Treatment for individuals who use stimulants while on MOUD

TRUST—MOUD

THERAPIST MANUAL

NOTE ON TREATMENT FOR INDIVIDUALS WITH STIMULANT USE DISORDER

As of 2023, contingency management is the only evidence-based treatment for helping people reduce or discontinue their cocaine/methamphetamine use. There are no effective medications, and other behavioral treatments do not have robust evidence to support their use. For this reason, we strongly recommend that contingency management, with research supported incentive amounts (substantially more than $75 per patient) be used as a first line treatment for cocaine/methamphetamine use disorder. Period.

However, as of 2023, in many parts of the US, it is not possible to use contingency management due to the unavailability of funds. For this reason, we have produced this manual as a resource for treating patients on MOUD who are using cocaine/methamphetamine. The materials are based on a collection of behavioral approaches (CBT, CRA, MI) that have some evidence of usefulness with this population. We hope these materials can be helpful for patients in reducing or discontinuing their stimulant use.

Introduction for Therapists

The TRUST MOUD Manual is intended to be used with patients who are struggling with stimulant (cocaine/amphetamine) use while in treatment for OUD with methadone, buprenorphine, or naltrexone.

Working with patients presenting in MOUD treatment is a challenging, yet incredibly rewarding experience. While it is rewarding, it can also be frustrating. Stimulant use among these patients is common and many patients don't see their use as problematic. In fact, for some patients who use stimulants sporadically, they may not need treatment. But certainly, for some patients on MOUD, cocaine/meth use is extremely detrimental to the effectiveness of their MOUD treatment and is a serious health problem. However, in many cases, regardless of the severity of use, the patients often don't recognize their stimulant use as a problem, and they are not interested in intensive treatment.

The materials in the TRUST MOUD Manual attempt to provide this patient population with a useful set of information in a format that they find acceptable. The materials adopt CRA, CBT, and MI content and present it in a clear and relevant form that addresses the challenges they face while in MOUD treatment. We try to avoid long, didactic, lecturing materials, but rather try to create accessible topics and examples.

TRUST was developed with flexibility in mind to optimize patient engagement and retention. TRUST materials can be presented in 1:1 sessions and can be scheduled with patients or in on-going stimulant treatment groups. Topics can be presented in a sequence and frequency that lets therapists select content to meet patient needs. The 24 TRUST worksheets can be used in a flexible manner to be relevant and useful to patients.

Consistency is important when using the TRUST Manual. Set and adhere to meeting days and times. Start and end sessions on time. If used in a group format, have some group participation guidelines. Adhering to a specific session format and timing will enhance patients' understanding of the group/individual session process and will allow them to focus on acquisition of new material.

Patients using stimulants will undoubtedly experience cognitive impairment as they participate in sessions and utilize the TRUST materials. Slowing down to allow patients to gather their thoughts and express themselves during group or individual sessions is important. In addition, using multi-media and repetition can be helpful for patients to grasp new concepts.

Use of Motivational Interviewing as a fundamental style and interpersonal approach is essential to success when using TRUST materials.

Ideally, TRUST session attendance should be paired with medication visit attendance to reduce the travel burden on patients. This is especially true in rural areas, where public transportation is non-existent, or when a patient has employment, education, or homemaking responsibilities. When possible, patients should have an opportunity to determine therapy visit days and times based upon their scheduling needs.

Research has shown that aerobic exercise improves cognitive capacity, reduces depression and anxiety, and improves cardiac and pulmonary function for individuals with stimulant use disorder. Several of the TRUST worksheets discuss the benefits of exercise as part of a treatment effort to reducing stimulant use. Encouraging patients to exercise will also help them to manage emotional highs and lows and help them structure their day. Getting patients to exercise is often difficult and requires ongoing encouragement and support.

The TRUST materials and their use with patients on MOUD should be used with a strong harm reduction foundation. The #1 priority for this group of patients is retention in treatment with MOUD. Participation in treatment activities with TRUST materials, when appropriate, should be encouraged, rewarded, and praised. In our opinion, requiring treatment attendance with TRUST materials, with a threat of MOUD discontinuation is never justified. In an era of lethal drugs including fentanyl, retention on MOUD is essential.

Other harm reduction activities should be combined with TRUST materials. Access to safe injection supplies, ready access to naloxone and fentanyl test strips, and as new drugs emerge (e.g., Xylazine), it is critical to provide new information and test strips as they become available.

Many patients in MOUD treatment have multiple life challenges, including use of numerous drugs and alcohol, food insecurity, being unhoused,

unemployment, as well as both mental health and physical health issues. To be successful, patients will need to be retained in treatment for a significant period of time, if not for a lifetime. These issues are not going to be resolved overnight, but rather through consistent and prolonged effort.

We hope these materials can be useful to your work with patients on MOUD.

Richard Rawson, PhD

Albert Hasson, MSW

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Introduction to the Patient Workbook

Welcome

You have taken a big step by deciding to reduce or discontinue the use of cocaine and/or methamphetamine. This is an important decision and a very positive step toward improving your health and your life.

This is your Patient Workbook. It contains worksheets that we hope are useful in supporting your efforts. These worksheets can be useful in either group or individual sessions. You can work with your therapist to decide whether group or individual coaching sessions work best for you. When possible, schedule your counseling appointments on the days you attend the clinic to receive your medication.

Patient Worksheets

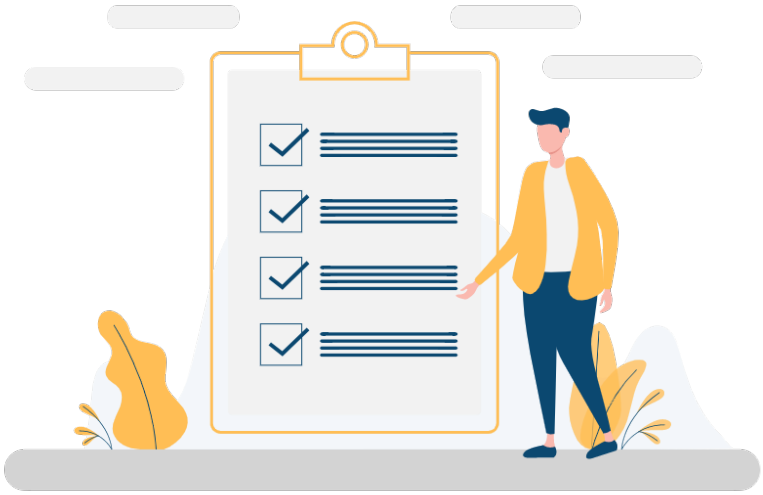
The patient worksheets will help you get the most out of your treatment. Some worksheets ask questions and have spaces for your answers. Other worksheets ask you to read and think about a subject or an idea, or they contain suggestions or reminders about recovery. It is a good idea to keep and review the worksheets after you have used them. If you don't want to take them home, ask your therapist if they can keep them at the clinic for you. These handouts provide information that will help you throughout the course of your recovery.

