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TRB TRANSPORTATION RESEARCH BOARD

TRB Webinar: Safe System Approach to Substance Abuse

September 12, 2023

1:00 – 2:30 PM



PDH Certification Information

1.5 Professional Development Hours (PDH) – see follow-up email

You must attend the entire webinar.

Questions? Contact Andie Pitchford at TRBwebinar@nas.edu

The Transportation Research Board has met the standards and requirements of the Registered Continuing Education Program. Credit earned on completion of this program will be reported to RCEP at RCEP.net. A certificate of completion will be issued to each participant. As such, it does not include content that may be deemed or construed to be an approval or endorsement by the RCEP.

ENGINEERING



REGISTERED CONTINUING EDUCATION PROGRAM

Purpose Statement

This webinar will share a Safe System approach to understand the multifaceted nature of substance abuse and mental health disorders to inform effective and lasting change that saves lives.

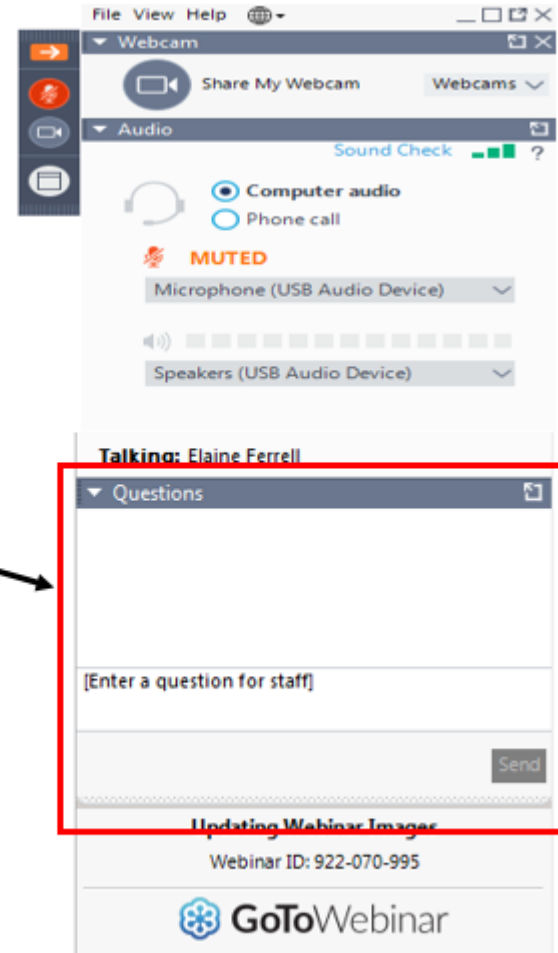
Learning Objectives

At the end of this webinar, you will be able to:

- Identify the complexities of substance abuse disorder and how it relates to impaired driving

Questions and Answers

- Please type your questions into your webinar control panel
- We will read your questions out loud, and answer as many as time allows



