

# RBT with women

- A. Description of Daily RBT Components
- B. Essential elements of RBT for women

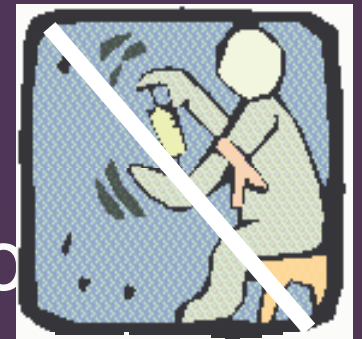
# Reinforcement Based Therapy: *How is it implemented?*

1. Assessment of drug problem

2. Sobriety sampling

3. Treatment plan

4. Behavioral skills and HIV education



# Reinforcement-based Therapy

## *Typical Day--*

1. Behavioral Skills Training
2. Meet with Counselor
3. Lunch
4. Job Club
5. Recreation

# Reinforcement-based Therapy

## *Typical Day--*

MUST BE DRUG FREE TO PARTICIPATE!



OR



ONLY GET COUNSELING

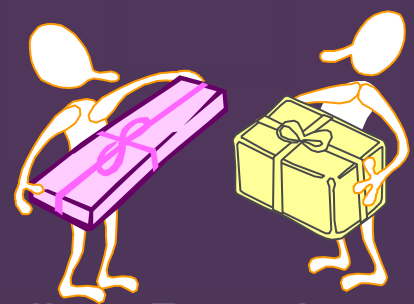
# Reinforcement-based Therapy

## *Typical Day*

### BEHAVIORAL SKILLS TRAINING



Assertive Drug Refusal



Building Relationships



Money management

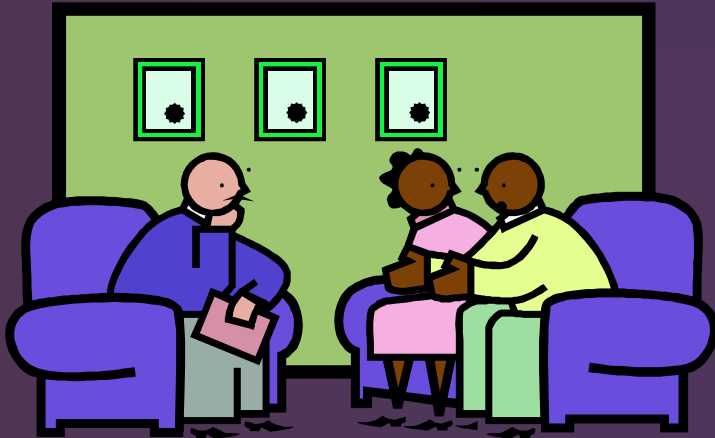


Anger management

# Reinforcement-based Therapy

## *Typical Day*

INDIVIDUAL COUNSELING



LUNCH



# Reinforcement-based Therapy

## *Typical Day*

### JOB CLUB



Learn Job Skills



Practice interviewing



Work on Degree

Fill out Job Applications

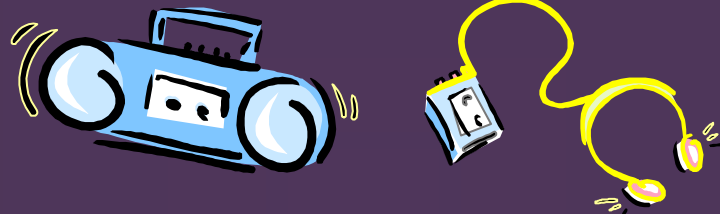
# Reinforcement-based Therapy

## *Typical Day*

### RECREATION



DINING OUT



VISTING MUSIC STORES



SEEING MOVIES



AMUSEMENT PARKS



PLAYING SPORTS

# Barriers to Treatment Engagement for Women

## Individual

Fear of stigmatization

Fear of custody loss

Guilt and shame

Costs of family disruption

## Environmental

Provider stigma

Lack knowledge

Lack of gender specific  
treatment services

Need child care facilities

Need trauma treatment

# RBT with women

- A. Description of Daily RBT Components
- B. Essential elements of RBT for women
  - Research
  - Clinical observation
  - What clients have told us