During each treatment session, your therapist will ask you to follow along on the worksheet while they review it. The therapist will give you time to think about what it says and write your answers to questions it may ask. Then you can discuss the worksheet. You should share your thoughts and ask questions during this time.

Making the Most of Sessions

The more work you put into the recovery sessions, the more benefit you will receive from them. During the course of each session, consider how you can use the information in the worksheets and apply it to your recovery. Other ways to get the most from treatment:

- Attend every scheduled session.
- Arrive for sessions on time or a little early.
- Listen carefully and respectfully to the therapist and the other patients if you are attending a group session.
- Be supportive of other patients. If you disagree with someone, be polite when you speak to them. Do not attack people personally.
- Use “I” statements.
- Do not talk about other patients’ personal information outside of treatment. Patients must be able to trust one another if they are to feel comfortable sharing their thoughts.
- Ask questions when you do not understand something.
- Be an active participant during group and individual sessions.
- Allow time for other patients to participate.
- Be truthful.
- After the session is over, try to apply what you learned to your recovery.
- Work on the homework assignments that the therapist gives you.



TRUST Session Descriptions and Handouts

1: Drugs - Drug Paraphernalia - Drug-using Friends

One of the most important things to do when deciding to abstain from drug use is to throw away any remaining drugs and paraphernalia. This session helps patients take an inventory of their house, car, and other places where drug paraphernalia is located. Drug using family, friends and acquaintances also present extreme risk. Patients should determine who they need to avoid and have a prepared strategy for successfully avoiding these people, while developing drug refusal skills when they are unable to avoid them.

Handout 1: Drugs - Drug Paraphernalia - Drug-using Friends

Drugs

It is critical to throw away any drugs you still have. Your home, your car, and the places you go need to be as safe as you can make them.

1. Where specifically would you likely find drugs/alcohol/paraphernalia in your house?

_____

2. How safe is your car?

_____

3. Are there places in or around the clinic that you need to avoid? If so, how can you best do this?

_____

Drug Paraphernalia

Paraphernalia are items used for, or related to, your drug use. Paraphernalia can trigger intense cravings. It is important to separate yourself from all paraphernalia as completely as possible.

Use the following checklist to remind yourself of items to get rid of.

___Vials

___Pipes

___Straws

___Lighters/Torches

___Spoons

___Syringes

___Phone numbers

___Other

Drug-Using Friends

Friends, family, and acquaintances who use drugs present an extreme risk as they can be "triggers" for your use.

- If you can avoid these people do so.
- If you run into them, you need to be clear and direct. "I'm not using anymore." "Nothing personal, but we cannot be around one another. It's not that I don't trust you, I don't trust me." Then immediately LEAVE.
- If someone unexpectedly shows up at your place, be clear and direct and do not invite them inside.
- When you make a clinic visit for methadone or buprenorphine there are sometimes people you used with or bought drugs from.
- Sometime people at the clinic will want to talk about drugs or where they can be purchased.

Who are people you need to avoid? (first name or initials)

_____

What will you say to these people?

_____

_____

If someone at the clinic tries to engage you in a discussion about drugs, how will you respond?

_____

_____

2: Challenges in Stopping Drug Use

There are a number of issues that are commonly experienced by individuals who use stimulants as they attempt to stop using cocaine or methamphetamine. This worksheet includes some of those issues and gives patients an opportunity to learn about the importance of these issues and to consider how they might address them going forward. Emotional triggers, including anger/irritability, boredom/loneliness, and special occasions present problems that may trigger craving and lead to drug use.

Handout 2: Challenges in Stopping Drug Use

Everyone who attempts to stop using stimulants runs into situations that make it difficult to maintain abstinence. Listed below are four of the most common situations that are encountered during the first few weeks of treatment. Next to these problems are some suggested alternatives for handling these situations.

Challenges	New Approaches
1. Anger, irritability: Small events can create feelings of anger that seem to preoccupy your thoughts and can lead to craving.	• Remind yourself that you are experiencing a healing of the brain and strong unpredictable emotions are a natural part of recovery. • Exercise. • Talk to a therapist or supportive friend.
2. Boredom, loneliness: Stopping stimulant use often requires a change in activities.	• Put new activities on your schedule. • Go back to activities you enjoyed before your drug use took over. • Try to find new friends at community support meetings.

3. Special Occasions: Parties, dinners, holidays, and celebrations.

- Have a plan for answering questions about drug or alcohol use (or not using).
- Start your own drug-free celebrations and traditions.
- Have your own transportation to and from events.
- Attend these special occasions with a friend or family member supportive of your recovery.
- Leave if you get uncomfortable or start feeling deprived.

4. Encountering using friends at the clinic.

- Attend the clinic when there are fewer patients, and your friends don't.
- Develop effective ways of avoiding conversations at the clinic.
- Directly let people know that you don't want to discuss drugs.

Which of these issues are likely to be a problem for you in the next few weeks?

_____

_____

How will you handle them?

_____

_____

3: Staying Safe

Persons who are actively using often don't think of the consequences of their immediate drive, that is to get well, or get high, and end up overdosing. The purity, potency and variability of the drugs available on the streets today make for a lethal combination for even the most tolerant and savvy user. Sharing some simple suggestions to enhance their safety may increase their longevity and retention in treatment. You are not condoning an individual's use, rather encouraging them to be mindful of how and what they are using.

Handout 3: Staying Safe

Meth and cocaine now include other drugs such as fentanyl. So, it's possible to have an opioid OD, when using "meth" and "cocaine". Also, there are other drugs such as xylazine ("Tranq") that are now showing up in the "meth and cocaine" on the street today.

The current cocaine and meth supply is extremely dangerous. In addition, these drugs will interfere with your methadone or buprenorphine treatment and reduce their effectiveness and can result in creating withdrawal symptoms.

If you do use, here are some suggestions to stay safe:

- Ask your therapist how you can get naloxone.
- Carry naloxone and make sure your friends and family know how to use it.
- Don't inject. If you are going to use, use a different method.
- If you inject, don't inject alone.
- If you use with others, one person should go first while the other folks can monitor and administer naloxone if needed.
- Somebody should test a small dose before using a "full" dose.
- If you inject, don't share needles.
- Ask your therapist about needle exchange programs.
- If you inject, use a clean needle.
- Clean your injection site before and after you use.
- Have you been tested for HIV, Hep C, and sexually transmitted infections?

What are the ways that you have ensured your own safety?

4: Triggers/Thought-Stopping

The Thought-Stopping handout is very useful to give patients some help in addressing drug cravings. Thought-stopping is a skill that patients can use to block drug thoughts and thereby regain control of their thinking process. Cravings do not have to overwhelm them. They can prevent cravings from occurring by blocking the thoughts that develop into craving. Another way to stop a craving is to engage in an activity to interrupt the process. This can be meditating, exercising, talking to someone, walking, or eating. They need to use this process quickly before the physiology of the craving gets started. Talk about how the craving cycle occurs and explore ways that will work to interrupt the cycle.

