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# URICA!: A Way to Customize Care

Using Assessments to Tailor Reentry Services and  
Substance Use Treatment

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Substance Abuse and Mental Health  
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# The EMERGE Program

- ▶ Reentry and recovery program for individuals who were previously incarcerated and who have a diagnosis of a substance use disorder.
- ▶ Longitudinal, outcome evaluation design
- ▶ Living in Balance
- ▶ Moral Reconciliation Therapy
- ▶ URICA and other measures administered at enrollment into the program and 6-months after enrollment.

# Participants

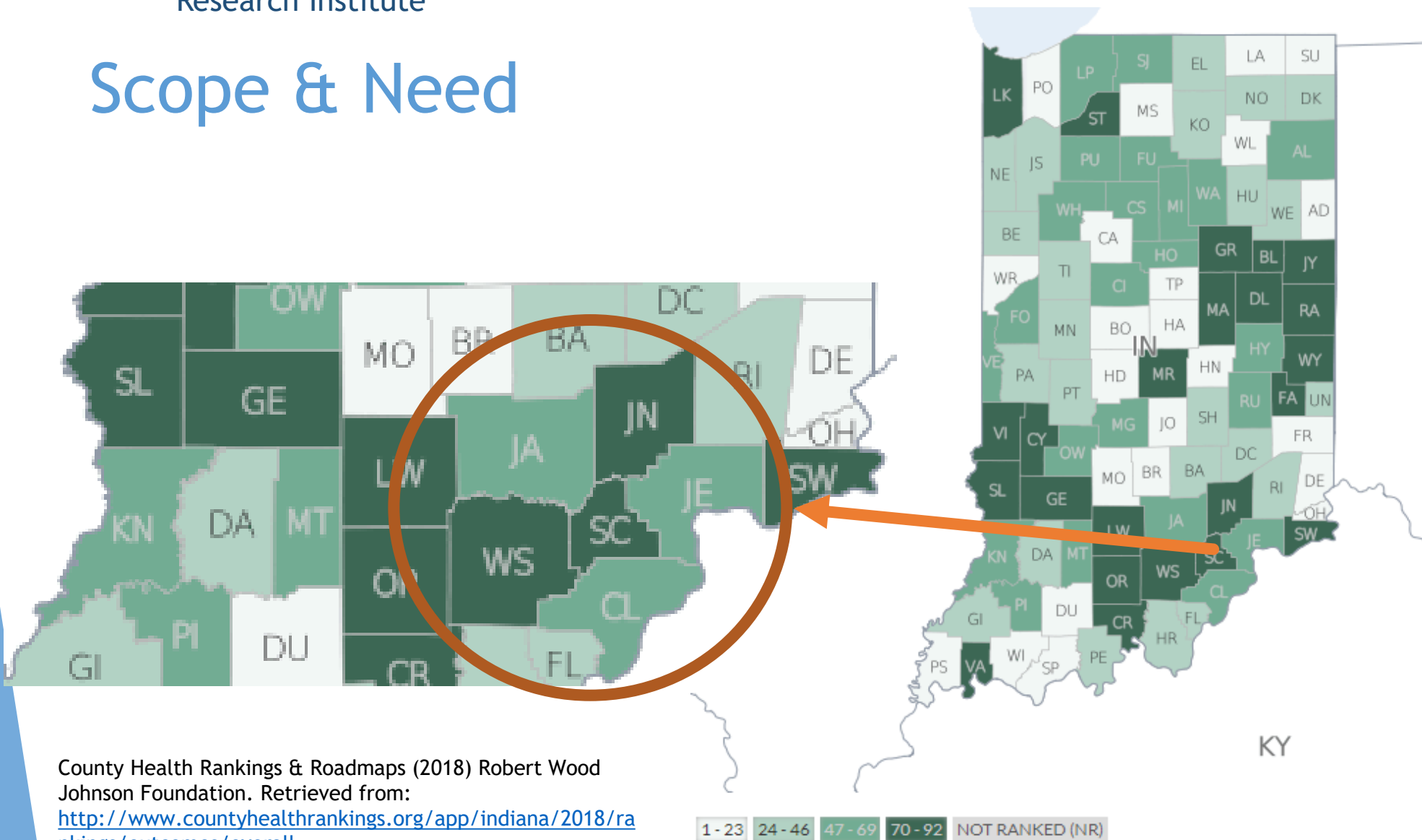
- ▶ Clients referred through probation, parole, or CTP
- ▶ Must be minimum 18 years old
- ▶ Must have spent the last 90 days incarcerated
- ▶ Must be returning to 1 of 6 counties in catchment area (Jackson, Jefferson, Jennings, Washington, Scott, or Clark)
- ▶ Must score 6 or higher on the DAST-10 (Drug Abuse Screen Test) or a Zone 4 or greater on the AUDIT (Alcohol Use Disorders Identification Test)
- ▶ Baseline measures must be completed within 7 days of release
- ▶ Target number = 240 participants by September 30, 2020