# Eleven Elements of Effective Reinforcement-Based Treatment for Women

1. Reinforcing atmosphere
2. Evaluation of basic needs
3. Functional assessment of drug use
4. Assessment of risk factors
5. Psychiatric evaluation
6. Recreational/social outlets

# Eleven Elements of Effective Reinforcement-Based Treatment for Women

7. Family relations
8. Job skills training
9. Gender-specific psycho-educational groups/individual counseling
10. Feedback and monitoring (w/reinforcement)
11. Outreach

# Reinforcing Atmosphere

- Treatment should be a place that clients want to be
- Importance of retaining women in treatment
- Accurate empathy
  - “safe” environment in which to discuss sensitive issues
  - Non-judgmental (for example, relapse not a reason to leave tx; rather a time to be in tx)

# Reinforcing Atmosphere

## Reinforcers

### Tangible

Certificates

Hand-written notes

Congratulation slips

Stickers

24 hr. Card

### Intangible

Smile/warm greeting

Congratulate

Familiarity w/ progress

Modeling

Recognition of strengths

Social Club

Relapse

# Reinforcing Atmosphere

- Goals/treatment planning should reflect what is reinforcing to the individual
- Should explore the good and bad of drug use. Experience evaluating reinforcers.
  - When people feel free to think of what they like about drug use, they are also more willing to explore the other side

# Evaluation of Basic Needs

- Housing
- Food
- Transportation
- Medical Problems
- Safety

# Evaluation of Basic Needs

- Ideally, program should eliminate barriers
- Often some barriers can be removed by program; help from other programs
- Goals should be prioritized based on safety and relationship of need to drug use (ex., tooth pain)
- When developing a treatment plan, clinicians should consider ask themselves “what is reinforcing about this plan?”

# Evaluation of Basic Needs

## Treatment Plan

Counselor

1. Don't use heroin
2. Get medicaid
3. Go see psychiatrist
4. Get medical evaluation

Client



# Functional Assessment of Drug and Alcohol Use

- Women's needs differ from men's
- Individuals are different from one another
- When , Where, and Why of drug use
- Longest Period of Abstinence

# Functional Assessment of Drug and Alcohol Use

- Initial
- Relapse
  
- What do you use? (all drugs/order)
- When do you use? (times of day/freq.)
- With whom do you use? (specific relations/names)

# Functional Assessment of Drug and Alcohol Use

- Where do you use?
  - Specific locations (North Avenue and Greenmount)
- How are you feeling right before you use?
- What is happening right before you use?
- What happens right after you use?

# Functional Assessment of Drug and Alcohol Use

- Initially difficult for clients to be specific
- Explore longest period of abstinence (LPA)
  - What has worked for the person in the past? Past behavior as good predictor of future behavior
- Identifies reinforcers for client (encourage self-efficacy)

# Functional Assessment of Drug and Alcohol Use

- What was the longest time that you were able to stay off of drugs? (6 months)
- What were you doing during that time?
  - Working
  - Going to NA
  - Going to church
  - Spending time with my kids
  - Used to take care of myself

# Functional Assessment of Drug and Alcohol Use

## Counselor

1. Don't use heroin

2. Attend church

3. Go to NA

4. Recreational activity w/son

5. Get nails done once a week

## Client



# Assessment of Risk Behaviors

- IV drug use
- Sexual practices
  - Number of partners
  - Condom use
- Prostitution

Risk of HIV  
Hep. C and B  
STDs

Violence issues/trauma  
Pregnancy

# Psychiatric Evaluation

- Co-morbid mental disorders common in drug-dependent women
- Need to assess and treat (or make appropriate referrals)
- At a minimum need to assess for suicidal ideation at intake and on a regular basis

# Psychiatric Evaluation

- When psychological condition has direct impact on drug use or ability to make strides in tx
  - Monitor and graph mood
  - Monitor and graph compliance with medication(s)
  - Mood often lifts when drug use subsides
  - However, drugs may be self-medicating and issues may arise after abstinence is begun

