



THE CROSSROADS OF CHANGE:
ETHICALLY TREATING INDIVIDUALS WITH COMPLEX
NEEDS IN THE CRIMINAL JUSTICE SYSTEM

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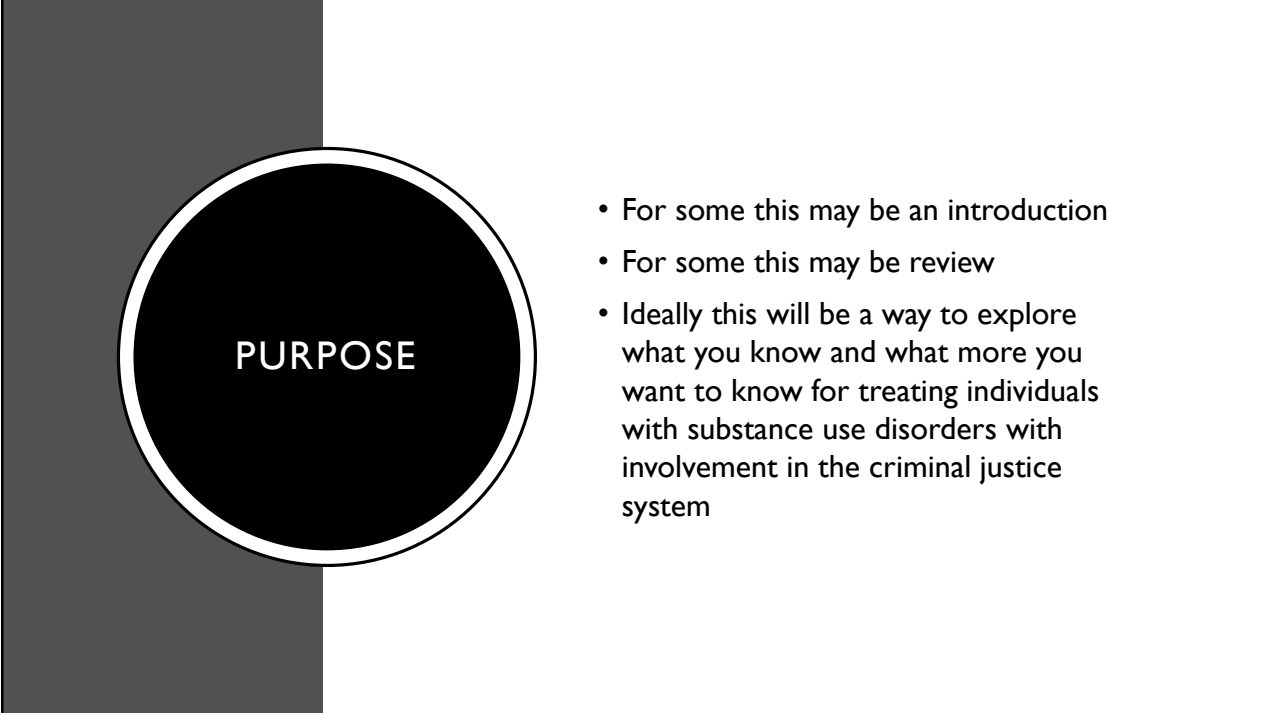
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OBJECTIVES

- Identify common typology individuals in the criminal justice system present with.
- Examine the common beginning state of the individual typology, the reward offered by the substance use in each typology, the evidence-based treatment modality for each typology, and common relapse concerns of each typology.
- Discuss treatment layering to address the intersection of various typologies and the team members needed for effective treatment.
- Explore how to ethically treat individuals with complex needs.
- Identify individual education and networking growth plans to grow provider capacity to treat individuals with complex needs.

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PURPOSE


- For some this may be an introduction
- For some this may be review
- Ideally this will be a way to explore what you know and what more you want to know for treating individuals with substance use disorders with involvement in the criminal justice system

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Mainstream conformity involves a general adherence to the norms of society at large.

We all walk along together, looking similar, being similar, feeling similar and most of all accepted by others as generally similar. We like to feel like an “Us” rather than a “them.”

In regard to behavior outside the “norm”, we all exhibit some difference through variability of behavior.

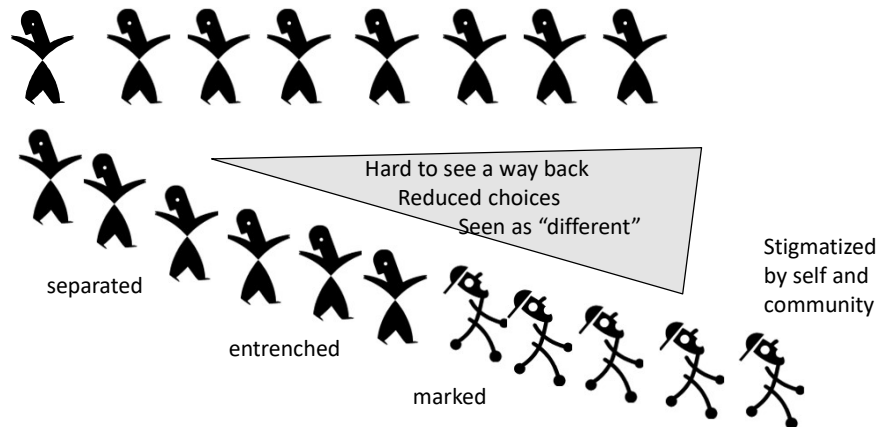


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However, through developmental, environmental and genetic variability, differences emerge.