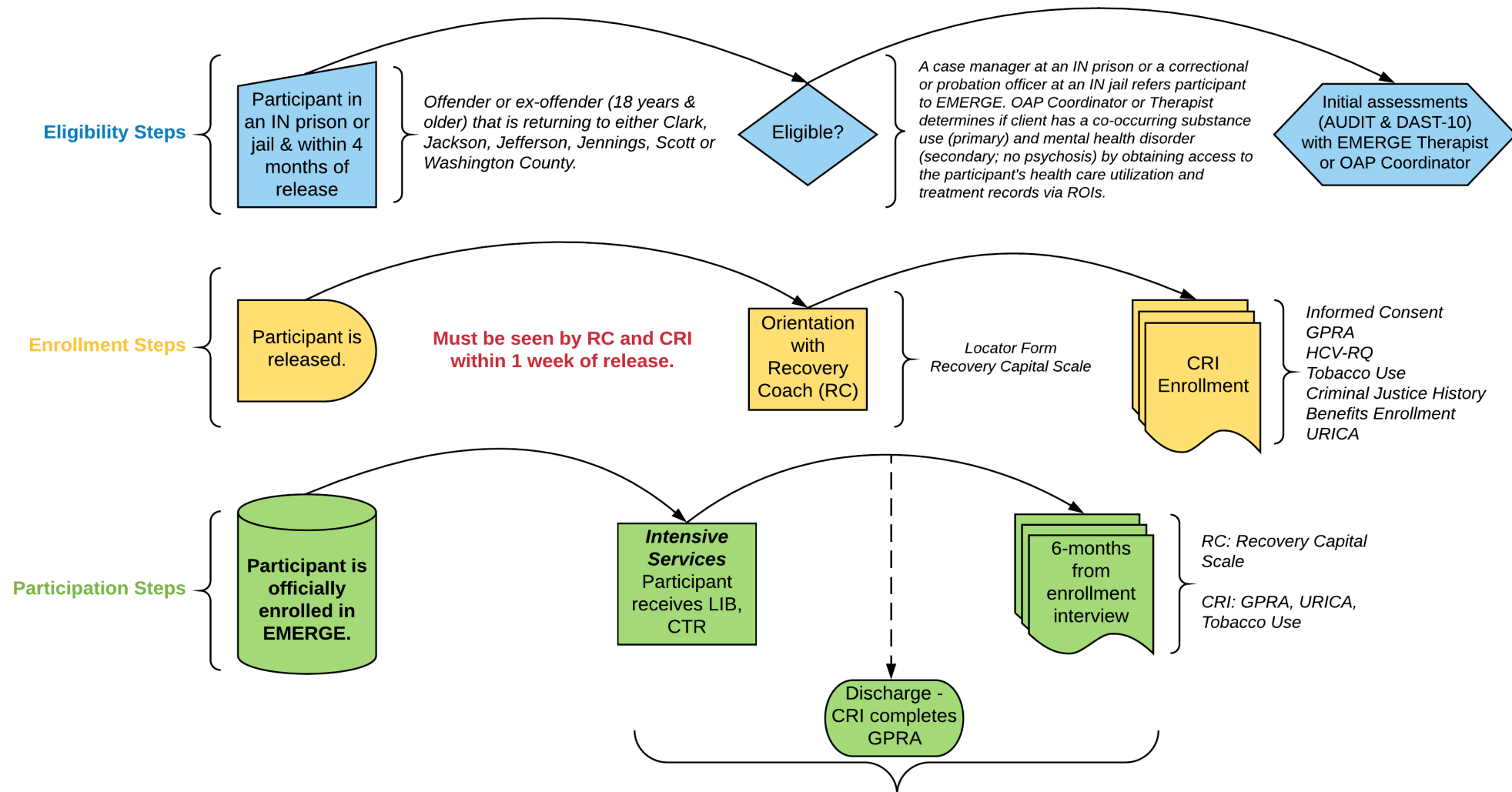
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## Scope & Need



County Health Rankings & Roadmaps (2018) Robert Wood Johnson Foundation. Retrieved from:  
<http://www.countyhealthrankings.org/app/indiana/2018/rankings/outcomes/overall>.



Discharge can occur before, after, or at the same time as the 6-month reassessment. When a client is ready for a 6-month reassessment, the client's potential discharge will be discussed at the weekly staffing meeting. It will be decided if the client will...