# Recreational/Social Outlets

- In RBT, defining recreational goals is always a component of treatment
- When the goal is abstinence, then what will the client do with her time?
- Often have not had experience with social relationships and recreational activities outside of drug use in a long time

# Recreational/Social Outlets

- Recreational goals need to be:
  - Fun for the client. For ex., don't ask to spend time with kids watching cartoons if the parent doesn't enjoy doing this
  - Should be reasonable
    - Price
    - Likely to do on their own
      - Repeat activities

# Family Relations

- Naturally occurring reinforcement network
  - Often have strained relations
  - Often family member will want to help client if she is not using
- Drug-using and non-drug using family
  - No time with your brother
  - Spending time with family that is not using

# Family Relations

- Partner's drug use
  - Sensitive to difficulty with these relationships
  - Offer support to woman in non-judgmental fashion
  - Offer help to the partner
- CPS involvement
  - Very traumatic experience for women to lose child(ren)
  - Be sensitive when discussing loss

## Family Relations (cont.)

- If parental rights have not been terminated (or if woman is currently pregnant), help her to navigate system
  - Clearly define goals and expectations
  - Offer parenting classes
  - Use pregnancy as window of opportunity
    - You'll have the best chance of reunifying with your child if you are abstinent, attending tx
    - Going to court with woman if she meets goals

# Job Skills Training

- Often given minimal attention
- Critical component of RBT
  - Sense of self-efficacy
  - Financial independence
  - Physical independence
  - Safer environment (from drugs, violence)
  - Takes up a lot of time (competes with drug use/boredom)

# Job Skills Training

- Success increasing employment rates with non-pregnant and pregnant women
- Components of Job Club
  - Resume
  - Mock application
  - How to dress for interview
  - Cover letter
  - Interviewing skills

# Job Skills Training

- Reinforce each step
- Should also include “how to maintain a job”
  - Get to work on time
  - Don’t miss work
  - Dealing with conflict
    - Don’t argue with your boss
    - Don’t argue with your co-workers

# Gender-specific Groups or Individual Counseling

- Trauma issues and coping
  - How to keep yourself safe
  - Re-exposure to trauma, self-destructive behaviors, risk of HIV, STDs, etc.
- How to build supportive networks (support groups, activities, sponsors)
- Parenting/pregnancy

# Feedback and Monitoring

- Feedback is **written material** based on initial assessment of the client's history of drug use
- Shown to be effective tool in brief interventions
- Presented to the client in a counseling session
- Presented to the client early in treatment

# Feedback and Monitoring

- Contains a summary of:
  - Healthy behaviors
  - Behaviors to consider changing
  - Risk factors
  - The individual's drug use history compared with normative data
  - What the individual's thoughts are regarding making changes (how important is it to her to make a change, how confident...)

# Feedback and Monitoring

- Can be several pages, can be less than a page depending on the # of assessments, time constraints (ASI)
- Presented in objective and non-judgmental manner
- Organize the person's often chaotic history and line up the arguments for change

# Feedback and Monitoring

- Example
  - Healthy Behaviors
  - Description of Drug Use

# Feedback and Monitoring Healthy Behaviors

## Example Jane Smith

- Healthy behaviors include: entering treatment, being abstinent from heroin for the last 5 days, taking prenatal vitamins, showing up for prenatal care appointments, and coming to your sessions with me.
- Other things to consider: committing to continued abstinence, moving into a recovery house, staying away from areas where drugs are available

# Feedback and Monitoring

## Description of Drug Use

- You first used heroin when you were 22. You have been using heroin regularly for the past 60 months
- You have used \$2,000 worth of heroin in the past month
- You have used \$120,000 of heroin in your lifetime

# Feedback and Monitoring

## Description of Drug Use

- Percentage of women in your age group who currently use heroin (other drugs)
- Risk factors
  - Living with another drug user
  - Friends or associates who use drugs
  - IV drug use
  - Sexual practices with IV drug users
  - Family history of drug/alcohol problems

