Proposition 36
"Making It Work" 2003
Building on Success

A Statewide Technical Assistance Conference
San Diego, California
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Proceedings edited by Robert Zimmerman

Monday, February 3

With **Beth Ruyak** of Sacramento acting as emcee, the conference opened with words of welcome from **Kathryn P. Jett**, director of the State Department of Alcohol and Drug Programs, and **David Deitch**, director of the Addiction Training Center at the University of California at San Diego (UCSD).

Jett thanked The California Endowment and UCSD for their part in organizing the conference. She noted that registration for the conference exceeded 400 and said she was pleased at the large number of participants attending the annual conference for the third time. Attending were 30 Judges, 16 high-level court staff, 76 probation officers and administrators, 9 parole agents and supervisors, 31 public defenders, 29 district attorneys, 35 treatment providers, and 112 representatives of county health and human services agencies.

Many states are interested in what California is doing to implement Proposition 36 [the Substance Abuse and Crime Prevention Act of 2000 (SACPA)] as they examine policies, Jett declared. She said, people from California agencies may be asked to participate in a national forum later this year to help states understand what to expect if they adopt principles similar to those in Proposition 36. She said outsiders are impressed by the progress made in California in involving Judges, attorneys and others in a comprehensive system to provide an alternative of treatment for non-violent drug offenders. The series of "Making It Work" conferences has opened the way for counties to share their experiences and solve mutual problems in establishing procedures for handling Proposition 36 cases. Other milestones have included the passage of legislation providing funds for drug testing, which had not been included under Proposition 36, and the awarding of a contract to the University of California at Los Angeles (UCLA) for a five-year evaluation of the implementation effort.

"These conferences have embodied a commitment to collaboration, a commitment to honesty, a commitment to putting out on the table what is working and what isn't working, so that we at the state level can do our job in serving you," Jett said. "Each conference builds upon the previous conference , and we expect that later this year things will look a little different." One possibility, she added, is that a Proposition 36 training session will be held specifically for Judges, convened by and for Judges.

Jett also noted that President Bush had talked about substance abuse treatment and recovery in his 2003 State of the Union message. A $600 million increase in federal funds for drug treatment is proposed over the next three years, including a plan providing for "vouchers" for individuals to use in obtaining treatment at the community level.

She turned to budget shortfalls which are plaguing many states and described how a process of "realignment" has been proposed by Governor Davis to help deal with a $36 billion

Relapse Prevention and Continuing Care

Moderator: Sushma Taylor, Ph.D., Executive Director, Center Point, Inc.

Sushma Taylor introduced a panel for discussion of issues surrounding relapse prevention and continuing care. The panelists were: **Toni Moore,** Administrator of the Alcohol and Drug Services Division of the Sacramento County Department of Health and Human Services; **Steve Loveseth**, Manager of the Alcohol and Drug Services Division of the Contra Costa County Health Services Department; **Susan Bower**, Proposition 36 Coordinator for Alcohol and Drug Services of San Diego County; **Janice Stafford**, acting Program Chief and Interim Program Director for Plumas County; and, **Lisa Cox**, a licensed marriage and family therapist who is the Behavioral Health Clinic Program Manager for court services in Butte County.

"Aftercare should not be an afterthought," Taylor declared. "Treatment and continuing care are basically essential components in the process of rehabilitation and, eventually, community reintegration. Rehabilitation begins in treatment programs with the development of a commitment to change and opportunities for clients to acquire the skills necessary to bring about this change." Continuing care is the "first line of defense" against a return to drug use. Continuing care can be conceptualized as therapeutic activities that function to maintain the gains achieved in early phases of treatment rather than activities aimed at developing new skills. She added that aftercare allows for early detection of relapse.

After discharge from treatment, aftercare may provide an opportunity for clients to evaluate new behaviors, Taylor continued. "This is important because, as we know, recovery requires that clients make major lifestyle changes." She went on to discuss various "change processes" and noted that research supports the idea that aftercare services should focus on recovery maintenance and support for those who have relapsed. "It is important to distinguish between primary treatment services, which are designed to break dependence on drug use, and continuing care services, which should be designed to sustain abstinence by assisting in engaging in pro-social activities," she said. Community integration must follow treatment, with clients developing social networks in the community. Such activities can be supportive, educational, recreational, and therapeutic; but, all should be designed to reinforce the goals of treatment. Continuing care should promote distance from the drug culture and provide support and practice in activities that are conventional in community life. It should promote a sense of belonging and personal competence. The services should provide some sort of meaningful attachment to the community, whether through family unification or a satisfactory vocational development.