- 1) continue with EMERGE for a specified period of time,
- 2) be discharged from EMERGE with referrals to community supports or other Centerstone teams, or
- 3) discharged with no referrals.

Clients will typically stay in the EMERGE program up to 6 months, with exceptions being made for select clients to stay beyond this time.

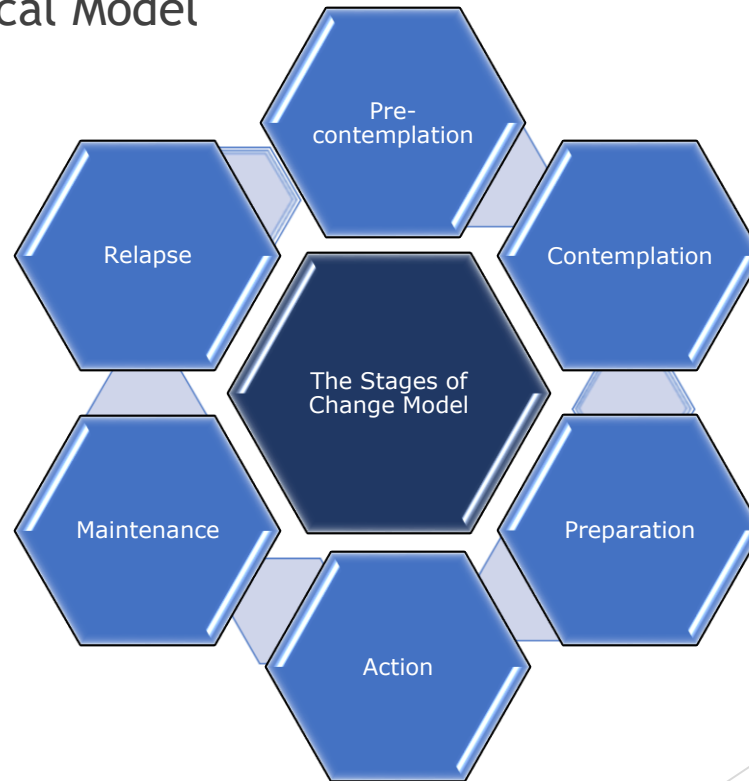
## URICA

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.	1	2	3	4	5
10. At times my problem is difficult, but I'm working on it.	1	2	3	4	5
11. Trying to change is pretty much a waste of time for me because the problem doesn't have to do with me.	1	2	3	4	5
12. I'm hoping this place will help me to better understand myself.	1	2	3	4	5
13. I guess I have faults, but there's nothing that I really need to change.	1	2	3	4	5

- ▶ Based on the Transtheoretical Model of Change
- ▶ Measures readiness to change
- ▶ Helps to define people into different stages

# URICA-Transtheoretical Model

- ▶ URICA is derived from the Transtheoretical Model
- ▶ 4 major components
  - ▶ Stages of Change
  - ▶ Pros and Cons of Change
  - ▶ Process of Change
  - ▶ Levels of Change



# URICA- Stages of Change

## Pre-Contemplation

- Client processes less information about their problems
- Client spends less time and energy evaluation self and has few emotional reactions to negative aspects of the problem
- Client is less open about their problem and does little to overcome it
- Client is at higher risk of dropping out of the treatment program

## Contemplation

- Client has not made a commitment to change, but is bothered by something about his/her self
- Client is beginning to see information and be aware that a problem exists, but is struggling to understand the problem

## Action

- Client has actively stated to change the behavior or the environment, but has not attained the change, and is still struggling
- Client has not been very successful on their own and may need help