Today's Presenters



Tara Casanova Powell

taracpc@outlook.com


Association of Transportation Safety Information Professionals



Julie Seitz

jseitz@dwicourts.org

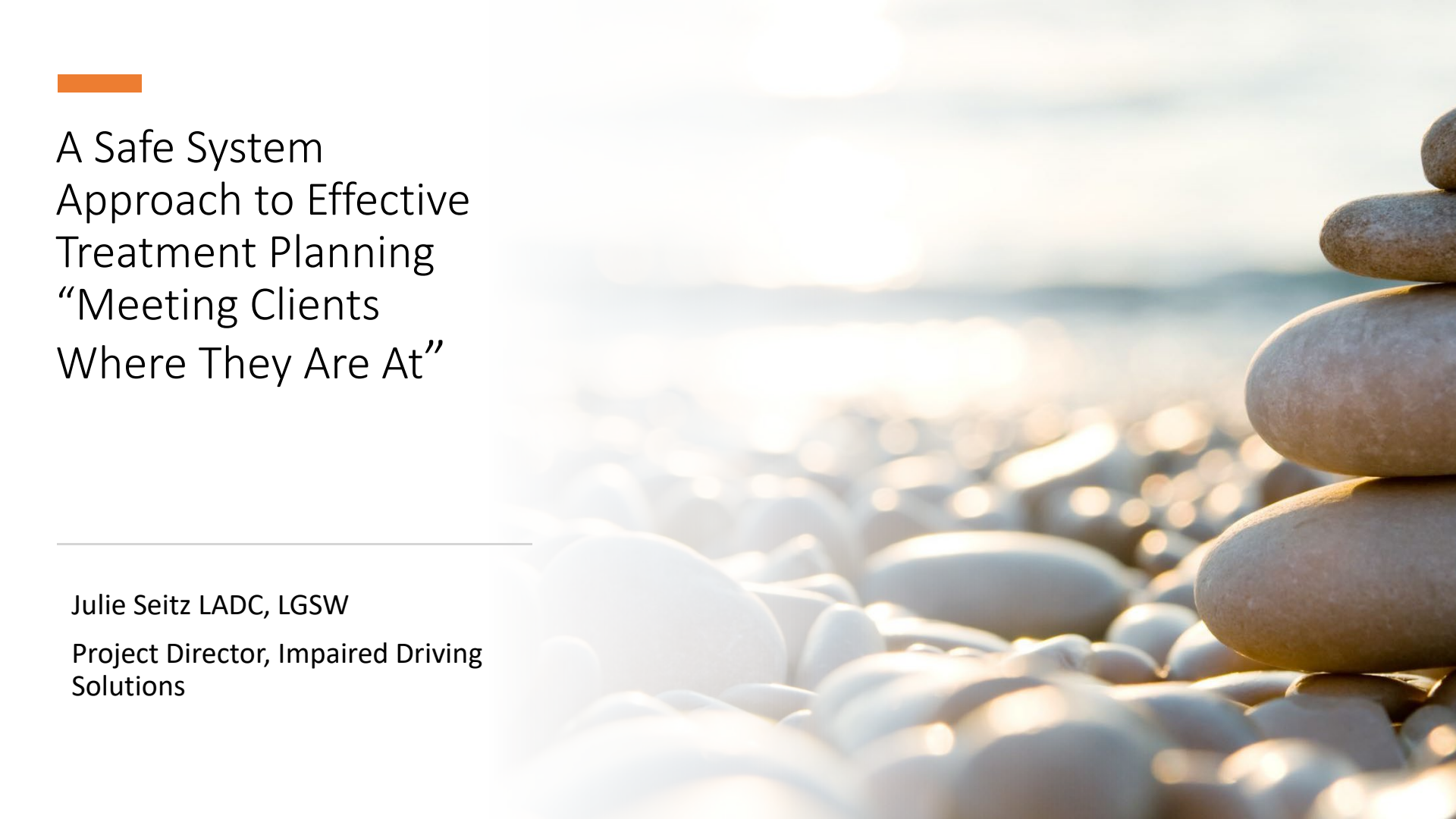
Impaired Driving Solutions




A Safe System
Approach to Effective
Treatment Planning
“Meeting Clients
Where They Are At”

Julie Seitz LADC, LGSW

Project Director, Impaired Driving
Solutions

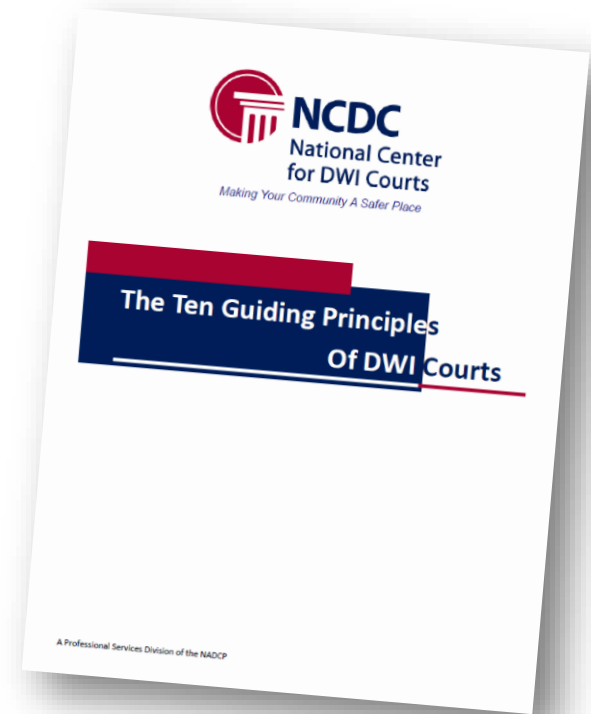


THE BIG PICTURE

- Participants receive substance-related treatment based on a standardized assessment of their treatment needs.
 - Treatment is not provided to reward, punish, or serve other nonclinical goals.
 - Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions.
 - Treatment placement is not based on speculation, gut instinct, personal discretion or arbitrary requirements.
- 