Handout 4: 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:

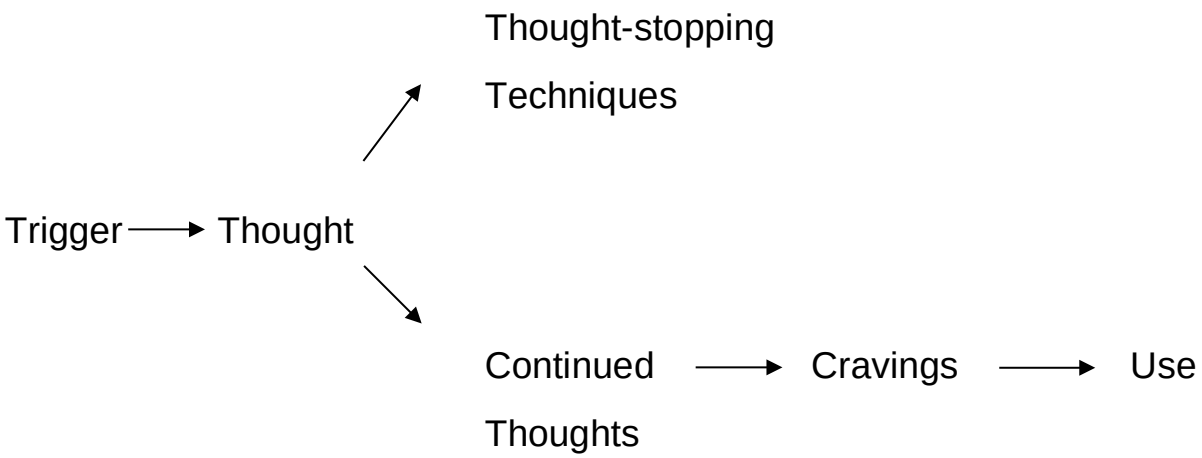
TRIGGER → THOUGHT → CRAVING → USE

Thought-Stopping

- The key to success is to recognize and stop 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.

<u>VISUALIZATION</u> – 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. The face of your child, grandchild, 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/PRAYER – 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?

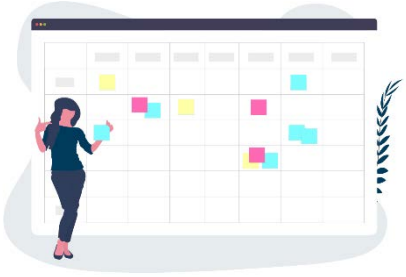
_____

_____

5: 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.

Handout 5: 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?

<u>It is important to build a structure around yourself</u> 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.

Is this the case for you? If so, what can you do?

_____

_____

Are there other times or places where you often “run into drugs”? If yes, is there a way to plan your time to avoid these? Briefly describe.

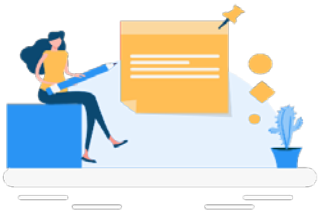
_____

What are some “safe” activities that you enjoy doing which can be included in your schedule?

_____

_____

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	

6: Recovery Checklist

This session provides a worksheet for patients to see what proactive things they are doing in their treatment and what aspects of their treatment they need to work on. This is an opportunity for the group members to receive and provide input on dealing with items on the checklist.

Handout 6: Recovery Checklist

Reducing your use of meth/cocaine requires a lot of hard work and a great deal of commitment. It is necessary to change old behaviors and replace them with new behaviors.

Check all the things that you do (or have done) since entering treatment:

_____ Schedule on a daily basis

_____ Avoid triggers (when possible)

_____ Use thought-stopping for cravings

_____ Eliminate all paraphernalia

_____ Avoid individuals who use cocaine and meth

_____ Attend the clinic for your scheduled medication visits

_____ If receiving take-home medication, take as prescribed

_____ Attend 12-Step/other support meetings

_____ Avoid bars and clubs

_____ Stop using alcohol

_____ Reduce or discontinue tobacco use (ask your therapist for help)

_____ Exercise every day

_____ Pay financial obligations promptly

_____ Discuss your thoughts, feelings, and behaviors honestly

_____ Avoid triggering websites

_____ Delete triggering contacts from your phone/computer

Which of the above are easiest for you to do?

_____

Which of the above take the most effort for you to do?

_____

Which have you not done yet? Why not?

_____

7: Internal Trigger Questionnaire

8: External Trigger Questionnaire

9: Trigger Chart

These sessions give the patient a sense that their stimulant use will not be set off by random events. By asking what situations may be triggering them to use stimulants, they become more aware of when they are more likely to use. When they change these triggering behaviors or stay away from the triggering situations, the chance of using can be reduced. The exercises in this session should help give the patient a feeling of greater understanding about what sets off the use episodes and how to avoid using. The reflexive nature of the craving process covered in the DC group “Your Brain and Recovery” should be emphasized to stress the importance of identifying and avoiding triggers. Once patients have identified their internal and external triggers, they are to be instructed to place those items on the Trigger Chart under the “Always Use”, or “Almost Always Use” columns Items that are not identified as triggering, are to be placed on the Trigger Chart under the “Never Use”, or “Almost Never Use” columns. This exercise provides patients with a visual of the internal and external triggers to avoid, while also giving them an understanding of the “safe” emotions, people places and situations in their environment.

Handout 7: Internal Trigger Questionnaire

There are often certain feelings or emotions that trigger the brain to think about using drugs. Read the following list of emotions and place a check mark (x) next to the feelings that trigger (or used to trigger) thoughts of using stimulants. Place a zero (0) next to the emotions that don't trigger you to use stimulants.

_____ 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: _____

Handout 8: External Trigger Questionnaire

1. Place a check mark next to activities or situations in which you frequently use or buy meth/cocaine. Place a zero (O) next to activities or situations are not associated with meth/cocaine use or purchase.

__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	__After medication dose

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.

_____

Handout 9: Trigger Chart

Date: _____

Instructions: List some of the triggers for meth/cocaine you identified on the internal and external triggers handouts, including (people, places, objects, situations, and emotions) and some situations, people and emotions that are not associated with meth/cocaine use.

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.

10: Be Smart. Not Strong

Many times, people in recovery try to test the strength in their recovery process and put themselves into high-risk situations: Trying to be strong is not being smart. An exercise is included in the session to make patients more aware of how smart they are being in their recovery. Trying to tough your way out of drug use is not smart.

Handout 10: Be Smart. Not Strong

"I can be around meth/cocaine. I am certain I don't want to use and once I make up my mind, I'm very strong."

"I have been doing well and I know I can be around friends who are using meth/cocaine, and not use. It's just a matter of willpower."

Staying off stimulants takes more than just strength or will power. The key to not using is to keep far away from drug use situations. The closer you get, the more likely you are to use. If meth/cocaine appears unexpectedly and/or you are around friends who are using, your chances of using are much greater than if you weren't in that situation. Be smart and avoid triggers as much as possible.