# URICA- Stages of Change

## Maintenance

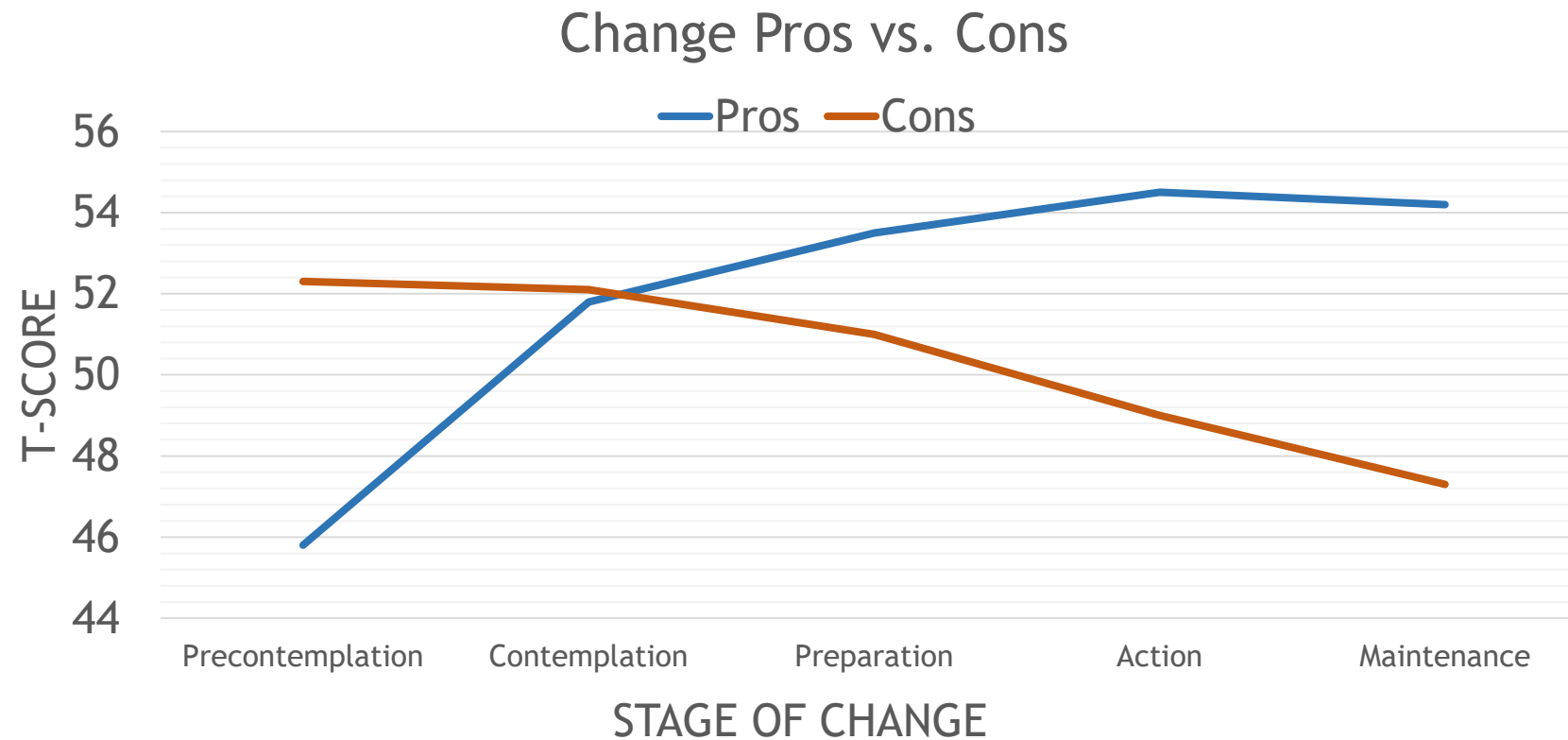
- Client has attained the desired change and made significant gains
- Client is seeking help to maintain changes and prevent relapses

## Relapse

- Moving through the stages is not linear
- It is important to consider the clients current stage, frequency of recycling, and their success level each time they recycle
- Recycling allows the individual to compete each stage more successfully by learning what works and what doesn't.