# Feedback and Monitoring

Most influential aspects:

- Length of use
- Amount spent on drugs
- % of women who use drugs
- Risk factors

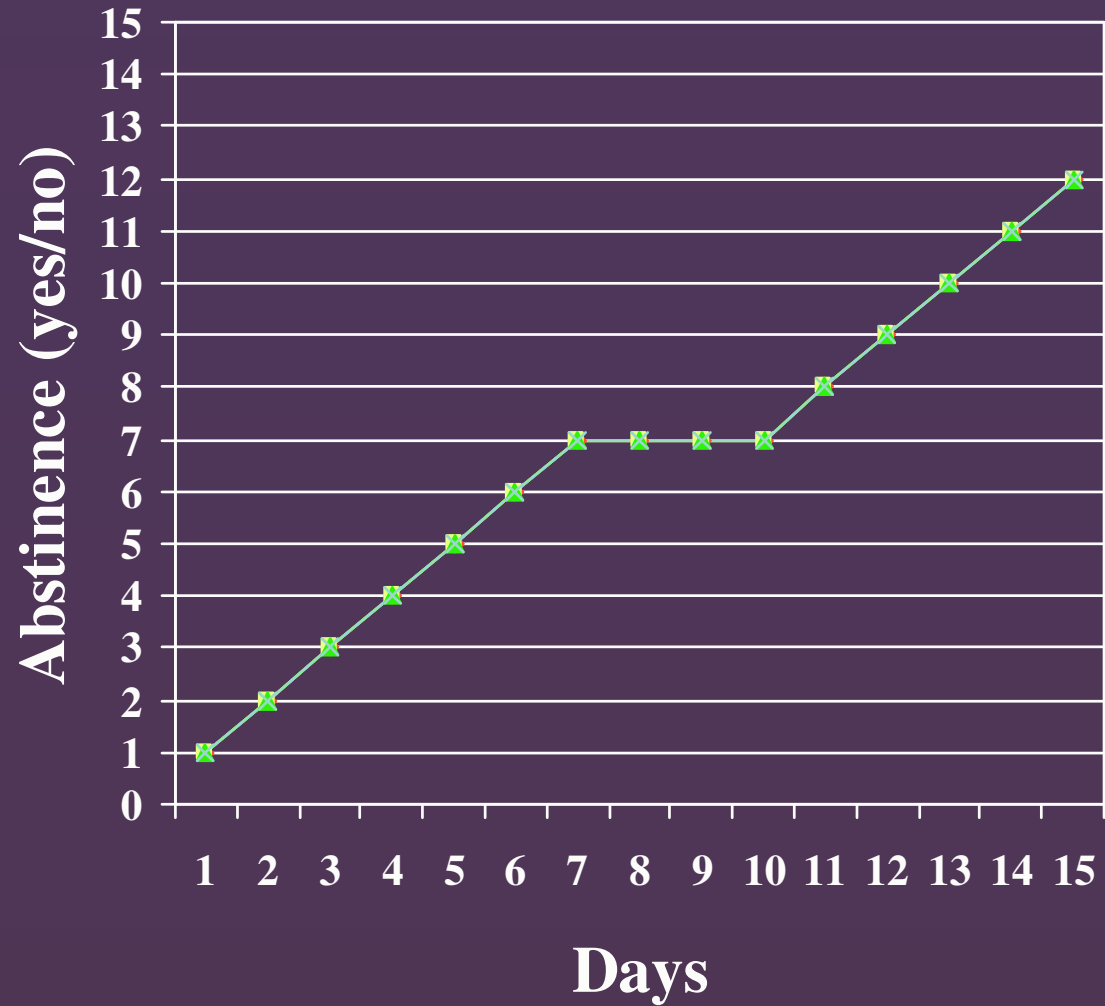
# Feedback and Monitoring

- Regular urinalysis
- Use of graphs to depict treatment goals
  - These graphs are used as a clinical tool
  - Used in session with client at least once a week
  - Show client that abstinence is not an accident but is tied to behavior/choices
  - Reinforce the client's efforts on a regular basis
  - Show the clinician and client red flags for an impending relapse