10 GUIDING PRINCIPLES

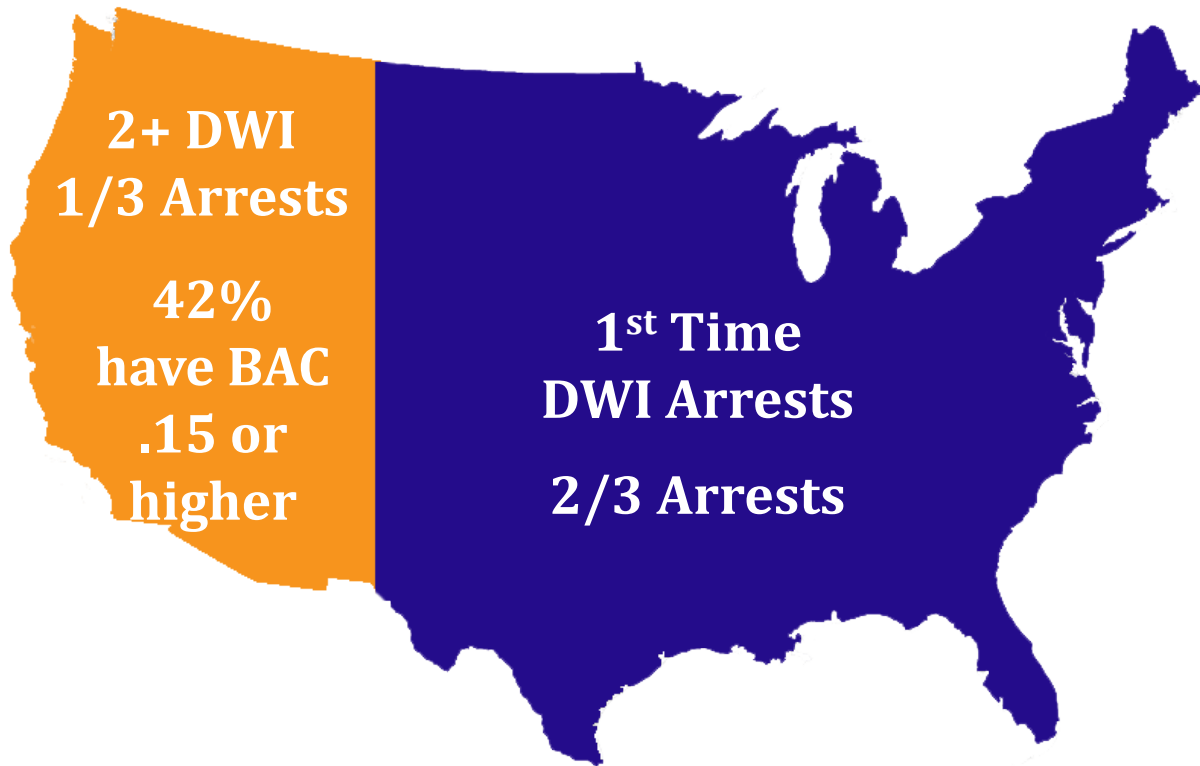
1. Target the Population
2. Provide a Clinical Assessment
3. Develop the Treatment Model
4. Supervise and Detect Behavior
5. Develop Community Partnerships
6. Take an Active Judicial Role
7. Provide Case Management
8. Solve Transportation Barriers
9. Evaluate the Program
10. Ensure Sustainability



RISK FOR DWI

- Prior involvement in the justice system specifically related to impaired driving
- Prior non-DWI involvement in the justice system
- Prior involvement with alcohol and other drugs
- Mental health and mood adjustment disorders
- Resistance to and non-compliance with current and past involvement in the justice system

TARGETING IMPAIRED DRIVERS





MENTAL HEALTH

- Approx. 50% of repeat impaired drivers have a major psychiatric disorder
- Repeaters are at a greater risk of developing anxiety-related disorders
- Those with severe mental health disorders have a 72% rate of co-occurring substance use disorders
- Often undiagnosed

POLY-SUBSTANCE USE

*Focus on the behavior, not the drug
of choice.*

*Addiction is a disease and drug of choice is
a moving target.*

ASAM Definition of Addiction

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.



Screen

Assess

Place

Treat

Client-Centered Matters

- The risks, needs or strengths, skills and resources identified by a practitioner in a multidimensional assessment should not determine the service planning alone.
- The more priority dimensions can be matched to or interpreted through the patient's personal goals, the more patient-centered the plan can be, improving outcomes.

Treatment for Substance Use Disorder



- Complex – not a “one size fits all” approach
- Varied levels of care
 - Intervention/prevention
 - Outpatient
 - Inpatient or residential treatment
- Behavioral therapies
- Medications
- Comprehensive approach

WRAPAROUND & HABILITATION SERVICES ARE KEY

- Treatment court programs that focus on providing participant supports have better outcomes
- Programs that provide wraparound services avert re-arrest and save taxpayer money
- Wraparound Services
 - *reoccurrence prevention, gender-specific services, mental health treatment, parenting classes, family counseling, anger management classes, health & dental services, residential care*



Principles of Effective Treatment



No single treatment is effective for everyone



Readily available



Multidimensional



Program length



Treatment/services plan continually assessed and adjusted

ELEMENTS OF GOOD TREATMENT

- Establishing rapport
- Increasing motivation to change
- Analyzing consumption patterns
- Increasing positive reinforcement for abstinence
- Rehearsing new coping behaviors
- Recognize the prevalence of trauma

Impact of Trauma

- ✓ Over two-thirds of people seeking treatment for substance use disorder report one or more traumatic life events (Back et al., 2000)
- ✓ Individuals with trauma often do not recognize the impact of the trauma on their lives or draw connections to their presenting problems. (Bessel van der Kolk)
- ✓ Can be written off as “treatment resistant” or “difficult.” (SAMHSA’s GAINS Center)
- ✓ Individuals who have experienced trauma have higher risk for substance use and mental health issues. (SAMHSA, 2014)

Trauma Informed Courtrooms

1

Examining the courtroom and courthouse for environmental stressors

2

Giving the client a voice in the system (meaningfully heard)

3

Providing opportunity for client to be a part of the decision-making process (even small choices)

4

Treating the client with respect.