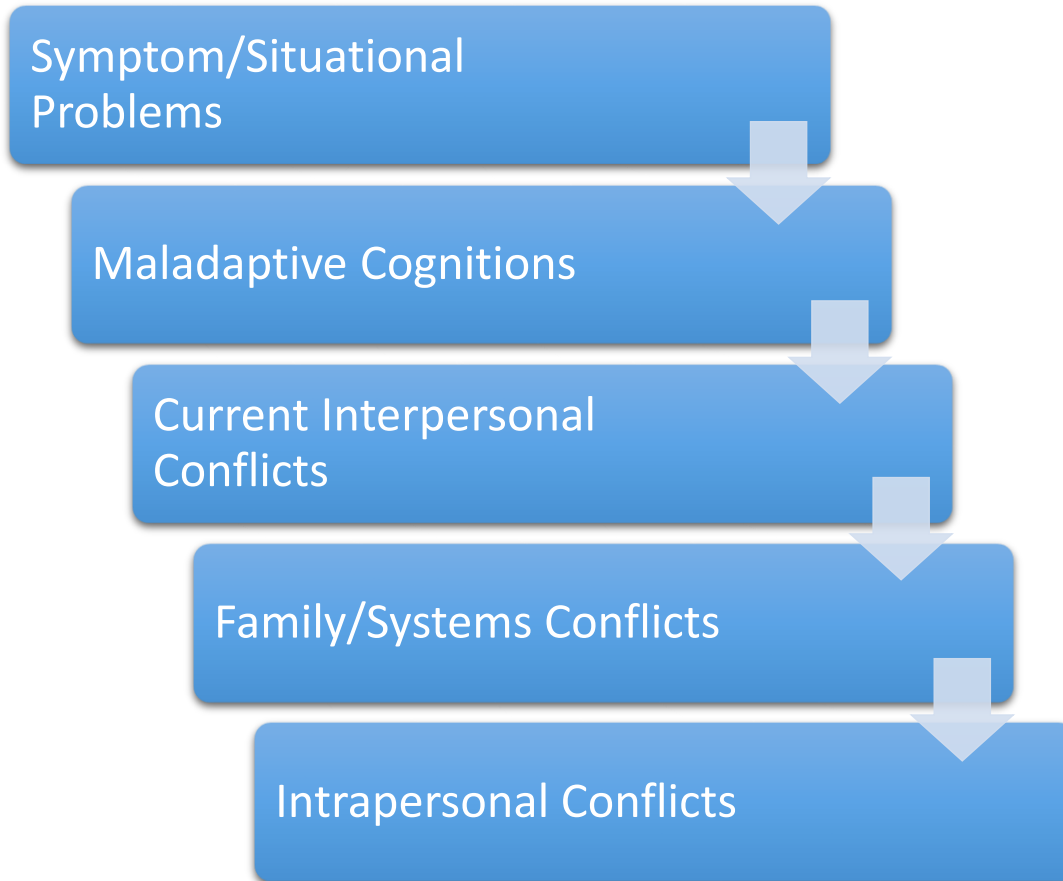


# URICA- Pros and Cons of Change



- ▶ Clients move through the stages, their perceptions of the pros and cons of changing change with them

## URICA- Levels of Change



- All problems are interrelated
- Addressing one problem will effect others
- Deeper levels are harder to address

# URICA- Processes of Change

Processes of Change Emphasized at Particular Stages of Change				
<u>Pre-Contemplation</u>	<u>Contemplation</u>	<u>Preparation</u>	<u>Action</u>	<u>Maintenance</u>
Consciousness Raising				
Dramatic Relief				
Environmental Reevaluation				
	Self-Reevaluation			
		Self-Liberation		
				Contingency Management
				Counter Conditioning
				Stimulus Control

- When moving between the stages of change, other smaller changes are occurring.
- These are both experiential and behavioral
- Clients who make these shifts have greater success at maintaining abstinence

# Interpreting the URICA Results - What do you get from the URICA?

- ▶ Stage:
  - ▶ Precontemplation
  - ▶ Contemplation
  - ▶ Action/ Maintenance
- ▶ RTC (Readiness to Change) Score
- ▶ CA (Committed Action) Score

# URICA- What does this mean to the Service Provider?

## Precontemplation

- Client will need more hours of care and check-ins than a client in a higher stage
- Client has the highest probability of dropping out compared to clients in the other stages of change.
- Client needs to work on consciousness raising, dramatic relief, and environmental reevaluation.
- Client needs more understanding that he/she does have a problem that needs changed and that the problem effects more people than just the self.
- Client's is focusing on the cons of changing. Need to recognize that there are pros.



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# Enrollment Report



## EMERGE Enrollment Report Sheet

Confidential – Not for External Redistribution

County: [REDACTED]

Client ID Number: [REDACTED]

Client Name: [REDACTED]

Client Age: [REDACTED]

D.O.B.: [REDACTED]

Date of Assessment: 9/26/2018

Insured? ☒ Yes ☐ No

- Insured through: Federal Blue Cross Blue Shield

At risk for HIV? ☐ Yes ☒ No ☐ Positive ☒ Negative

At risk for Hepatitis C? ☒ Yes ☐ No ☐ Positive ☒ Negative

### URICA Questionnaire:

- Readiness to Change Score: 10.43
- Committed Action Score: -0.57
- Stage of Change: Contemplation
  - "Individuals in the contemplation stage are most open to consciousness raising techniques, such as observations, confrontation, and interpretations, and are much more likely to use bibliotherapy and other educational techniques. Contemplators also profitably employ emotional arousal, which raises emotions and leads to a lowering of negative affect when the person changes. As individuals became more conscious of themselves and the nature of their problems, they are more likely to reevaluate their values, problems and themselves both affectively and cognitively."<sup>1</sup>
  - These clients are beginning to see that they need to make a change, but have not yet started on changing.
  - They are beginning to see more pros than cons to changing

PROCESSES: CONSCIOUSNESS RAISING, DRAMATIC RELIEF, ENVIRONMENTAL REEVALUATION, & SELF REEVALUATION

<sup>1</sup> Prochaska, J.O., Norcross, J.C., DiClemente, C.C. (2013). Applying the Stages of Change. *Psychotherapy in Australia*, 29(2), 20-25.