As this difference is pointed out, personal identity is challenged. Some reject or hide the difference and return to social conformity due to intolerable cognitive dissonance.

Others begin to accept that they are seen as different, and this thus can perpetuate separation. "If you see me as different, I will act different, because maybe I am different..."



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HOW ADDICTION STARTS

- **Impulsivity**, or acting without foresight or regard for the consequences. For example, an adolescent may impulsively take a first drink, smoke a cigarette, begin experimenting with marijuana, or succumb to peer pressure to try a party drug.
- **Positive Reinforcement**- If the experience of substance use is pleasurable and/or the person receives approval from others the person is more likely to use the substance again.
- **Relief of negative feelings** such as stress, anxiety, social isolation or depression. The temporary relief the substance brings from the negative feelings increases the likelihood that the person will use again. (4)
- **Denial**- A coping strategy to mentally separate the behavior from the consequence of the behavior. This is also closely associated with the use of justifications and rationalizations. This process allows individuals to explain consequences of their use without acknowledging it was the use of the drug that caused the problem.

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The **Basal Ganglia** functions as the reward and motivation system as it has a high concentration of dopamine projections. The Basal Ganglia controls the rewarding or pleasurable effects of substance use and are responsible for the formation of the habitual use of substances.

The **Amygdala** is involved in responding to threats and stress. The feelings of unease, anxiety, and irritability originate here. The origins of craving and withdrawal reside here as well.

The **Prefrontal Cortex**- Two primary systems.

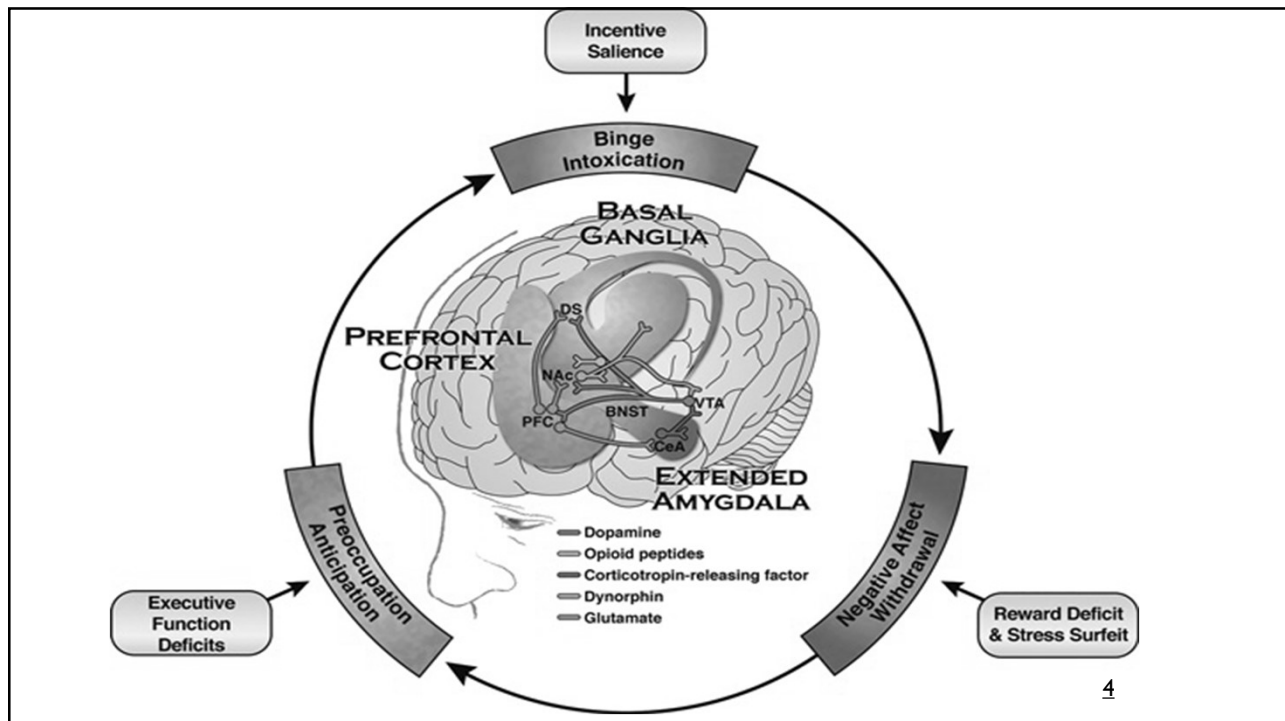
The **Go** system helps people make decisions and achieve goals (approach or avoidance). "Let's go!"