SAMHSA 4 Major Dimensions

that support a life in recovery



SAMHSA RECOVERY

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

- SAMHSA, Working Definition of Recovery

RECOVERY MANAGEMENT MODEL

- Shift from acute care model to chronic care approach
- Shift from professional-centered to client directed management of long-term recovery
- Offers chronic care services
 - Continued care
 - Recovery check-ups

A Sustained Continuum

pre-recovery support services to enhance recovery readiness,

in-treatment recovery support services to enhance the strength and stability of recovery initiation, and

post-treatment recovery support services to enhance the durability and quality of recovery maintenance.”

Acute Care Model

Brief period of professional intervention followed by cessation of services.

Screen, assess, place, treat and discharge

Works well in acute trauma settings

Less effective in SUD treatment with clients who have complex and high severity needs

Chronic Condition Model



Long-term involvement with health care system



Continued care following treatment



Education regarding self-care



Regular check-ups



Linkage to community resources



Compliance
vs.
Adherence

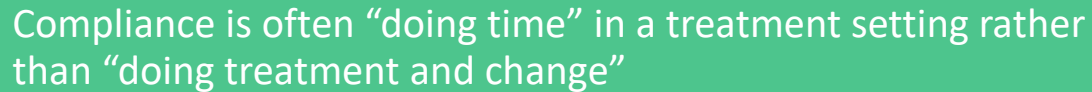
- Understand they are not the same
- Successful recovery and genuine adherence depends on individual's motivation from external factors (the judge is forcing me to do this) to internal motivation (I want recovery).

Compliance

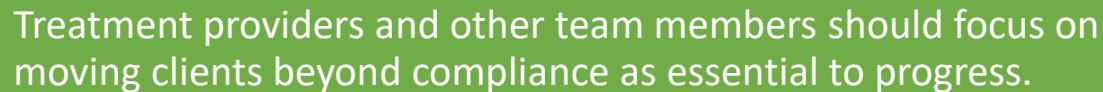
Compliance focuses on following rules in a treatment program



Compliance is often “doing time” in a treatment setting rather than “doing treatment and change”




Treatment providers and other team members should focus on moving clients beyond compliance as essential to progress.




Adherence

Actual commitment driven by factors important to the individual.



Treatment adherence allows for matching to participant's stage of change to facilitate accountable, lasting change.



Meaningful adherence improves when participant has some choice, even when choices are limited

Model as a guide to Best Practices

RISK

WHO

Match the intensity of the individual's intervention to their risk of reoffending

Deliver more intense intervention to higher-*risk* offenders

NEED

WHAT

Target criminogenic needs: antisocial behaviors and attitudes, SUD, and criminogenic peers

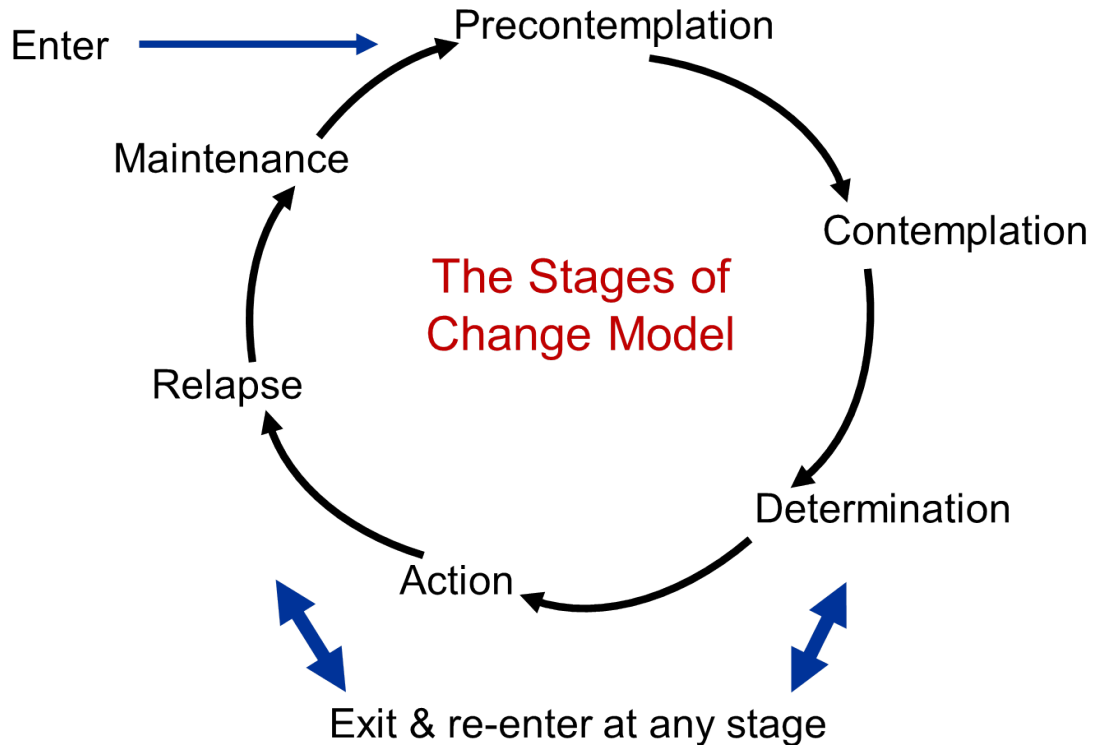
Target criminogenic *needs* to reduce risk of recidivism