Dr. Taylor emphasized that relapse prevention strategies are only one aspect of continuing care. Other aspects of community integration include developing personal and social responsibility and civic involvement; creating a home environment, participating in a parental support group, daycare for children, ongoing peer support, leisure activities, and participation in self-help groups. Regarding the need for enjoyable leisure activities, she pointed out that former drug and alcohol users often have difficulty "having fun." She then enumerated the variety of services that can be provided as part of continuing care: case management, budget management, credit repair, parent training, career advancement, job retention support, income enhancement, child care, random drug testing, recreational activities, life skills training, and family unification.

At Center Point, Dr. Taylor said, there is skills training that includes conflict management and social adaptation skills. "We want clients to develop better problem-solving skills and to be

able to make the right decisions." Support groups in aftercare talk about cross-addiction patterns, spirituality, and leisure time issues. "We also want them to talk about the anxiety and conflict they have in their new roles—that is, the role of being in recovery." Among vocational issues, she said, clients may need help in adjusting to the environment of work, and issues such as time, money, boredom, and fatigue. "As counselors we need to cue in on how well clients feel that they are doing in their recovery." Other vocational issues include logistical problems such as child care, transportation and clothing, and developing "work-related values." Job retention strategies also are important. "We know from experience and the literature that it is not difficult for our clients to get a job—it is difficult for them to hold on to a job." Career advancement is an important issue for clients who had easy money when they were using and dealing in drugs and now have not-so-easy money.

Center Point provides transitional housing as a means of maintaining the gains that have been made in residential treatment, Taylor continued. Length of stay in a treatment facility can be shortened by transitioning clients into subsidized low-cost housing. Finally, it is important to do follow-up and tracking as part of long-term aftercare and to assure that clients are engaged in alumni activities and volunteer work.

Toni Moore discussed the program for relapse prevention in Sacramento County. She said it is important to differentiate between a "temporary lapse or a slip," which is a one-time use and generally not catastrophic or regressive in nature, and a "full relapse," which is a return to uncontrolled substance use following a period of sobriety. The latter is a serious situation accompanied by powerful negative emotions, such as intense anxiety, confusion, guilt, embarrassment, and shame. "When we see someone in a full relapse, we usually see that they're disengaging from treatment; not maintaining contact with their probation officer or parole agent; missing work and family obligations; and, generally blowing off their responsibilities," she said. Things that can lead to relapse are unresolved stress, perhaps from failure in a relationship; negative emotions, or the flip side, extremely positive emotions that are used as a point of celebration and a reason to go out and use again. Relapse may result from social pressure or use of another substance that triggers an association with the original drug use.

Relapse prevention can be defined as a set of strategies aimed at meeting the challenges and helping maintain a clean and sober lifestyle, she continued. Some approaches include looking at social supports, lifestyle issues and severe lifestyle changes, cognitive behavioral options, and the thought processes that surround behavioral decisions in response to emotional situations. When faced with a client who has relapsed, it is important to look at the extent of the situation. "If it is just a slip, then you can approach it as a learning experience within the context of treatment." You can analyze the triggers that led to the drug use. "If you do this, it can help reduce the shame and the guilt and the doubt that the individual is feeling at that time. Ultimately, what we want to do is help people maintain their sense of integrity, and in essence re-engage in treatment and pick up where they left off."

In the case of a full relapse, she continued, we believe there should be a full assessment, taking a look at the individual's drug use and the circumstances surrounding it, helping identify the triggers that led to the relapse, and addressing those areas of bio-psycho-social functioning that are part of an assessment. The relapse might be relationship-related, or related to physical or mental health. The next step is to develop strategies or interventions that can help the person re-establish sobriety. Moore said she believes that only in a minority of cases would a relapse require an adjustment in the level of care. "Sometimes what they may need is an increase in the treatment activities within the existing level of care," she said. "If clients are in an intensive

outpatient mode when they relapse, try to avoid automatically thinking that they need to go into detox or residential care. They may just need an enhancement of what it is you're giving them—more individual sessions, more case management activities, more group sessions."