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### Recovery Capital Scale:

- Base Score: 121
  - Priority 1: Remaining Sober
  - Priority 2: Employment

### Criminal Thinking

- Ranking: High
  - Entitlement: Low
  - Justification: High
  - Power Orientation: High
  - Cold Heartedness: Low
  - Criminal Rationalization: Low
  - Personal Irresponsibility: Low

### Drug & Alcohol Use:

- Substances Abused: Marijuana & Acid (past-Heroin)
- Primary Substance Abused: Heroin
- Dealing Charge? ☐ Yes ☒ No
- Interested in Smoking Cessation? ☐ Yes ☒ No

### Employment:

- Education Level: 12<sup>th</sup> grade
- Current Employment Status: Unemployed-Looking for Work (Client started job day of enrollment)

### Criminal History:

- Number of times arrested: 4
- Terms served prison: 0
- Terms served local/county jails: 2
- Years total served: 9 months
- Previously committed to drug treatment program? ☐ Yes ☒ No
- Past charges:
  - Theft & Forgery
  - Possession of a Narcotic Drug; Possession of Marijuana
  - Maintaining a common nuisance
  - Maintain building, vehicle, etc. used to manufacture

### Support System? ☒ Yes ☐ No

- Who does the client turn to?
  - His friend Kelly

### Miscellaneous:



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Q&A



What research questions would you like to see answered from a program evaluation using these measures? What would you like to learn?

Question #1

How many attendees have used evaluation measures to tailor or individualize treatment for participants? If so, what are some lesson learned that you could share?

Question #2

Enrollment Reports: Do you believe there is a better way to present this information? Does it seem like we are missing anything or are items irrelevant?

Question #3



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What is your experience in working with individuals who are reentering their community and/or recovering from a SUD? What essential pieces of evaluation need to be included in these types of programs to best serve the population?

Question #4

What have you done in the past to help frontline staff, service providers, and program staff understand the importance of evaluation and how to use evaluation outcomes to inform practice?

Question #5

What is your experience with evaluating class attendance at and fidelity to evidence-based practices?

Question #6



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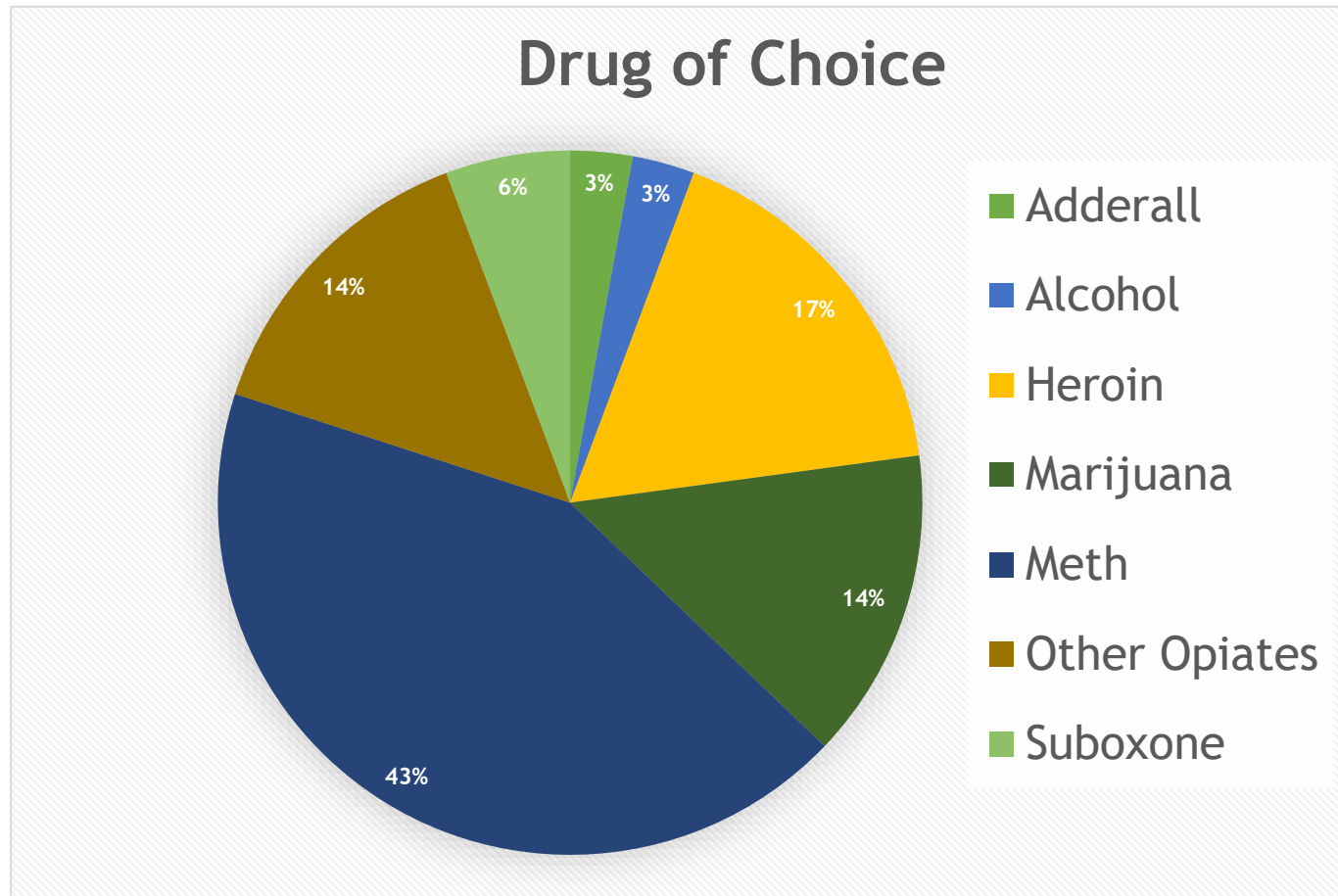
Reserved Slides