RESPONSIVITY

HOW

Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender

Address the issues that affect *responsivity*



Prochaska
and
DeClemente
Stages of
Change

Stages of Change



Precontemplation: Not Ready



Contemplation: Getting Ready



Preparation: Ready



Action: Doing (Observable)



Maintenance: Working to Prevent Recurrence (6 mo – 5 years)

EXPLORING AN INDIVIDUAL'S READINESS AND INTEREST IN CHANGING

- **Examples of Screening and Assessment Instruments**
 - RCQ-TV – (Readiness to Change Questionnaire - Treatment Version)
 - URICA – (University of Rhode Island Change Assessment)
 - SOCRATES – (Stages of Change Readiness and Treatment Eagerness Scale)
 - What I Want From Treatment

Timing of Clinical Intervention



Opportunity to set the stage



Designed to enhance client engagement in change process



Stages of change represent tasks required for effective change.

Recovery Capital

- The quality and quantity of internal and external resources one brings to initiate and maintain recovery.






Common themes?

There are common themes across these definitions

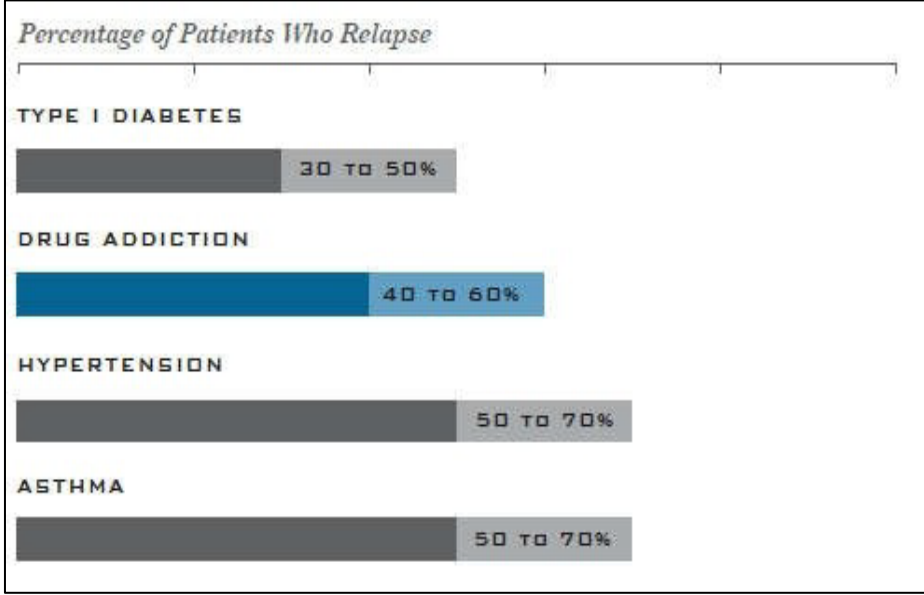
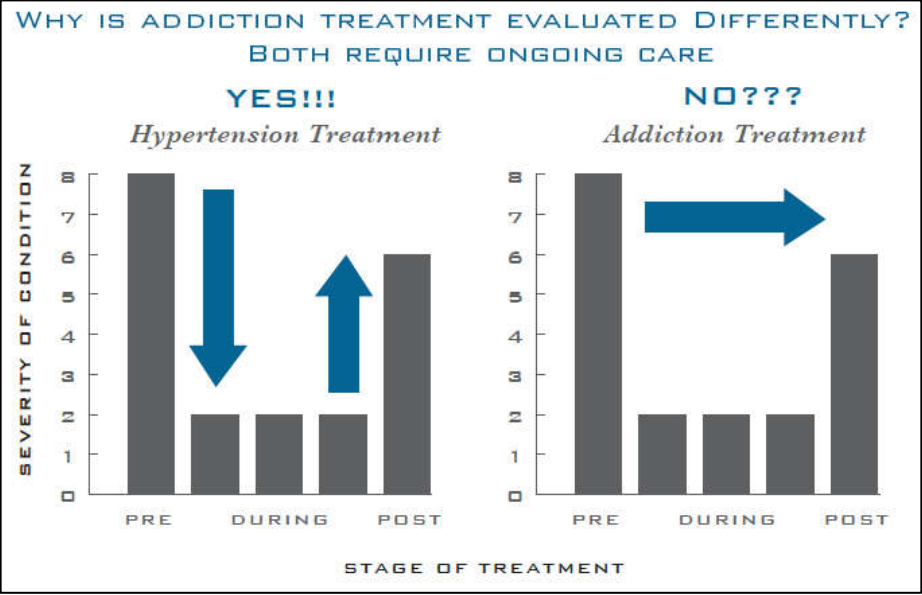
The process of recovery is not just about abstinence

Includes:

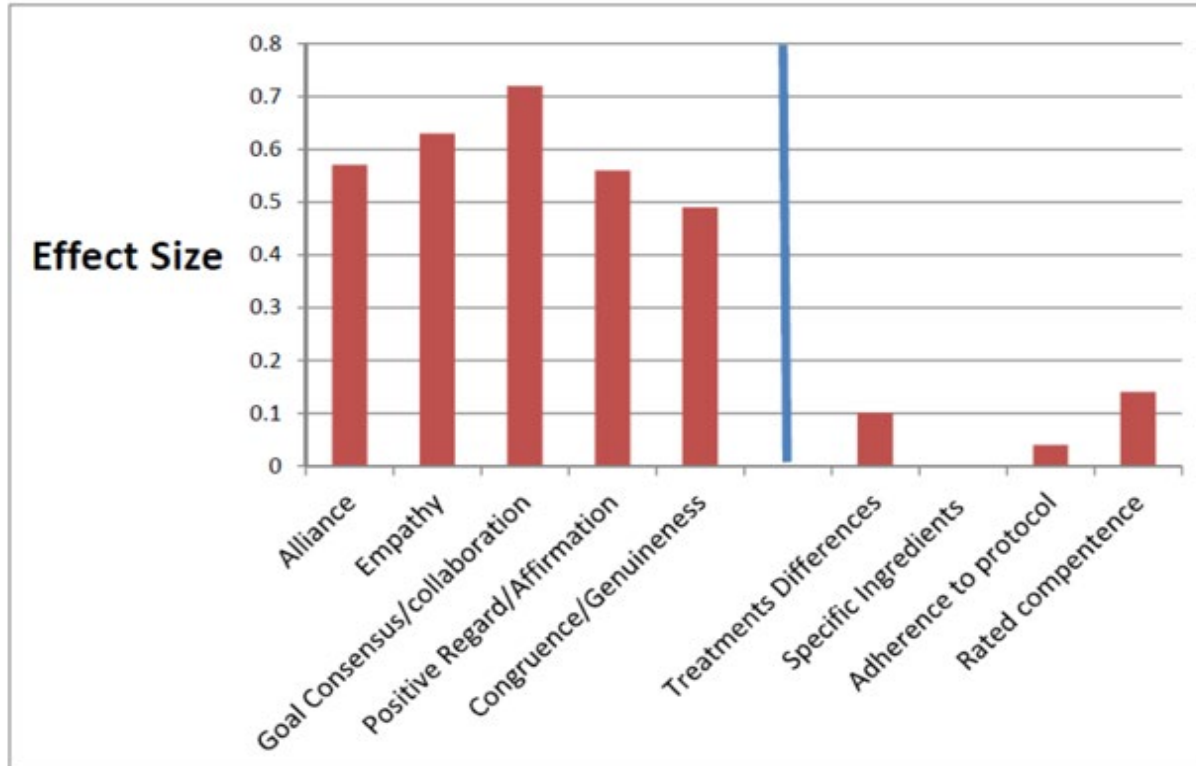
- Empowerment
 - Well-being
 - Quality of life
 - Connectedness
- 
- 
- 

“The opposite of addiction isn’t sobriety. It’s connection.” – Johann Hari

What About Treatment Outcomes?



How Change Happens





IT TAKES TIME....

- More than half of individuals that go through treatment for addiction need multiple episodes
- Progress in recovery is often cyclic, with episodes of abstinence, relapse and treatment

