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Did you know?

4,545,000 women age 12 and over in the US have used methamphetamine in their lifetimes¹

351,000 reported using methamphetamine in the past year¹

Nationally, 46% of those who report methamphetamine as their primary drug when admitted to treatment are women²



Did you

know?

Building engagement among incarcerated clients in New Mexico

Explore the Client Offsite Interview

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Building engagement among incarcerated clients in New Mexico

San Juan County, NM, launched its innovative Methamphetamine Pilot Program (MPP) in 2006 as part of its Alternative Sentencing Division. The MPP accepts substance-abusing offenders convicted within the San Juan County court system. At present, the program is for women only; it provides 60 days of jail-based, gender-appropriate treatment for about 20 clients at a time. That's followed by at least a year of aftercare, starting with 12 weeks of intensive outpatient treatment.

The program is built around comprehensive case management, before, during, and after the incarceration component. The program uses the ASI-MV not only as an initial assessment, but throughout treatment (about every 90 days), to help clients identify goals and measure their own progress.

"We're jail-based treatment," says clinical director Deanna Cooper, LISW, "so engagement is important. Our process flows naturally from our Motivational Interviewing (MI) and Community-Reinforcement Approach (CRA) methodology."^{3,4} "Clients go through the program as a group. We administer the ASI-MV on the second day," Cooper explains. "At first, I would just introduce myself to clients and then an assistant would handle the intake paperwork and oversee the ASI-MV.

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But we found over time that it's just so helpful to meet with the clients right at the start, to set the tone of treatment. It improves the quality and effectiveness of all our future interactions."

The MPP orientation begins with a discussion of confidentiality and how treatment information will—and won't—be shared. "I review the confidentiality rules under federal law, and go over the forms they're asked to sign in plain English and with real examples," Cooper says. "We focus on differentiating what information goes to the courts or to their parole officers from what may go to treatment providers—so clients understand that they will have privacy about the personal details of their lives. It gives us an opportunity to develop rapport with clients and begin to earn their trust."

While the clients are going through the orientation, the counseling staff will stop by to introduce themselves, interact briefly with their own clients, and let them know when they will meet one-on-one. Clients and counselors will meet in "rapport" sessions as early in the program as possible, usually on the group's first or second day.

To introduce the ASI-MV on day two, Cooper and the staff explain the assessment and how it will be used. "We'll tell them about the patterns they will see in the questions, how they relate to the ASI-MV 'domains' of medical status, employment and support, drug use, alcohol use, legal status, family and social status, and psychiatric status."

"We also talk to them about the reports that will be generated from the ASI-MV," Cooper says. "We reassure them that they will be able to sit down with their counselors to review, clarify, and make corrections on the initial report before it's finalized. We also explain how a report prepared for the court will differ from one prepared for a treatment provider."

Cooper and her staff have come to see the ASI-MV Narrative Report as a tool for enhancing client engagement in the treatment process.

"We've started to describe the Narrative Report to clients as a 'personalized, living document,' one that will follow them through the phases of treatment, and change to reflect the changes in their lives and behaviors and track their successes. We also tell them how it can be used to help with relapse prevention and analysis," Cooper says. "This is a great discussion—clients have told us that the personalized approach helps them take ownership of the recovery process."

The ASI-MV is administered in a computer room with workstations for a small number of clients. A member of the counseling staff and a peer mentor are on hand to answer questions and help with computer literacy issues, if necessary. When clients go over the ASI-MV treatment planning report with their counselors, the MPP staff is starting to integrate the domains with CRA treatment planning. "We had been utilizing a CRA approach of letting clients choose areas to work on," Cooper says.

CRA is a substance-abuse treatment approach that is based on the clients' own motivations for recovery. It focuses on making changes in the clients' lives so that drug abstinence is positively reinforced. Part of the treatment helps clients explore new activities and skills to expand their repertory of pleasant non-drug experiences, and build security and stability in their everyday lives. For example, there is a Job Club to help clients prepare for employment.⁴ "We try to guide clients to goals that are attainable and measureable, so they experience success early in treatment," Cooper explains.

Increasingly, counselors are using the ASI-MV domain structure as a way to talk to clients about areas that need attention. "Recently, we've started to bring a domain-based approach to the process," she says. "It's a way to use the issues they've identified in the assessment to enhance their investment in treatment, and it allows us to use the ASI-MV as a way for them to measure progress."

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With this new feature you can:

Pre-register a client who is offsite

Securely send an interview to a client who is offsite

Monitor your client's progress while he or she is taking the interview offsite

<u>Learn more about it and how it works in this short web video.</u>
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