# Demographics

- ▶ Total Enrollments = 30
- ▶ Gender:
  - ▶ 53% Female
  - ▶ 47% Male
- ▶ Race & Ethnicity: Representative of location
- ▶ Age:
  - ▶ Average: 31
  - ▶ Range 19-50



# What is your primary drug of choice?



## Evaluation Measures

- ▶ GPRA (National Outcome Measures)
- ▶ Risk Needs Responsivity Tool
- ▶ **URICA (Readiness for Change)**
- ▶ Criminal Thinking Measure
- ▶ Hepatitis C Risk Questionnaire
- ▶ Recovery Capital Scale
- ▶ Fidelity Scorecards
- ▶ Q&A reflection with LIB Curriculum
- ▶ Benefits Enrollment
- ▶ Criminal History
- ▶ Tobacco Use

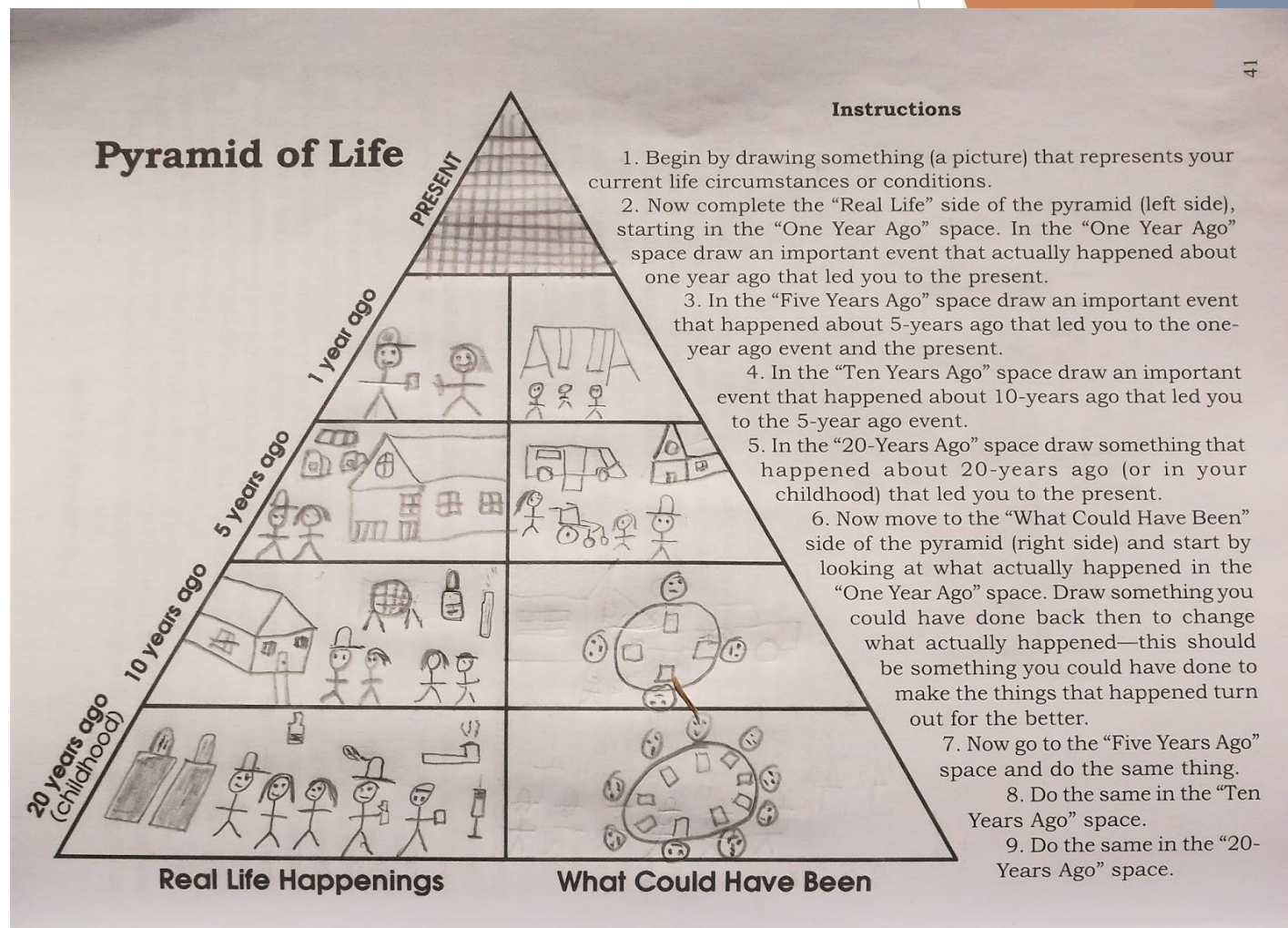


# EBPs

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## ► Moral Reconation Therapy (MRT)