How smart are you being? Rate how well you are doing in avoiding using cocaine and meth:

	Poor	Fair	Good	Excellent
1. Practicing Thought-Stopping	1	2	3	4
2. Scheduling	1	2	3	4
3. Keeping Appointments	1	2	3	4
4. Avoiding Triggers	1	2	3	4
5. Not Using Alcohol	1	2	3	4
6. Not Using Drugs	1	2	3	4
7. Avoiding Individuals who use Drugs/Alcohol	1	2	3	4
8. Avoiding Drug/Alcohol Places	1	2	3	4
9. Exercising	1	2	3	4
10. Being Truthful	1	2	3	4
11. Attending scheduled medication visits	1	2	3	4

Which area(s) do you want to improve?

_____

_____

How do you plan to do that?

_____

_____

_____

11: Addictive Behavior

Ask patients to identify which behaviors were characteristic of their addiction. Emphasize that the re-emergence of these behaviors is an important signal of impending drug use. This is a good opportunity to point out necessary behavioral change and how these changes can lead the way to long-term sobriety.

Handout 11: Addictive Behavior

As stimulant use increases, eventually the use affects almost all areas of life. Stopping stimulant use requires you to leave all the drug behaviors behind.

However, they can creep back into life and often are signals that a return to drug use is going to happen. Learning to recognize when one or more of these begin happening will help you know when to start fighting extra hard to move away from using drugs.

Which of these behaviors do you think are related to your stimulant use?

_____ Lying

_____ Stealing

_____ Being irresponsible (not meeting family/work commitments)

_____ Being unreliable (late for appointments, breaking promises, etc.)

_____ Being careless about health and grooming (wearing “using” clothes, stopping exercise, poor diet, messy appearance)

_____ Taking medication not according to directions

_____ Behaving impulsively (without thinking)

_____ Behaving compulsively (too much eating, working, sex, etc.)

_____ Changing work habits

_____ Losing interest in things (recreational activities, family life, etc.)

_____ Isolating (staying by yourself much of the time)

_____ Missing medication appointments

12: Clinic Visits

As much as we would like to think the clinic is a safe place for a person in recovery, in reality, it may become a significant challenge to our patients in establishing and remaining abstinent. Clinic staff need to be aware of, and react assertively to individuals who may use the clinic environment as a way to enhance their income-drug sales. At the same time, it is important for therapists to let their patients know that not everyone attending the clinic is at the same point in their recovery process and may come looking to sell or purchase drugs. Having a candid conversation with patients on the optimal times of the day to attend the clinic, and the importance of not loitering in and around the clinic following a medication or counseling appointment may enhance a person's recovery.

Handout 12: Clinic Visits

Many patients receive methadone or buprenorphine at an opioid treatment program (OTP) or at the office of a buprenorphine prescriber. Visits to these clinics can often be a trigger for buying/using cocaine or meth. Sometimes people who sell cocaine and meth hang around outside the clinic or at bus stops or coffee shops near the clinic. Sometimes when waiting for medication in the waiting area, individuals can offer drugs or encourage meeting after the clinic to buy/sell cocaine or meth.

If this is a pattern that happens over time, the visit to the clinic can become a trigger for cocaine or meth thoughts and cravings. Some people describe starting to think about buying meth/cocaine as they travel to the clinic, and they can feel anticipation about whether they will see the people who sell meth/cocaine and if they can or will buy meth/cocaine.

There are lots of ways the trip to the clinic can affect your use of meth/cocaine.

Do you associate going to the clinic, with using meth/cocaine?

Yes_____ No_____ If yes, in what ways?

Dealer in the parking lot _____

Offers of drugs in the clinic _____

Dealer on the way home _____

Methadone/Suboxone effects makes me want meth/cocaine _____

People talking about getting high in or around the clinic _____

If you don't find the clinic to be a trigger, what are the situations where you get triggered?

_____

_____

_____

13: Signs of Stress

Stress is a major cause of a return to drug use. The two informational sheets provide some of the ways that stress can become part of drug use and can be a challenge in recovery. Patients can use the two information sheets to identify possible areas of stress.

The worksheet can help patients recognize their own signs of stress. They may be showing obvious signs of stress but not seeing these signs as being stress related. The leader and fellow group members may be able to help bring the signs to the patient's attention. Once signs of stress are recognized it is important to be able to alter behavior to reduce the level. As they become familiar with various stress reduction techniques, they should be encouraged to incorporate them into their daily living to prevent and reduce stress.

Handout 13: Signs of Stress

Stress is what a person experiences as the result of difficult or upsetting events, particularly those which continue for a period of time. Stress can be a big trigger for meth/cocaine use.

Sometimes we are unaware that we are stressed until we recognize the physical symptoms. Check off any of the following problems you have experienced in the past 30 days:

___ 1. Sleep problems

   a. Difficulty falling asleep

   b. Waking up off and on during the night

   c. Nightmares

   d. Waking up early and being unable to fall back to sleep

___ 2. Headaches

___ 3. Stomach problems

___ 4. Chronic Illness

___ 5. Fatigue

___ 6. Moodiness

___ 7. Irritability

___ 8. Difficulty concentrating

___ 9. General dissatisfaction with life

___ 10. Feeling overwhelmed

By becoming more aware of stress and learning ways to cope, you can further ensure your continuing recovery and improve your physical and mental health.

Stress, like cravings can often be managed by using specific grounding techniques, such as deep breathing, meditation, and exercise.

You can practice grounding exercises with your therapist to help you reduce the impact that stress has on your body and behaviors.

What are some ways that you have successfully managed stress in the past?

_____

_____

_____

14: Medications for Opioid Use Disorder: Methadone, Buprenorphine and Naltrexone

For many people, being on methadone, buprenorphine (bup) or naltrexone is life-saving. These medications reduce the use of opioids and allow for a stable productive life. Use of cocaine and meth while on methadone or buprenorphine can reduce their effectiveness and often can shorten the length of time these medications control withdrawal symptoms. Reducing or stopping cocaine and meth use, allows people to fully benefit from medications for opioid use disorder.

The only way to successfully address an individual's stimulant use is by retaining them in treatment. Programs who punish individuals on MOUD for continued use of other substances, including cannabis, benzodiazepines and stimulants (meth and cocaine), by terminating them from treatment are placing these individuals in imminent danger for a drug overdose, and potentially death. Patients using substances while on MOUD should be considered for additional interventions, including individual and group therapy, contingency management, and possibly a higher level of care.

Handout 14: Medications for Opioid Use Disorder: Methadone, Buprenorphine and Naltrexone

For many people, being on methadone, buprenorphine (bup) or naltrexone is life-saving. These medications reduce the use of opioids and allow for a stable productive life. Use of cocaine and meth while on methadone or buprenorphine can reduce their effectiveness and often can shorten the length of time these medications control withdrawal symptoms. Reducing or stopping cocaine and meth use, allows people to fully benefit from medications for opioid use disorder.