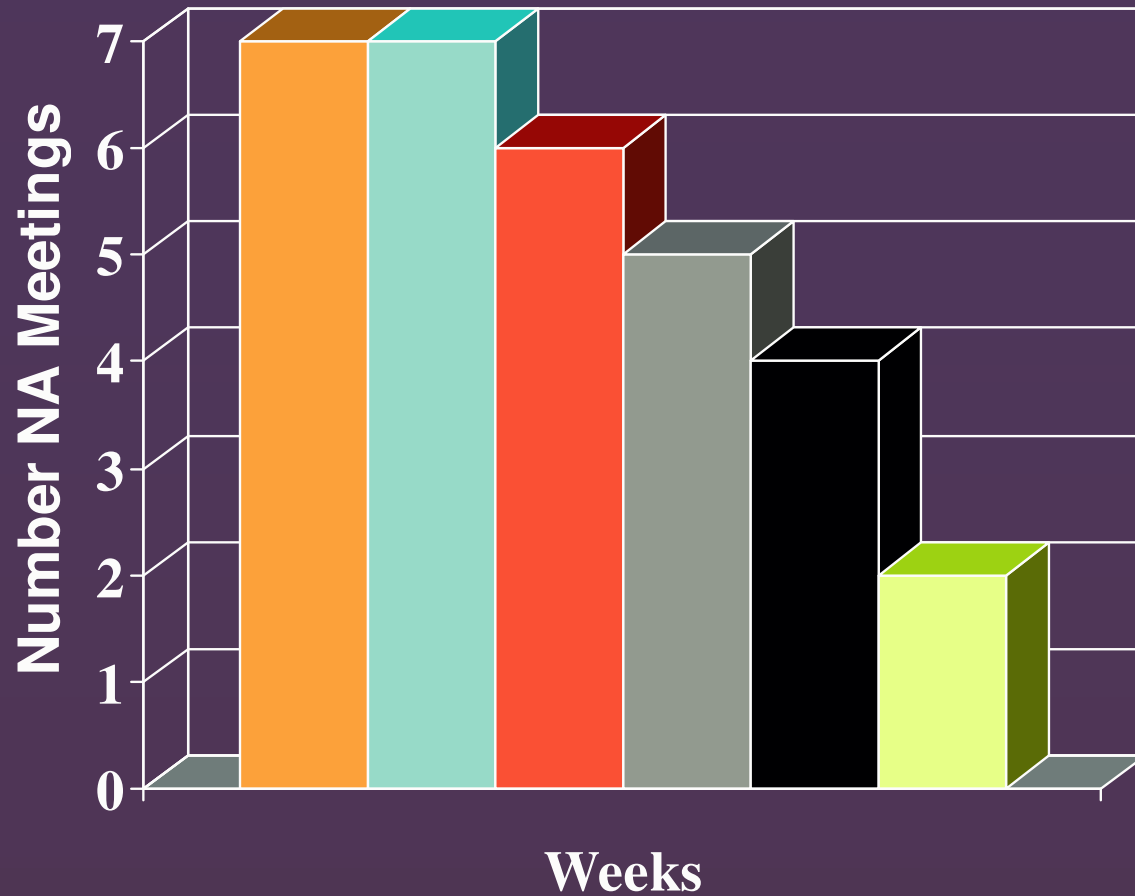
# Feedback and Monitoring

- Goals are based on a functional assessment of drug use
- Always includes
  - days drug free
  - attendance in the program
  - recreational activities
- Might also include
  - NA attendance
  - Job applications submitted per week