The Sacramento County program includes a specific relapse group, Moore explained, and it is used as a sanction by the court. They are stand-alone groups, and are open-ended so people can float in and out of them for a varying number of sessions Usually people are directed to attend a minimum of three sessions, sometimes more. In the session they focus on the emotional, cognitive and behavioral processes that led to the relapse, and develop a relapse-prevention plan for each individual. Sacramento County also holds regular multi-disciplinary team meetings which have been extremely helpful, Moore said. "When someone is beginning to have difficulty in treatment we can proactively look at what kind of interventions can be employed at that point." The county's program also emphasizes the importance of 12-step meetings, especially if there has been a relapse. The aim is to create aftercare plans that are tailored to the individual.

Proposition 36 graduates in Sacramento formed their own alumni group and called it "36 to Life." According to Moore, "This really reinforces the idea that recovery is a lifelong process. You don't just get this little blip [or episode] of treatment and you're done."

Steve Loveseth, of Contra Costa County, opened his presentation by noting that when a person in alcohol or drug treatment has a relapse, the tendency by some is to kick them out of treatment. "If I had a heart attack and was in intensive care, and then had another attack, I don't think the doctors would tell me to leave because I wasn't cooperating in my recovery." While there is a lot of talk about a "disease model" of addiction, the model is not always followed in responding to relapse.

In Contra Costa County, he said, relapse prevention is involved throughout the treatment process. "In our model we keep people on formal probation throughout most of their treatment phase. As they go into continuing care for relapse prevention they go on court probation and need to come back before the Judge for periodic reviews, and get drug testing and other services." Staff members meet clients in court as soon as their cases are adjudicated, doing a "mini-screening" to try to ferret out mental health problems, homelessness, or other issues that might be linked with relapse. Research on relapse prevention generally talks about stress and stressors, and the county's model is designed to reduce stress. "We have people who guide clients through our system right from the beginning—invite them into our family, in a way." Alumni also enter the picture to help reassure the client. Clients also can get immediate advice and support through an "800" phone number.

Loveseth emphasized that assessment is a process that continues throughout treatment. Those who have problems during treatment are referred to a Recovery Gateway Unit, or RGU. This is a regional center where multidisciplinary teams review a client's case and get the client into a relapse prevention group, a mental health group or another type of group. As for continuing care, he noted that as clients "move down the road" they need more sophisticated services, such as couples counseling, partner reunification, and parenting. He added that drug testing funding earmarked by the state was paying for random drug testing of the Proposition 36 clients. "Drugtesting can be a great relapse prevention tool," he said.

Susan Bower said San Diego County had decided early on to abandon the term "Proposition 36" to describe its program and instead was calling it "Route 36: Roadway to Recovery." People in 12 months of treatment will often encounter "bumps" in the road. The responsibility of everyone on the treatment team is to identify those bumps and help smooth them out.

Bower said her county, like many others, had found that Proposition 36 clients often are not new to treatment. "The role of treatment is to link them to community resources," she said. "We may be planting seeds for people who are new, or we may be just watering some seeds that have been dormant a while." Treatment under Proposition 36 and the period of aftercare is just a point along the way of recovery. She compared treatment to a hub with tentacles reaching out into the community where services are available. "Our role in relapse prevention is to keep the treatment program as their point of reference, whether it is the last treatment program they were discharged from, or whether it is the first treatment program they went through."

She gave some examples of flexibility in San Diego County treatment programs—having computer labs as part of the program, having a GED teacher as part of the program, having licensed child care off-site, and having a coffee shop where people in treatment work alongside people who are not in treatment.

Janice Stafford pointed out that Plumas County has a population of only 20,000 and its Proposition 36 program is still a "work in progress." She pointed out that in a small county it is important to integrate various treatment services so that each one is not "personality driven" by one counselor or director. She said it has been unnecessary to "reinvent the wheel" because there are national standards of treatment, and individualized treatment is recognized as the most effective approach. "We have a variety of groups to meet individual needs." A co-occurring disorders group, for example, helps clients cope with mental health symptoms in an atmosphere where they feel comfortable talking about their problems. Another group concentrates on parenting in recovery. There are also gender-specific services and groups for men and women.