Some people find that cocaine and meth use "helps" with some of the less desirable side effects of methadone and bup. Unfortunately, whatever "help" meth/cocaine provide, there are serious problems that outweigh the "benefits".

Are any of these part of your meth/cocaine use?

___Helps reduce drowsiness from methadone/bup.

___Allows me to get things done when I feel lazy.

___Life on methadone/bup is boring, meth/cocaine is fun.

___Being on methadone/bup makes me crave meth/cocaine.

___Going to the clinic for methadone/bup is a trigger for meth/cocaine.

___I am depressed on methadone/bup, meth/cocaine makes me feel better.

___Meth/cocaine reduces opioid withdrawal.

___When I'm on methadone/bup, I miss getting high, meth/cocaine helps.

___I miss the "action" of buying and using drugs, meth/cocaine help.

___Other, describe_____

What new strategies can you do that would replace the "help" you get from cocaine/meth use?

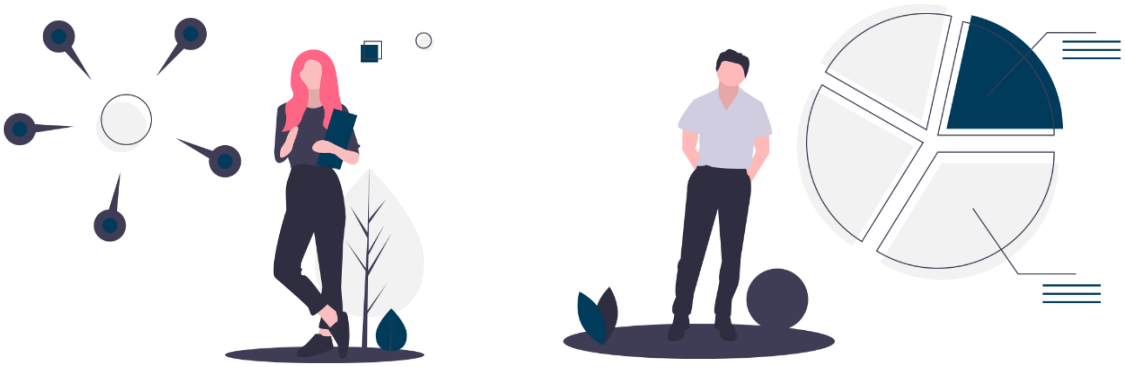
_____

_____

15: Stimulant use Analysis: The Five Ws

A functional analysis is an essential “starting point” to give the therapist a picture of the way in which stimulant use has become integrated into each patient’s life. Listening to the individual describe the details of their drug use, provides a valuable array of information that will be critically important in helping the patient develop a plan of recovery. It is important for the therapist to express genuine interest in and curiosity about the details of the when, where, why, with whom and what happens of an individual’s stimulant use. Ask questions, be curious, try to understand how stimulants have become a part of each individual’s life.

Handout 15: Stimulant use Analysis: The Five Ws



- Your meth/cocaine use isn’t random. It doesn’t happen accidentally.
- If you have been using stimulants on a regular basis, then there are probably some patterns to your use (e.g., places, times of day, with certain people).
- If you understand how methamphetamine/cocaine are entangled in your life, then you can work on reducing or eliminating your use.

To gain an understanding of how drug use has become involved in your life, it is useful to understand “The five Ws.”

The Five Ws

- **When**: The time periods when you use stimulants
- **Where**: The places where you use and buy stimulants
- **Why**: The external cues and internal emotional states that trigger craving and use of stimulants (why)
- **Who**: The people who you use drugs with or the people who you buy drugs from.
- **What**: What effects do you experience (good and bad) when you use stimulants (what happened)

When are the days of the week/ times of day that you most often use cocaine or methamphetamine:

_____

_____

Where are the places you most often use and buy meth/cocaine:

_____

_____

Why does use happen? What are the events or the emotional feelings (triggers) that occur right before you buy and use meth/cocaine:

_____

_____

Who are the people you frequently use stimulants with, or buy stimulants from?

_____

_____

What happens when you use methamphetamine/cocaine? Good and Bad.

_____

_____

16: Exercise and Recovery

Exercise is an intervention that can make a major difference in helping people with the challenging emotional symptoms that often are part of the early months of stimulant recovery. We know that chronic stimulant use damages the dopamine system and that individuals in the first 12-16 weeks (or longer) of stimulant recovery have very challenging symptoms of anhedonia, depression, and anxiety. Often patients will say: “If this is how it is going to feel to be sober for the rest of my life, I can’t live this way”. Obviously, this emotional context can be a justification for use of stimulants. “I just needed to do this once, to feel normal”, etc.

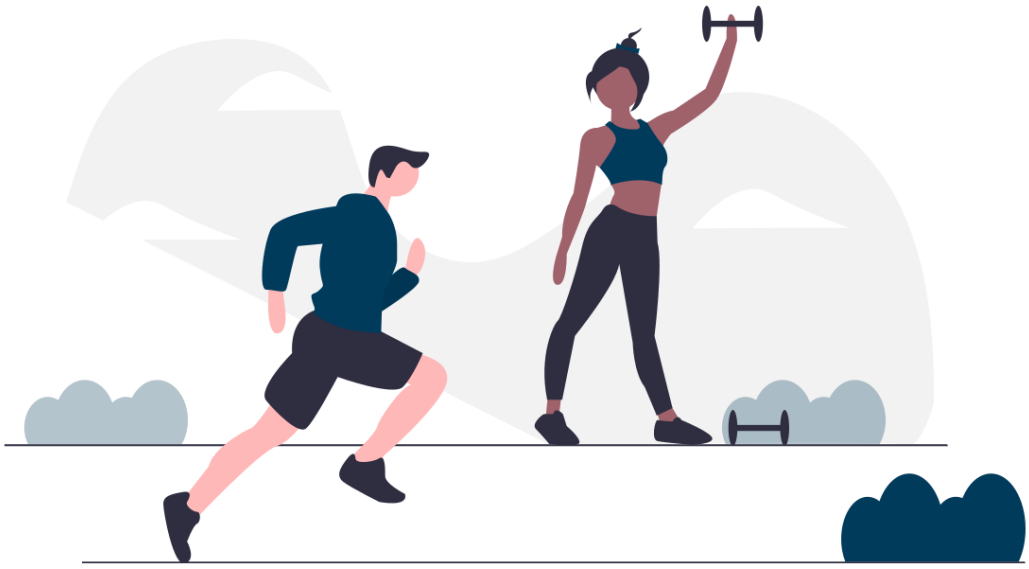
Exercise helps speed the recovery of the brain. Brain imaging studies have shown that exercise helps the dopamine system recover more quickly and that people who engage in 20-30 minutes of exercise, 3 times per week, have fewer negative emotional symptoms and fewer cravings. There have also been studies to show that exercise can help with concentration. Therefore, exercise has many of the benefits that we would find valuable in a medication to help individuals who use stimulants in recovery.

