- Start providing incentives early in the process-Pt. Orientation
- Make sure all patients experience getting an incentive very quickly in their participation
- “Front-load” incentives to address early recovery challenges
- Present the incentive with praise and enthusiasm
- Maintain excellent security and recordkeeping of incentive supply

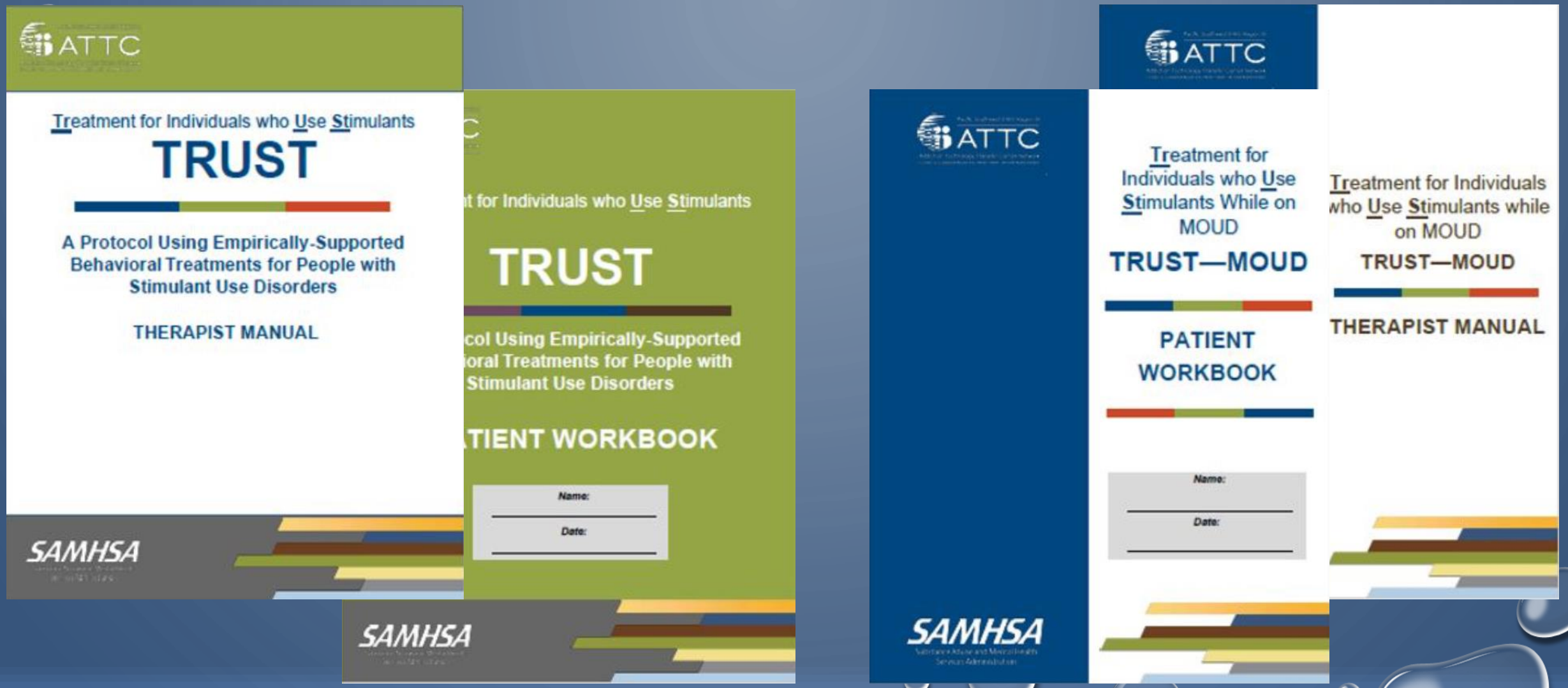
Possible Incentive "Models"

- A $10 gift card for attendance at each, the orientation, individual session, or group
- A $10 gift card for each stimulant negative UDT.
- In all cases, the incentive program ends when the patient reaches $75 total.

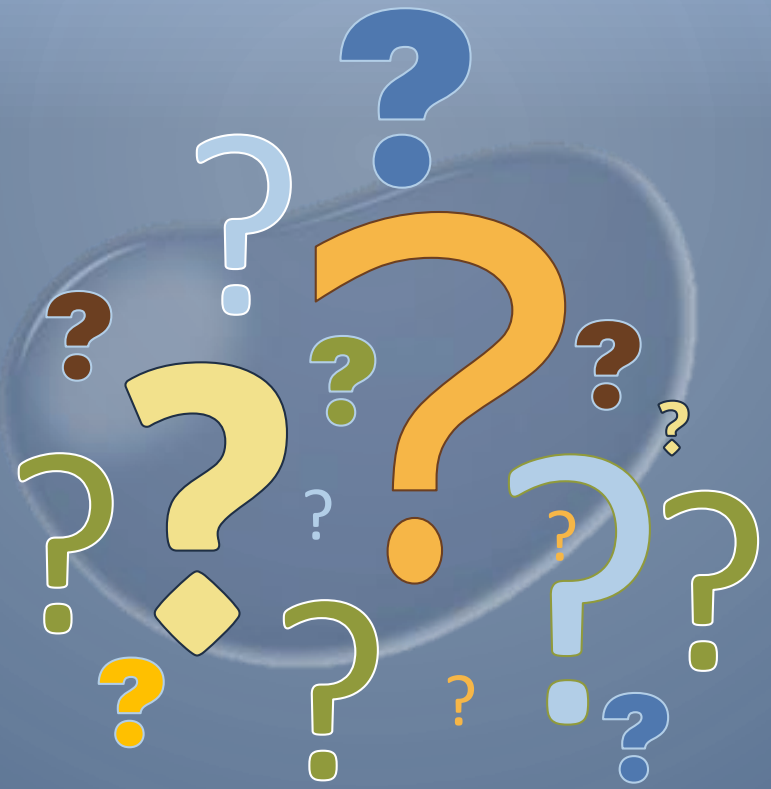
Discussion

- Discuss the type of incentive program you would like to implement in your program.
  - Identify the “Target Behavior”
  - Amount and type of incentives
  - Schedule of incentives
  - How will incentive total be monitored to comply with $75 limit
  - How will you maintain incentive security.
  - Other.

Get the TRUST Manual



https://attcnetwork.org/centers/pacific-southwest-attc/product/trust-main-moud-treatment-individuals-who-use-stimulants



Questions and Discussion

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Thank you!

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