The **Stop** system controls the brain's stress and emotional systems and can inhibit the **Go** system. "Is this a good idea?"- damaged from substance use and from trauma (PTSD)

Areas of the Human Brain that Are Especially Important in Addiction

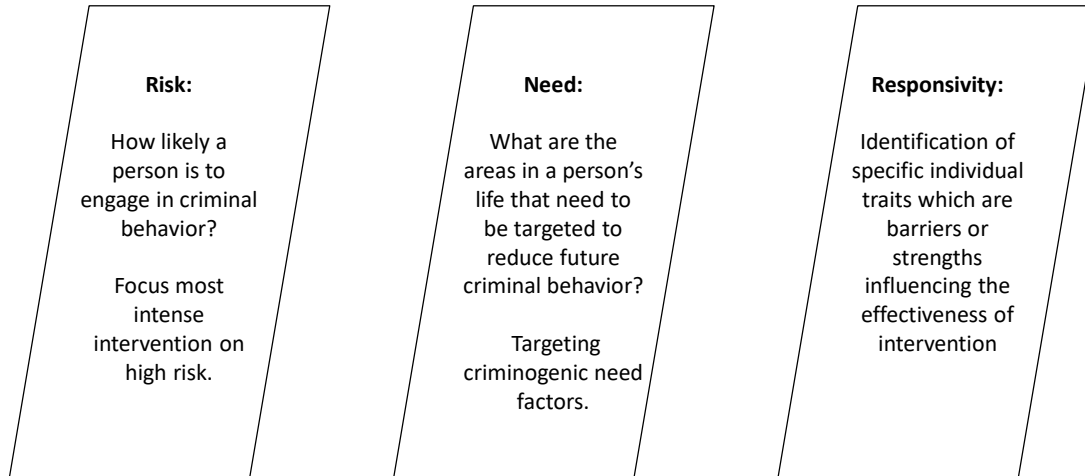
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Core principles for individuals involved in the criminal justice system



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Dimensional Understanding

Typology	Beginning State	Reward process leading to addiction	Differential intervention	Relapse risk
Substance use only	Exploration, peers, Rx for pain, impulsive	Escape from negative emotion, increase in positive emotion	Life-long recovery-oriented intervention; offer Tx options	Peers, lack of alternate coping
Trauma	Early/often chronic trauma	Escape from flashbacks, numbing of emotional pain, Tolerate negative relationships, offer some positive emotion	Encourage safety and offer Tx	High risk relationships; overwhelm with symptoms; lack of tx; low value of self
Severe mental illness	Significant symptomology interrupting life	Relief from symptoms of illness; alternative to "Rx drugs"	Referral to case management	Lack of symptom management; lack of support
High criminogenic risk	Impulsive, Aggressive tendency, Antisocial modeling	Consistent with anti-authority lifestyle, rationalization for criminal behavior	Persistent intervention; benevolent authority	Peers; entrenched in lifestyle; lack of pro-social skills

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TREATMENT LAYERING

Substance Use Only	<p>Withdraw Management (MAT) Medication as/assisted Treatment Persistent and Sufficient intervention- Motivational Interviewing, Matrix, CBT Alternate positive reinforcement and relief from negative affect (what is the purpose of use?) Support group referral (12 step, Smart Recovery, Peer support) Continued Care planning/Life-long recovery focused planning vs acute care</p>
Trauma	<p>Encourage Safety Assess for and Educate about impact of trauma- ACE screening Build positive supports, meet resource needs to prevent returning to high-risk relationships Trauma focused treatment- Seeking Safety, Dialectical Behavior Therapy, EMDR (1)</p>
Severe Mental Illness	<p>Co-occurring assessment and integrated treatment (Integrated Dual Diagnosis Treatment) Medication assessment, education and follow up Illness education and support Community support services/case management</p>
High Criminogenic Traits	<p>Persistent and consistent intervention Coordination with the CJ system using Risk, Need, Responsivity (RNR) model (2,3) Focus on high-risk individuals and the core criminogenic needs Community Reinforcement & Contingency Management- offer reward for desired behavior Sufficient treatment intervention- 300 hours plus for high risk/high need individuals</p>

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ETHICAL CONSIDERATIONS

Competence	Do I have the knowledge, experience and consultation?
Knowledge of resources	Am I aware of the referral resources in my area?
Personal Experience	Do I understand the impact of my lived experience on how I engage in counseling?
Internal Bias	Do I recognize and actively work to reduce how my bias impacts the individuals I counsel. Am I aware of areas of growth and individuals I should refer?
Who do I trust to be honest with and consult with?	

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MY PLAN

What do I want to learn more about to improve my competency?	
What resources do I need to gain more knowledge of?	
How does my personal experience effect my counseling? What action do I need to take?	
What are my biases? What action am I willing to take?	
Where can I seek learning and growth (education and support)? What action will I take?	

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