There are added benefits to exercise. Exercise is often a new (or long forgotten) set of behaviors that patients can use to build their non-drug using schedules. The exercise can be as simple as talking brisk walks with sober friends. Using exercise to build a new set of friends and ways to spend time can be an important building block in recovery.

Although exercise is introduced in this session, it is important for therapists to come back to the topic of exercise regularly though out the 12-week protocol and in continuing care.

The topic of exercise is similar to the scheduling concept. Exercise activity needs to be inquired about, verbally reinforced and encouraged and problem-solving support from therapists can be really helpful to patients in finding the time and methods for exercise.

Handout 16: Exercise and Recovery



- People who exercise on a regular basis in stimulant treatment do better than those who don't.
- Research has been done that shows exercise can reduce anxiety, depression, weight gain and help reduce craving.
- Any exercise that increases heart rate (aerobic) and can be done for 20 minutes, 3 times per week can make a huge benefit on the health and mental health of people recovering from stimulant dependence.
- Exercise provides a new set of behaviors to use your time in a non-drug related activity.

Making a plan for exercise, one day at a time, is a really valuable way to increase your chances of success in stimulant recovery.

There are simple things you can do alone without expense or equipment (e.g., jogging, sit-ups, etc.) or there are group activities that can provide you with support and new non-drug using friends (yoga, joining a gym, aerobics classes). There are also many apps for smart phones, tablets, and computers that you can use to support and track your exercise efforts.

1. What are some exercises that you are willing to add to your recovery plan?

   _____

   _____

2. List any medical or physical problems that you should speak with your physician about that could be obstacles to exercise?

   _____

3. Do you exercise now? ____ Have you exercised in the past? ____

   Describe your exercise experiences:

   _____

   _____

4. What exercise plan would work for you? Think about:
   - Is there someone you could exercise with?
   - Do you have any equipment (e.g., a bike, hand weights, basketball)?
   - When could you block out a half hour for exercise? 3 x week?
   - What exercise program has worked for you in the past?
   - What kinds of things do you like to do physically?

   _____

   _____

Start slowly, don't overdo it, some is better than none.

Be consistent-do a little but do it consistently.

17: Drug Refusal Skills

As many as one-third of individuals who enter treatment for a substance use disorder, resume drug use as a direct result of social pressure from friends who use. Most individuals who use drugs who are trying to quit continue to have some contact, either planned or inadvertent, with friends or acquaintances who are still using. Turning down methamphetamine or cocaine or opportunities to go places where they are available will be much more difficult than most patients anticipate. When initiating drug-refusal training, therapists begin by explaining why this will be important.

For example, “drug refusal training can be very important in helping you achieve an initial period of abstinence and for maintaining that abstinence. We are going to practice ways to refuse drugs or to refuse to go to places where drugs are available. The ability to effectively say “no” in these situations will help you feel in control when faced with situations that are tempting and to which you may previously have said “yes” automatically. If you do not prepare yourself to deal with these situations, good intentions may not lead to effective refusal. An important component of this training is for you to be creative in anticipating many of the situations that may come up in the following months. We have developed some examples that we feel are typical of what many individuals who use stimulants face, but each person has a unique set of circumstances. This training will benefit you most if you include situations relevant to your life so that we can rehearse how to handle them.”

Part of this session includes role-playing. The therapist should play the role of the person offering drugs and the patient should play themself. Remind the patient of the important components of effective refusal which are provided on the session handout.

Handout 17: Drug Refusal Skills

Refusing Methamphetamine and Cocaine

Some Important Things to Know:

- People who offer you meth/cocaine are not thinking of your best interests. Once you have decided to reduce or stop use of meth/cocaine, anyone (friend or not) who offers you drugs is a danger to you. Offers to use have to be refused - politely, if possible, but firmly.
- Saying “NO” is the first and most important part of your refusal response. There are different ways of saying “NO” for different situations. It is important to feel comfortable with how to say NO. You have to develop your own style.
- Think of a time you had difficulty refusing meth/cocaine? Choose a specific situation, specific people, time of day, place, and the activity.

_____

_____

COMPONENTS OF AN EFFECTIVE REFUSAL

- “No” should be the first thing you say.
- Tell the person to stop asking if you want to use drugs.
- Use appropriate body language.
- Make good eye contact; look directly at the person when you answer.
- Your expression and tone should clearly indicate that you are serious.
- Change the subject

Discuss how you might say “NO” to an offer in the future.

_____

_____

18: Recovery Checklist

This session provides a worksheet for patients to see what proactive things they are doing in their treatment and what aspects of their treatment they need to work on. This is an opportunity for the group members to receive and provide input on dealing with items on the checklist.

Handout 18: Recovery Checklist

Reducing your use of meth/cocaine requires a lot of hard work and a great deal of commitment. It is necessary to change old behaviors and replace them with new behaviors.

Check all the things that you do (or have done) since entering treatment:

_____ Schedule on a daily basis

_____ Avoid triggers (when possible)

_____ Use thought-stopping for cravings

_____ Eliminate all paraphernalia

_____ Avoid individuals who use meth and cocaine

_____ Attend the clinic for your scheduled medication visits

_____ If receiving take-home medication, take as prescribed

_____ Attend 12-Step/other support meetings

_____ Avoid bars and clubs

_____ Stop using alcohol

_____ Reduce or discontinue tobacco use (ask your therapist for help)

_____ Exercise every day

_____ Pay financial obligations promptly

_____ Discuss your thoughts, feelings, and behaviors openly with your therapist

_____ Avoid triggering websites

_____ Delete triggering contacts from your phone/computer

Which of the above are easiest for you to do?

_____

Which of the above take the most effort for you to do?

_____

Which have you not done yet? Why not?

_____

19: Managing Anger

Anger is repeatedly defined as an overwhelming negative emotional trigger. The purpose of this session is to provide patients with alternative ways of dealing with anger, to avoid feeling overpowered, and to avoid the strong possibility of drug use.

For many people, substance use is a way to cope with feelings that are uncomfortable. When faced with a troubling emotion, such as anger, people often choose not to cope with it and turn to substance use instead. Patients in recovery no longer can turn to drugs and alcohol for a temporary escape from difficult emotions.

The following steps may help patients better understand and manage their anger:

- Be honest with yourself. Admit when you are experiencing anger.
- Be aware of how your anger shows itself. Physical sensations and patterns of behavior can help you recognize when you are angry.
- Think about how anger affects others. Being aware of anger's effects on those you care about might motivate you to minimize its effects in your life.
- Identify and implement coping strategies. Keep using strategies that have always worked and find new ones that may be useful.

Handout 19: Managing Anger

Anger often leads people to use meth/cocaine.

Frequently, anger slowly builds on itself as you may constantly think about the people and events that make you angry. Sometimes it seems like the issues causing the anger are the only important things in life. Often, a sense of victimization accompanies the anger.

Do you ever think these things?

- "Why do I get all the bad breaks?"
- "How come they don't understand my needs?"
- "Why won't they just do what I want them to do?"