- Is a systematic, cognitive- behavioral, step-by-step treatment strategy designed to enhance self-image, promote growth of a positive, productive identity, and facilitate the development of higher stages or moral reasoning.
- MRT is widely recognized as an “Evidence- Based Practice” as well as a “Best Practice” by numerous official government agencies and treatment authorities.

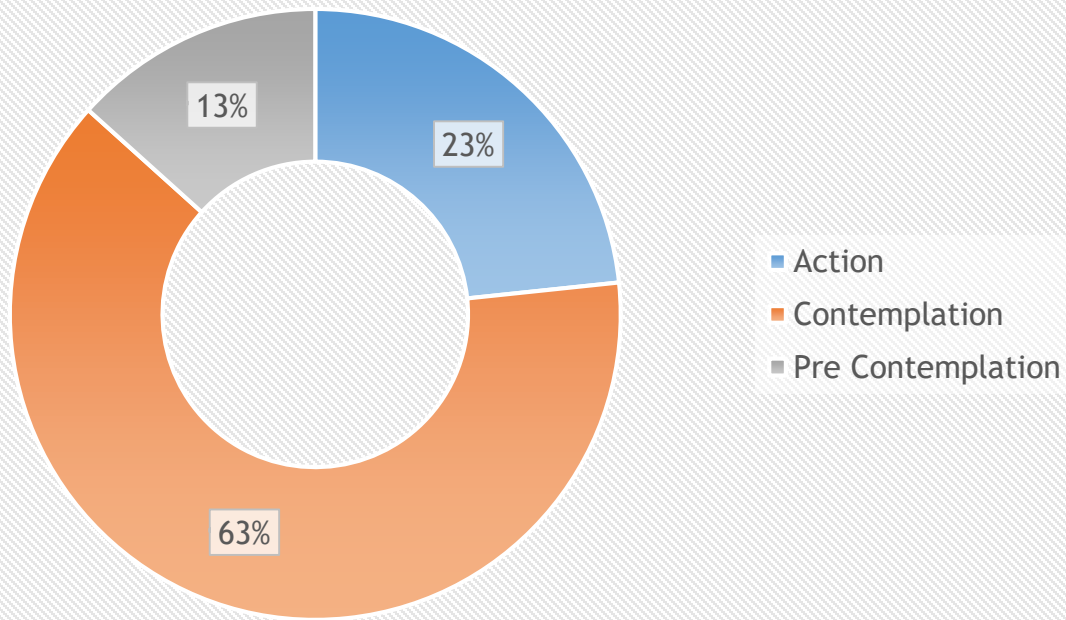


# EBPs

- ▶ Living in Balance (LIB)
  - ▶ Evident based and client focused curriculum. The curriculum contains 24 sessions of a variety of topics:
    - ▶ 12-steps
    - ▶ Stress and emotional well-being
    - ▶ Anger and communications
    - ▶ Problem solving,
    - ▶ Attitudes and beliefs
    - ▶ Triggers
    - ