

Missing Pieces: Evidence based treatment for the constitutionally incapable.

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“constitutionally incapable”

- Brain injury Friday #1
- 27 F with FAS, adopted, meth, pot, etoh, bipolar. In group home, guardian, SSI, conflict with mom, boyfriend, hx of sexual trauma. Medication Management- Vivitrol. Supported employment, Assertive Community Treatment (email group), Motivational Interviewing- goal setting.
- 47 M with bipolar, multiple head injuries (car, fights, falls). Etoh, coke, meth), SSI. Lost his section 8, lives in mom's basement with SO (who drinks). 2nd admission. Motivational Interviewing- screening and goal setting.
- 49 F Brain damage due to etoh use. Personality disorder NOS (gassy, grumpy & sneaky). Section 8, conditional release, Watchguard, antabuse, chronic pain. Medication Management- Antabuse, TIP 20- physical & cognitive disability. Motivational Interviewing- goal setting.
- 52 F Fell down stairs while intoxicated. Depression, PTSD—more later

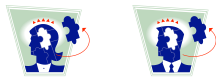
Does one size fit all?



Missing Pieces

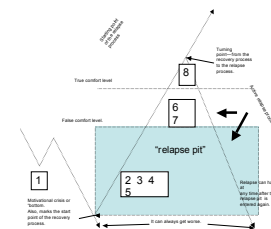
- With each individual client—
- What is missing from our treatment approach?
- What has been missing from their resources & support?
- What has been missing from their effort?
- What is missing in their life?
- What is missing in their society? Encourage your clients to vote for candidates who support their interests.

Missing Pieces



- Most clients make some effort
- The 1st Evidence based intervention is—Motivational Interviewing to determine the extent of their recovery history.
- Find the “stuck point”, the “Missing Piece”
- Start developing missing pieces assignments
- This is client-centered treatment
- It gets the client invested in their own treatment plan
- Workshop goal—identify evidence based components that allow individual treatment planning.

Recovery diagram



Key to recovery diagram

- 2. Development of addiction and learning from relapse
- 3. Medical stabilization
- 4. Interruption of use patterns
- 5. Stabilizing crisis issues
- 6. Stabilizing basic sobriety program
- 7. Relapse prevention
- 8. Recovery planning
- 9. Recovery management

Reasons for Relapse

Reason 1: Insufficient understanding or effort.

MP—knowledge, awareness, understanding.

Reason 2: Problems establishing initial sobriety. Too many problems, not enough program.

MP—accurate assessment and referral, access to resources, problem solving and skill-building, outreach. Harm reduction approach.

Reason 3: Sobriety skill deficiencies. Sweeping the minefield.

MP— skill training, sobriety & living skills.

Reason 4: Sobriety belief deficiencies. Time bombs.

MP— good education, long-term relapse prevention training.

Reasons for Relapse

Reason 5: Temporary commitment/ priority conflict.

MP— deep personal connections with recovery, develop empathy, compassion, perspective.

Reason 6: Persistent problems—depression, hopelessness, difficult life, etc.

MP— expert, compassionate treatment. Long-term CLIENT-CENTERED model.

Reason 7: Change management—long-term maintenance.

MP— help for grief, bitterness and shame.

Evidence Based

- ASAM assessment system
- Motivational Interviewing
- Medication Management
- Assertive Community Treatment
- Integrated Dual Disorder Treatment
- Combine
- Matrix
- Twelve Step Facilitation
- Cognitive Behavioral Therapy, versions 1 - 8/93
- Seeking Safety
- Fresh Start
- Supported employment & recovery
- Illness management & recovery
- Family psychoeducation
- Alcoholics anonymous

Treatment Improvement Protocols (TIP series)

- [TIP 5 Inpatient Treatment for Drug-Exposed Infants](#)
- [TIP 6 Screening for Infectious Disease Among Substance Abusers](#)
- [TIP 8 Intensive Outpatient Treatment for Alcohol and Other Drug Abuse](#)
- [TIP 9 Assessment and Treatment of Patients With Coexisting Mental Illness and Alcohol and Other Drug Abuse](#)
- [TIP 10 Assessment and Treatment of Cocaine-Abusing Methadone-Maintained Patients](#)
- [TIP 11 Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse Treatment](#)
- [TIP 13 The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Abuse Use Disorders](#)
- [TIP 15 Treatment for HIV-Infected Alcohol and Other Drug Abusers](#)
- [TIP 16 Alcohol and Other Drug Screening of Hospitalized Trauma Patients](#)
- [TIP 18 Detoxification from Alcohol and Other Drugs](#)
- [TIP 20 Matching Treatment to Patients' Needs in Opioid Substitution Therapy](#)
- [TIP 21 Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System](#)
- [TIP 22 ASAM in Treatment of Opioid Addiction](#)
- [TIP 23 Treatment Drug Courts: Integrating Substance Abuse Treatment with Other Services](#)
- [TIP 24 A Guide to Substance Abuse Services for Primary Care Providers](#)
- [TIP 25 Substance Abuse Treatment and Domestic Violence](#)
- [TIP 26 Substance Abuse and Older Adults](#)
- [TIP 27 Comprehensive Case Management for Substance Abuse Treatment](#)
- [TIP 28 Naltrexone and Acamprosate Treatment](#)

Treatment Improvement Protocols (TIP series)

- [TIP 29 Substance Use Disorder Treatment for People with Physical and Learning Disabilities](#)
- [TIP 30 Continuity of Offender Treatment for Substance Use Disorders from Incarceration to Community](#)
- [TIP 31 Screening and Assessing Adolescents With Substance Use Disorders](#)
- [TIP 32 Treatment of Adolescents With Substance Use Disorders](#)
- [TIP 33 Treatment for Stimulant Use Disorders](#)
- [TIP 34 Brief Interventions and Brief Therapies for Substance Abuse](#)
- [TIP 35 Enhancing Motivation for Change in Substance Abuse Treatment](#)
- [TIP 36 Substance Abuse Treatment for Persons with Co-Occurring Mental Illness](#)
- [TIP 37 Substance Abuse Treatment for Persons With HIV/AIDS](#)
- [TIP 38 Integrating Substance Abuse Treatment and Vocational Services](#)
- [TIP 39 Substance Abuse Treatment and Family Therapy](#)
- [TIP 40 Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction](#)
- [TIP 41 Substance Abuse Treatment: Group Therapy](#)
- [TIP 42 Substance Abuse Treatment for Persons With Co-Occurring Disorders](#)
- [TIP 43 Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs](#)
- [TIP 44 Substance Abuse Treatment for Adults in the Criminal Justice System](#)
- [TIP 45 Detoxification and Substance Abuse Treatment](#)
- [TIP 46 Substance Abuse: Administrative Issues in Outpatient Treatment](#)
- [TIP 47 Substance Abuse: Clinical Issues in Intensive Outpatient Treatment](#)

Institute for Behavioral Research
ibr.tcu.edu

- **Mapping Guides: A Cognitive Strategy Using Visual Representation**
- **Mapping New Roads to Recovery**, Cognitive Enhancements to Coping
- **TCU Guide Maps**: A Resource for Counselors
- **Mapping Your Steps**: "Twelve Step" Guide Maps
- **Manuals for Motivation and Induction into Treatment**
- **Getting Motivated to Change**
- **Mapping Your Treatment Plan**
- **Preparation for Change**: Tower of Strengths and the Weekly Planner
- **Downward Spiral**: The game you really don't want to play
- **Manuals for Improving Engagement in Treatment**
- **Contingency Management Strategies and Ideas**
- **Understanding and Reducing Angry Feelings**
- **Unlock Your Thinking, Open Your Mind**
- **Mapping the Journey: A Treatment Guidebook**
- **Manuals for Improving Early Recovery in Treatment**
- **Ideas for Better Communication**
- **Building Social Networks**
- **Time Out For Me**: An Assertiveness and Sexuality Workshop for Women
- **Time Out For Me**: A Communication Skills and Sexuality Workshop for Men
- **Manuals for Improving Retention and Re-entry**
- **Partners in Recovery**
- **Straight Ahead**: Transition Skills for Recovery
- **Common Sense Ideas on HIV Prevention and Sexual Health**
- **Approaches to HIV/AIDS Education in Drug Treatment**

52 F, fell while intoxicated

1. Detox every relapse	Risk Level 1-4	Refer to detox (2X), emergency room (1X); TP-45 Detox & Substance Abuse Treatment
2. Brain Injury	Risk Level 2-3	Cane, walker, medication options SSI application Assertive Community Treatment
3. Brain Injury Depression PTSD	Risk Level 2-3	GAIN-SS Assessment Unable to care for self Near homeless, destitute. Mom abandoned 20y+, died during tx Daughter Down's group home. Son married, not invited Cognitive & speech Integrated Dual Disorders Treatment TP-29 Cognitive disabilities Seeking Safety
4. 6 yr sobriety with program.	Risk Level 0-3	D: motivated for recovery 3: are you "willing to go to any lengths?"
5. 3 year episode prior to brain injury. No ability to prevent relapse. Can't use antabuse.	Risk Level 1-4	Group therapy Cognitive Behavioral Relapse Prevention TP-41 group therapy
6. Potential homelessness. SO "transient ethnic" very supportive. Likes AA (but vulnerable to bad sponsors), no transportation	Risk Level 1-4	Relapse prevention training (relapse intervention plan) Family psychoeducation TP-38 Family therapy 12-step Facilitation TP-38 Vocational

27 F

1. Methamphetamine, 1X use. 4-5d use past 3 yrs	Risk Level 0	
2. Healthy, no concerns	Risk Level 0	
3. Bipolar disorder effectively medicated with Depakote. Relapses on anniversaries- friends OD, (adopted) babies birth.	Risk Level 2-3	GAIN-SS Assessment Continue individual therapy (w/ monitoring) (Prisic 600)- coordinate w/ mt. Integrated Dual Disorders Treatment TP-42 Co-occurring disorders Seeking Safety
4. No concerns	Risk Level 0	
5. Sought referral from therapist: 10 relapses after 11m sober (3m after CHPro ended). Identifiable relapse pattern.	Risk Level 2	Missing Pieces workbook. Cognitive Behavioral Relapse Prevention Matrix , TP-33 Stimulant Use Disorders
6. Mom & step-dad ethnic, dad crack addict. EA (19yr) abusive, controlling w/ children. 1yr job, 1 st in 7 yrs. Likes AA (not CMA), has sponsor. Child Protection involved.	Risk Level 2-3	ACT- coordinate with County family services DDTC-Continue therapy , 12-step Facilitation

Make it personal

- Describe your caseload in general terms.
- How do they respond to the question—What can I help you with?

Small group activity

Make it personal

- Describe your most challenging and intriguing client.

Small group activity

Make it personal

Small group activity—choose one of the clients from your group. Complete the 6 dimension grid.

Describe the problem	What have they tried? What have you tried?	New ideas from evidence based treatments
1		
2		
3		
4		
5		
6		

Make it personal

Large group

Describe the problem	What have they tried? What have you tried?	New ideas from evidence based treatments
1		
2		
3		
4		
5		
6		

HSI Adult Community Options Program

- Assessment & referral- client has had prior treatment, prior recovery experience and a standard treatment recommendation doesn't fit.
- Clients have complex, complicated situations.
- Case management services needed.
- Child Protection or court services often involved.
- Washington County residence. Most funded by Consolidated Fund or PMAP (prepaid medical assistance program)

HSI Adult Community Options Program

- Screening- mutual interview.
- Engagement and treatment planning
- Group track vs. community track—community chosen for either transportation/schedule problems, or clinical challenges (not good group candidates.)

HSI Adult Community Options

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| <ul style="list-style-type: none"> • Group track • Group members pre-screened • Provide good education • Long-term involvement available (alumni) • Provide good group experience (model for community support involvement). • Field trips & missing pieces. • "If it makes sense, do it." | <ul style="list-style-type: none"> • Community track • Individual sessions in office, home or community • Missing pieces/ field trips to job service, library, doctors, detox, recovery room, social services, probation, court, apartment shopping, grocery shopping. • Family sessions—usually in home • Medication observation • Drug testing/ breathalyzer • "If it makes sense, do it." • Meditation & yoga. |
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Missing Pieces Workbook

- Development of Missing Pieces
- What is Missing Pieces Treatment
- Chapter 1: Permanent Recovery
- Chapter 2: Recovery Process
- Chapter 3: Escape from the Relapse Pit!
- Chapter 4: Identifying Using Patterns & Rituals—seeing the bus
- Chapter 5: Stopping the Relapse Cycle—Post Acute Withdrawal—The sober blackout and the invisible bus
- Chapter 6: The relapse pit, the minefield and the time bomb.
- Chapter 7: Early Sobriety Relapse Prevention Plan
- Chapter 8: Reasons for Relapse
- Chapter 9: False Recovery
- Chapter 10: Relapse after recovery
- Chapter 11: Sweeping the minefield.
- Chapter 12: Time bombs
- Chapter 13: Temporary commitment/priority
- Chapter 14: Persistent problems—depression, hopelessness, difficult life, etc
- Chapter 15: Change management—long term maintenance
- Chapter 16: The decision to Relapse
- Chapter 17: Personal Relapse Warning Signs List
- Chapter 18: Long-term commitment to recovery & sobriety
- Chapter 19: Recovery Planning
- Chapter 20: Completion of Recovery Plan

Missing Pieces

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HSI-Community Options

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Resources

- <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/about.asp>
- <http://ncadi.samhsa.gov/>
- <http://www.ibr.tcu.edu/>
- <http://www.niaaa.nih.gov/>
- <http://www.seekingsafety.org/>