1. Does any of this seem familiar to you? _____ Explain.

_____

_____

2. How do you recognize when you are angry? Does your behavior change? For example, pacing, clenching your jaw, feeling restless? How or where do you feel or notice it?

_____

_____

3. How do you express anger?
   - Do you hold it in and eventually explode?

_____

   - Do you become sarcastic or passive-aggressive?

_____

There are positive ways to deal with anger. Consider these methods:

- Talk to the person with whom you are angry (unless this is dangerous or might make the situation worse).
- Talk to a therapist, a Twelve Step sponsor, or another trusted, rational person who can give you guidance.
- Talk about the anger in a Twelve Step or community support group meeting.
- Don't lose sight of where you are in your recovery.
- Write about your feelings of anger.
- Take a break to change your frame of mind.
- Exercise.
- Other (Remember things that might have worked for you in the past):

  _____

  _____

Which of these would you try?

_____

_____

_____

20: Stimulants and Sex-A Natural Connection

This session opens the door on a sensitive and important topic. It gives the patient an opportunity to discuss sexual issues in a safe environment. This topic can sometimes be uncomfortable unless the topic is presented as a natural part of the addiction/recovery process. It is important to maintain a serious tone in this group. Explicit detailing of sexual experiences is not important. The relationship between sex and resumption of drug use should be discussed.

Handout 20: Stimulants and Sex-A Natural Connection

Meth/cocaine affect the same part of the brain that controls both sexual behavior and sexual pleasure. Were any of these true for you?

In the Beginning

Stimulants increased sexual pleasure	____yes ____no
Stimulants helped sex last longer	____yes ____no
Stimulants allowed me to do things I might not otherwise do	____yes ____no
Stimulants helped me meet people	____yes ____no
Stimulants made me less anxious in new sexual encounters	____yes ____no
Stimulants added excitement to relationships	____yes ____no

It is not unusual for people to experience some of the above effects from stimulant use in the beginning. As the addiction gets worse, less pleasant things often begin to happen. Did you experience any of the following?

Near the End

Continued ability to prolong sexual activity with decrease in pleasure from the experience	____yes ____no
Increased, more unusual sex (looking for pleasure)	____yes ____no
Thinking about sex and drugs became more exciting than the real thing	____yes ____no
Difficulty achieving erection (males) or orgasm (females)	____yes ____no
Using stimulants replaced sex	____yes ____no

Thinking/fantasizing about sex is a trigger for drug use.

Are you getting triggered from any of the following?

Porn: Looking at porn internet sites or cruising through areas of prostitution can result in arousal and then cravings. It is difficult to fight this 1-2 punch from your addicted brain.

Bars/Clubs: Many people miss the social scene that goes along with using and try to return to the same places where stimulants and sex were used together. A menu for drug use.

Extra-relationship Sex: Forbidden sex can be a trigger during recovery. One of the reasons for this is that such activity may involve lying, cheating, etc. All of these are addictive behaviors.

Dysfunction: It takes a while after stopping drug or alcohol use to experience pleasurable, normal sex again. It is not unusual to lose all interest in sex. For some people it's difficult not to get anxious about this.

Over time, with abstinence, normal sexual functioning will return. Some people may be faced with drug-free sex for the first time since adolescence – or ever! It's important not to rush back to sex. The triggering will occur less often and with less power over time. Let your triggers (or the lack of them) be your guide for your return to sexuality.

In what ways does your sexual functioning interact with your meth/cocaine use?

_____

_____

21: A Matter of Life and Death

These days it is difficult to find someone who has not personally been impacted by the opioid epidemic. People who knew nothing about heroin, oxycodone or fentanyl can now tell you the difference between an opiate and an opioid. They know what naloxone (narcan) is and how to use it. This topic is intended to promote an open conversation regarding the realities of what is happening on the streets, how patients have been impacted by the changes in the drug supply and give them an opportunity to share what they are doing to ensure their safety.

Handout 21: A Matter of Life and Death

In 2021 there were 106,854 drug overdose deaths.

In recent years fentanyl is present in the toxicology reports of over 90% of all overdose deaths. Methamphetamine or cocaine are present in over 60% of toxicology reports. Other drugs commonly found are xylazine and benzodiazepines.

- Methamphetamine now is very high in purity and potency. In the early 2000s meth purity was in the range of 35% to 57%. In the past few years, purity has increased to 96% to 97%.
- The higher quality of methamphetamine coupled with the unexpected inclusion of fentanyl with meth/cocaine have increased the deadliness of these drugs.

Have you ever overdosed on meth or cocaine? _____

Do you know anyone who has overdosed on meth/cocaine? _____

Do you carry naloxone (Narcan)? _____

When you use meth/cocaine, do you inject? _____

When you use meth/cocaine do you use alone? _____

22: Why Use Stimulants with Methadone or Buprenorphine?

As with the functional analysis and the Five Ws topic, this topic is meant to gain a better understanding around the reasons patients are using stimulants. It is important to engage our patients in a candid conversation focused on both, the “good”, and the “not-so-good” things about using stimulants. Knowing the value that stimulants provide, or once provided an individual will assist the therapist in understanding an individual’s motivation to either stay the same, or to make behavioral changes. Guiding patients to share the challenges their stimulant use creates may set the foundation for future conversations centered on change.

Handout 22: Why Use Stimulants with Methadone or Buprenorphine?

People using meth/cocaine while on methadone were asked “why use both?”

Here are some of the reasons people gave (check any that you relate to):

____ “The pattern of stimulant use while on methadone can be a roller coaster ride.”

____ “I like the high.”

____ “Meth use is a way to counter the sedation related to methadone or other opioids.”

____ “I like the combined effect of meth or cocaine with opioids.”

____ “Meth is useful for energy and allows me to function better.”

____ “Meth helps hide the opioid symptoms and therefore I fit in with straight people.”

____ “Meth reduces opioid withdrawal.”

____ “Sex is better.”

____ “I can stay awake and protect my stuff.”

My reasons:

_____

_____

What are some reasons to not use meth/cocaine?

____ “It makes me paranoid.”

____ “I get chest pains.”

____ “I spend too much money.”

____ “I end up with too many needle marks.”

____ “I have dental problems.”

____ “More and more people are overdosing on stimulants.”

My reasons to stop using meth/cocaine are?:

_____

_____

23: More than One Way to be Addicted

Individuals using opioids generally understand the nature of their addiction and the sequence of events leading to the onset of withdrawals from opioids. For many this is pretty straight forward. Stimulant addiction presents in different ways, ultimately leading to a false sense of control. This topic will highlight some of the differences between opioid addiction and stimulant addiction, while engaging patients in a discussion around their motivation to reduce or stop their meth/cocaine use.

Handout 23: More than One Way to be Addicted

Opioid Addiction

- You know when you're strung out, addicted to opioids (heroin, fentanyl, Oxycontin, etc.)? You get sick without enough opioids in your system.
- Opioid addiction is straight forward. Once addicted, you use to feel better. If you don't use, you get sick. You use to get well.
- Medicines like methadone and buprenorphine help stop this cycle.