"We have levels of care, so if someone is having a hard time staying clean and sober, we don't go immediately from one or two sessions a week to residential treatment but can gradually increase their level of care in an outpatient setting," Stafford said. The program also provides for reducing the level of care so clients can be "weaned" from treatment without abruptly ending when they must be on their own. The treatment program tries to help drug users make a connection between their drug use and what is happening elsewhere in their lives. It includes education about the bio-chemical process affecting what they are going to experience early in their recovery, such as mood swings and uncomfortable emotions.

Lisa Cox began by stating, Butte County is a predominantly rural county with a large geographic area and a population of about 200,000. As a result, its additional services for people in treatment are spread thin. The County's Behavioral Health Department provides assessments and referral to contracted levels of care, and its treatment team provides all the outpatient treatment. All of the residential treatment providers with Proposition 36 contracts have aftercare groups that serve as a "family" for people in treatment, but clients also are referred back to the county's Proposition 36 team for reassessment, and are assigned to outpatient groups.

The county provides four "phases" of groups which correspond to levels of treatment. The fourth phase is an aftercare group where clients remain until dismissal. Once the client has completed all requirements—including getting a driver's license, earning a GED, becoming employed, or enrolling in a training program—there is a follow-up assessment and preparation of a written, three-month aftercare plan for the period after their dismissal. Cox said she would regard it as mandatory to have clinicians on the staff to deal with clients with co-occurring disorders. Once such clients are stabilized and on medication, they are referred to mental health services.

Opening a period of questions and comments, a questioner noted the difficulty in calculating the beginning and ending of the 12 months of treatment and six months of aftercare

provided for under Proposition 36 in cases where a client relapses or has a probation violation that interrupts treatment. Is the lapse added on to the end of the regular period? Dr. Sushma Taylor said she believed it could be left to individual discretion. Toni Moore commented that a relapse or violation doesn't mean that the 12-month clock is started over again. Steve Loveseth said he felt it was important that decision-making in such cases be clinically driven. Susan Bower said that in San Diego County if a client is out of treatment for two or three months and returns after a relapse or probation violation, then the 12-month treatment period is extended for that amount of time so the person still receives 12 months of treatment. NOTE: ACLA Letter No. 02-18 addresses these issues. Interested parties may wish to refer to <http://www.adp.cahwnet.gov/SACPA/ACLA_Letter_02-18.shtml>

Another questioner noted the reference to treatment and recovery as a matter of "36 to Life" and asked for examples of how extensions of treatment into aftercare and beyond are carried out. Members of the team from Sacramento County pointed out that graduates of their program started the "36 to Life" alumni group. The group meets once a month and is beginning to provide support services for clients still in treatment. A fund-raising effort also is planned. Dr. Taylor said her program at Center Point started an alumni association about 20 years ago, and a senior staff member acts as a resource person for the association. The alumni association has a bank account, officers, and a charter of by-laws and rules. It also provides peer support, helps graduates find jobs, and buys Christmas presents for the children of people in treatment. "You need to provide some seed support at the beginning, but then you can be a sponsor or a guide and allow them to self-govern."

A questioner wondered how many had incorporated 12-step meetings such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) into their treatment regimens. Many hands were raised. Loveseth commented that he had relied on 12-step programs but thinks it is important that other options be offered. "To say you have got to do this or do that is a mistake. I do not think it is appropriate to exclude 12-step programs from the menu, but it is also not appropriate to force people to participate in them." Janice Stafford said 12-step support is included in treatment plans for most clients in Plumas County, but it is looked at on an individual basis. Loveseth also described a form of relapse prevention involving giving clients cards that have examples of negative thoughts on one side of the card and the antidote for it on the other side. It is important to give people in recovery some specific tools to use when they are faced with stress or circumstances that can lead to relapse. Moore added that it can be helpful to bring family members into a continuing care plan. "We talk about addiction as a family disease but most of our approaches tend to be just with the individual," she said. She described an ancillary program in Sacramento that provides prevention activities for the children of families in which a parent is in Proposition 36 treatment. Stafford reported that Plumas County also provides services to the children of parents in treatment.

The subject turned to vocational services, and a team member from Ventura County said a case worker from a federal work program comes in once or twice a week to meet with Proposition 36 clients who are looking for work. A public health nurse from Sacramento said her county contracts with a vocational service called Crossroads that deals primarily with persons with disabilities. She added that as a nurse familiar with health care, she has come to look at treatment as corresponding to providing "acute care" for an illness, while aftercare or continuing care is comparable to managing a "chronic disease."