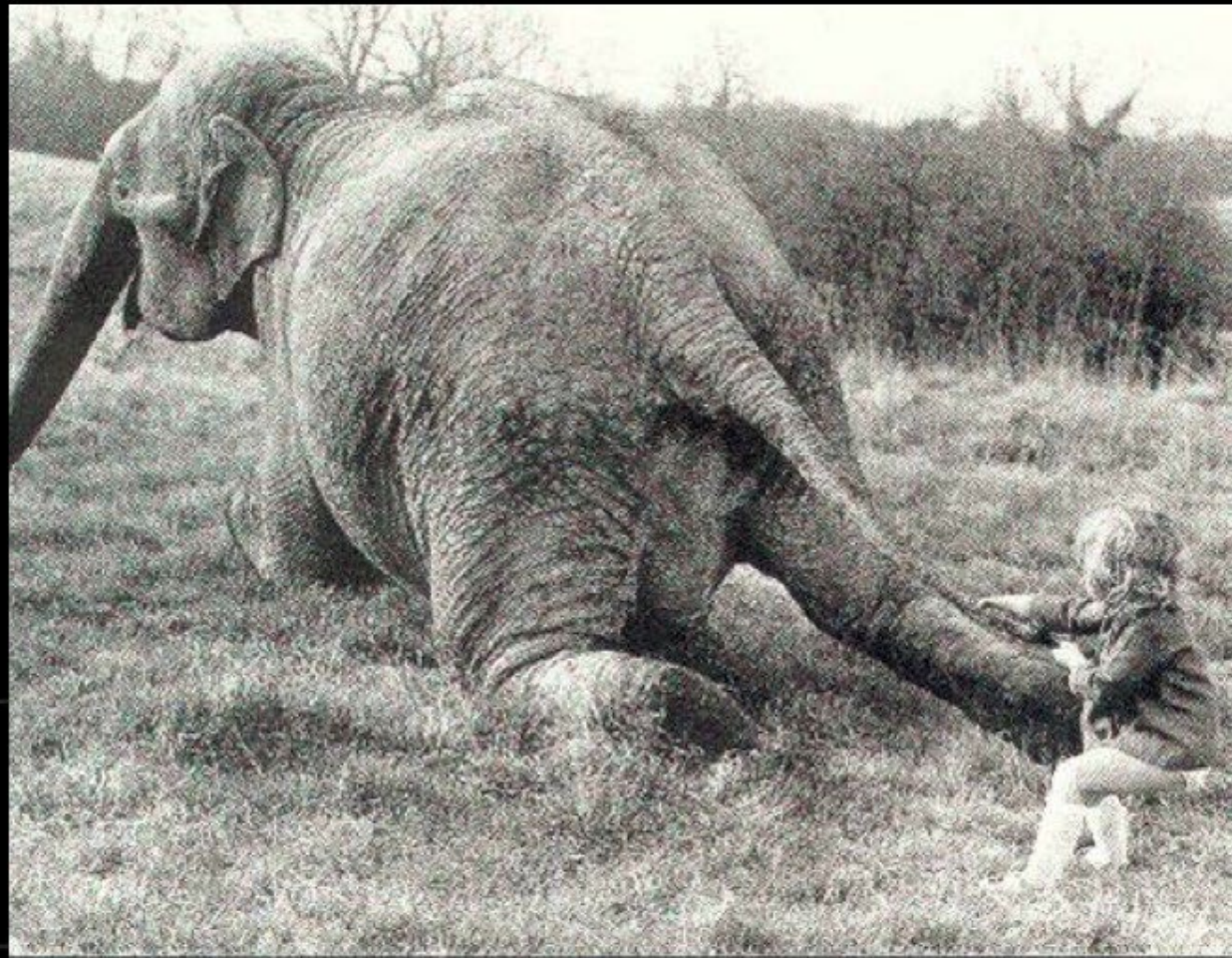
IT TAKES TIME....

By some estimates, it can take 8-9 years for an individual to reach full recovery and it usually includes 3-4 treatment episodes.

But Our Treatment Court is Time-Limited

Treatment court programs offer 12-18 months of treatment, support and accountability.

It is often the foundation and connections to building a long-term recovery plan for the individual



ACCEPT

- **A** ssess what is and is not working in the treatment plan
- **C** hange the treatment plan to address those identified problems or priorities
- **C** heck the treatment contract if the participant is reluctant to modify treatment plan
- **E** xpect effort in a positive direction – “do treatment” not “do time”
- **P** olicies that permit mistakes and honesty; not zero tolerance
- **T** rack outcomes in real time – functional change (attitudes, thoughts, behaviors) not compliance with a program.

• Dr. David Mee-Lee



Change Happens When...