Stimulants are Different

- A person who is dependent on stimulants (methamphetamine, cocaine, Adderall) can not stay under the influence constantly.
- If you stop using you don't get sick and need more stimulants.
- It's easy to think you don't have a problem. "I don't have to use every day; most of the time I'm not using."
- Addiction to stimulants is more defined by whether you can stop when you have made a decision to stop and if you can stay stopped.
- Addiction to stimulants involves lots of stopping and resuming use.
- There is no medicine for stimulant dependence; the only thing that is effective is immediate and consistent behavior change.

1. Do more bad or good things result from your meth/cocaine use?

_____

_____

2. Have you made a decision to quit in the past? ___yes ___no

   What happened?

   _____

   _____

3. What is different this time?

   _____

   _____

Appendix: Other Evidence-Based Practice Resources, Manuals, and Websites

Contingency Management/Motivational Incentives

The CM Manual; A Guide to Instituting Low-Cost Motivational Incentives. Designed by Christine Higgins, Dissemination Specialist, Mid-Atlantic Node of the National Institute on Drug Abuse, Clinical Trials Network

Contingency Management for Healthcare Settings Online Training
https://attcnetwork.org/centers/northwest-attc/cm

Promoting Awareness of Motivational Incentives
https://attcnetwork.org/centers/global-attc/product/promoting-awareness-motivational-incentives-pami

Community Reinforcement Approach

Community Reinforcement; Community Reinforcement and Family Training Support and Prevention (CRAFT-SP). Steven M. Scruggs, Robert Meyer and Rebecca Kayo Published by the Department of Veterans Affairs, South Central Mental Illness Research, Education, and Clinical Center (MIRECC), 2001. Last updated 12/15/2014.

https://www.mirecc.va.gov/visn16/docs/CRAFT-SP_Final.pdf

The Community Reinforcement Approach: A Guideline developed for the Behavioral Health Recovery Management Project. Robert J. Meyers and Daniel D. Squires, University of New Mexico Center on Alcoholism, Substance Abuse and Addictions, Albuquerque, New Mexico. The Behavioral Health Recovery Management project is an initiative of Fayette Companies, Peoria, Il; Chestnut Health Systems, Bloomington, Il; and the University of Chicago Center for Psychiatric Rehabilitation. This project was funded by the Illinois Department of Human Services', Office of Alcoholism and Substance Abuse.

Cognitive Behavioral Therapy

Therapist's Treatment Manual: Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders. Center for Substance Abuse Treatment. HHS Publication No. (SMA) 13-4152. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006. https://store.samhsa.gov/product/Matrix-Intensive-Outpatient-Treatment-for-People-With-Stimulant-Use-Disorders-Counselor-s-Treatment-Manual/SMA13-4152

Anger Management for Substance Use Disorder and Mental Health Clients. A Cognitive-Behavioral Therapy Manual
https://store.samhsa.gov/sites/default/files/d7/priv/anger_management_manual_508_compliant.pdf

Getting Off: A Behavioral Treatment Intervention for Gay and Bisexual Male Methamphetamine Users, A Training Manual for Therapists
www.friendscommunitycenter.org/resources

Motivational Interviewing

Enhancing Motivation for Change in Substance Abuse Treatment (TIP 35) (Substance Abuse and Mental Health Services Administration (SAMHSA) This guide helps clinicians influence the change process in their patients by incorporating motivational interventions into substance use disorder treatment programs.

Motivational Interviewing Network of Trainers (MINT) International non-profit organization of trainers in MI that aims to promote good practice in the use, research, and training of MI. Website includes information on upcoming events/trainings and a "Library" of MI publications, coding and assessment tools, practice tools, and more.

Motivational Interviewing Training and Technical Assistance

Northwest ATTC Motivational Interviewing Resources: https://attcnetwork.org/centers/northwest-attc/motivational-interviewing-mi

UNM Center on Alcohol, Substance Use, and Addictions MI and Therapist Manuals: https://casaa.unm.edu/mimanuals.html

Tour of Motivational Interviewing (HealtheKnowledge/ATTC)
4-hour self-paced online training that takes the learner on a tour of the essential skills used to strengthen an individual's motivation for behavior change. ***4 hours of CE available!***

Motivational Interviewing CME/CE and Patient Simulations (NIDA- SAMHSA Blending Initiative) Includes: *Talking to Patients about Health Risk Behaviors with MI Patient Simulation* and *Engaging Adolescent Patients About Marijuana Use*

MIA:STEP – Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency

Other Resources

Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

HIV Rapid Testing
https://www.drugabuse.gov/blending-initiative/hiv-rapid-testing

Buprenorphine
NIDA/SAMHSA Blending Initiative, Buprenorphine Suite: https://archives.nida.nih.gov/nidasamhsa-blending-initiative

Twelve-step Facilitation
https://pubs.niaaa.nih.gov/publications/projectmatch/match01.pdf

Treatment Planning
Treatment Planning M.A.T.R.S.: Utilizing the Addiction Severity Index (ASI) to Make Required Data Collection Useful: https://nida.nih.gov/nidamed-medical-health-professionals/ctn-dissemination-initiative/treatment-planning-matrs-utilizing-addiction-severity-index-asi-to-make-required-data-collection

Texas Christian University, Institute of Behavioral Research

Brief interventions, including:

- Getting Motivated to Change
- Straight Ahead: Transition Skills for Recovery
- Understanding and Reducing Angry Feelings
- Disease Risk Reduction WaySafe Intervention
- Mapping the Journey: A Treatment Guidebook
- Treatment Readiness and Induction Program

National Institute on Drug Abuse: Principles of Effective Treatment
https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface

Center of Excellence for Integrated Health Solutions. Funded by Substance Abuse and Mental Health Services Administration Operated by the National Council for Mental Wellbeing
https://www.thenationalcouncil.org/integrated-health-coe/

National Institute on Drug Abuse & Substance Abuse and Mental Health Services Administration Blending Initiative
https://www.drugabuse.gov/nidasamhsa-blending-initiative

Assertive Community Treatment: Getting Started with EBPs*.* DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008.

The California Evidence-Based Clearinghouse for Child Welfare; Information and Resources for Child Welfare Professionals
https://www.cebc4cw.org/program/community-reinforcement-approach/detailed

TIP 33: Treatment for Stimulant Use Disorders: Treatment Improvement Protocol (TIP) Series 33. HHS Publication No. (SMA) 09-4209. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
https://store.samhsa.gov/product/treatment-for-stimulant-use-disorders/PEP21-02-01-004

Substance Abuse and Mental Health Services Administration. A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department. HHS Publication No. SMA18-4357ENG. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Revised 2018.
https://store.samhsa.gov/product/A-Guide-for-Taking-Care-of-Your-Family-Member-After-Treatment-in-the-Emergency-Department/sma18-4357eng