# Drug Free Days



# NA Attendance



Week 1

Week 2

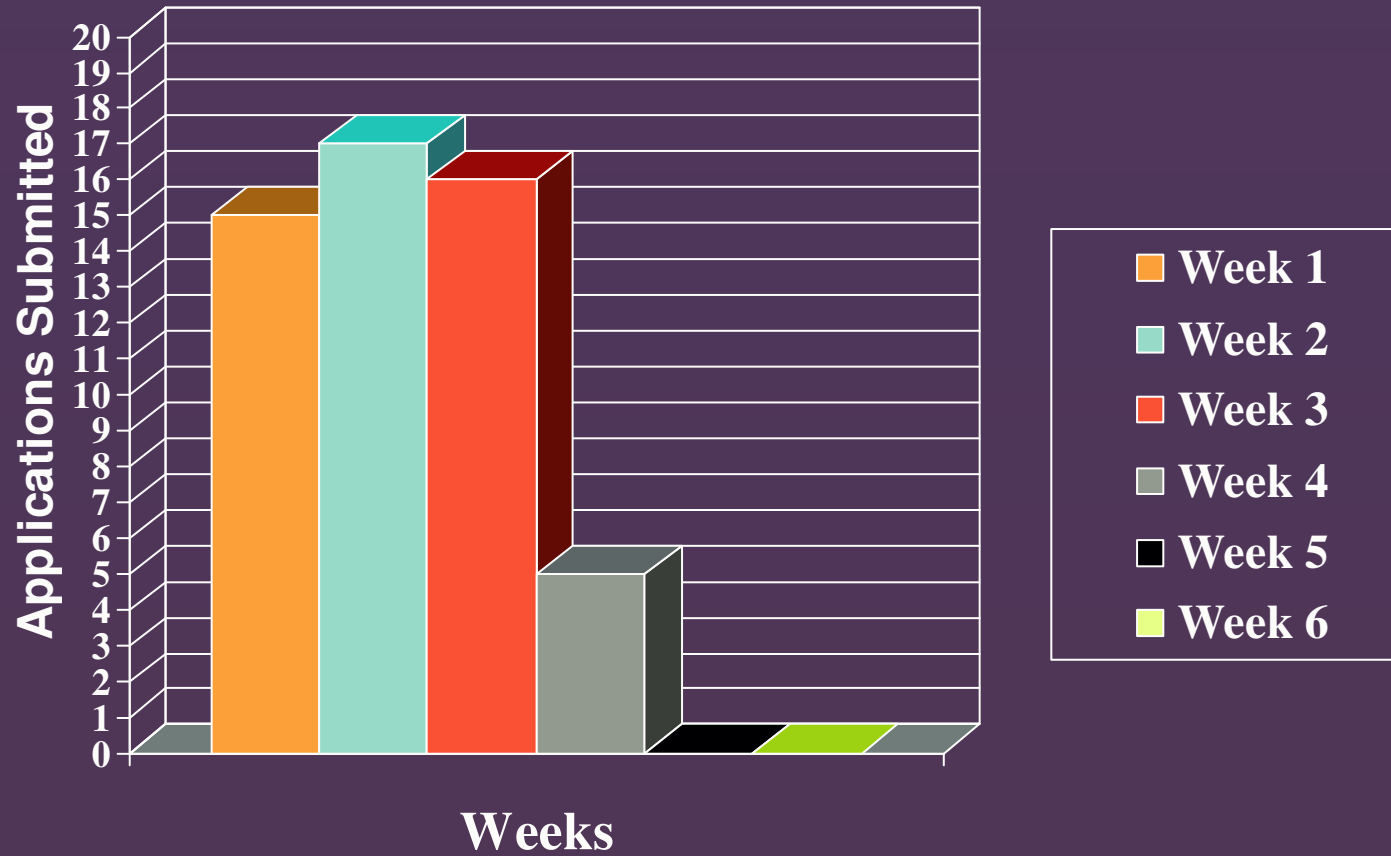
Week 3

Week 4

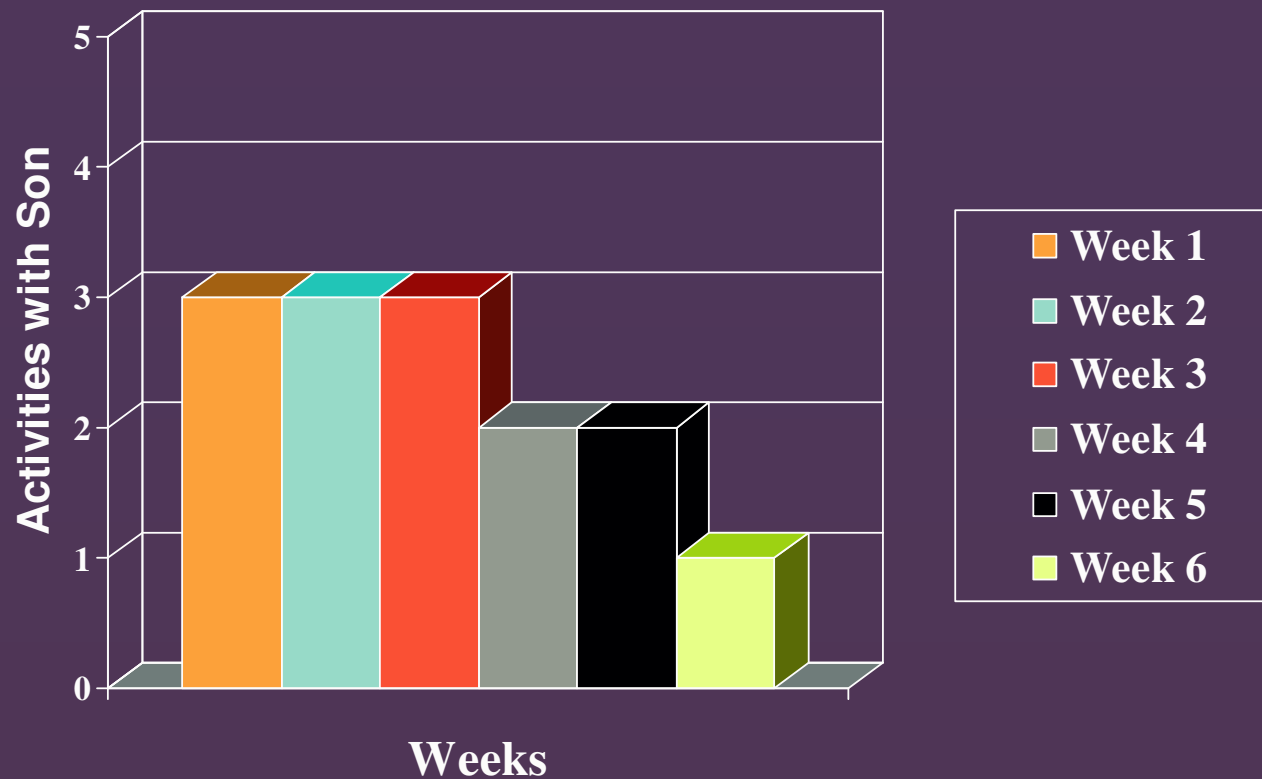
Week 5

Week 6

# Job Applications Submitted



# Recreational Activities with Son



# Feedback and Monitoring

- Graphs should tell a story about what is reinforcing to the client (what or competes with drug use)
- Drug use or inability to meet goals is an indication that these goals do not adequately compete with drug use
  - Is spending time with kids not reinforcing?
  - What is the woman's experience when she attends NA?

# Feedback and Monitoring

- Change goals to compete with drug use
- When goals are working, summarize:
  - You have been living at your mother's for two weeks now, which you identify as a safe place
  - You have been going to NA each day
  - You have been coming to treatment here
  - And you have 14 days of continuous abstinence
  - You are drug free because of all of these things that you are doing for your recovery. Keep it up.

# Outreach

- Difficulty to engage women in treatment
- All efforts should be made to retain
- Important to get good contacts during 1st session (three contacts)
- Permission to contact several contacts given by client (non-attendance, relapse rescue)
  - Phone calls
  - Letters
  - Home visits

# Summary

1. Gender differences exist at treatment entry and have implications for treatment tailoring
2. Development of Reinforcement Behavioral Therapy (RBT)
3. How to tailor RBT with women
4. Continued efforts to remove barriers and to improve treatment for women