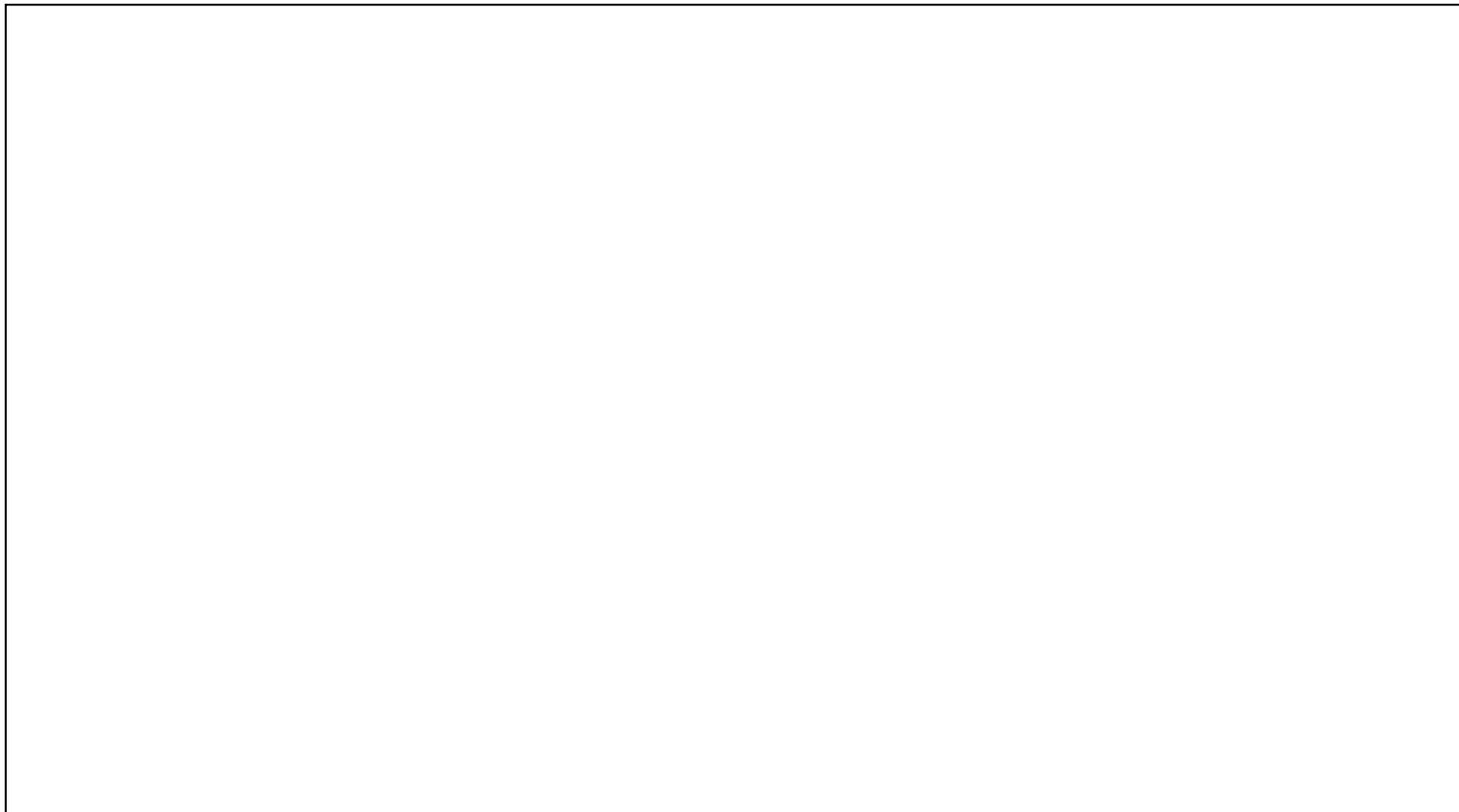
Compassion



Empathy



Acceptance





Until lions have their
historians, tales of hunting
will always glorify the
hunter.

African Proverb

Thank you!

Contact:

Jseitz@dwicourts.org

218-343-2928

Today's Presenters



Tara Casanova Powell

taracpc@outlook.com

Association of Transportation Safety Information Professionals



Julie Seitz

jseitz@dwicourts.org

Impaired Driving Solutions

Upcoming events for you

Sept 19 - 21, 2023

TRB's Innovations in Freight Data
Workshop

Nov 13 - 15, 2023

TRB's Transportation Resilience 2023

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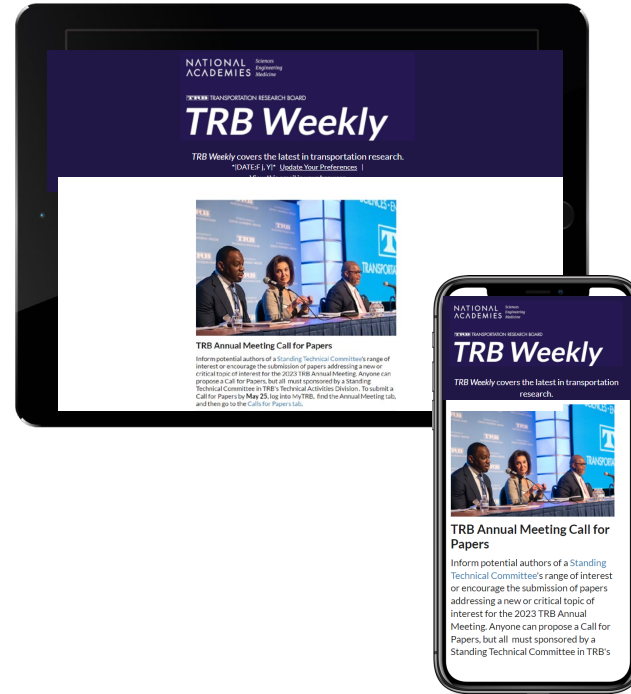


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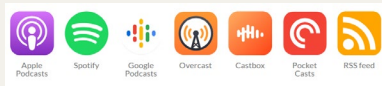
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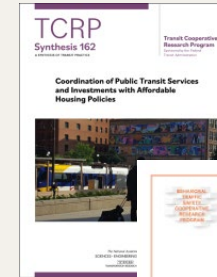
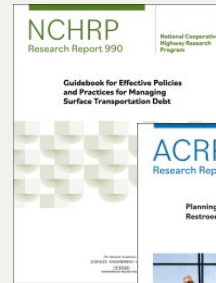
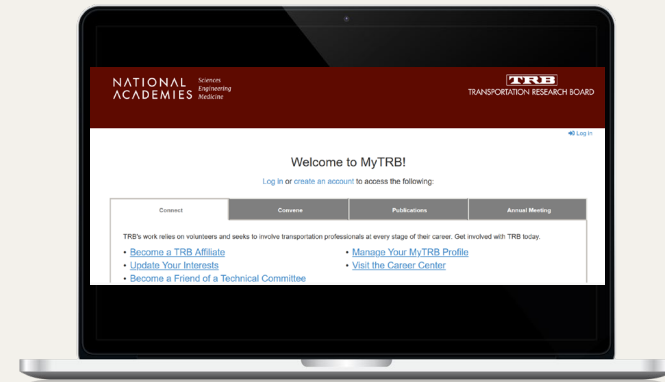
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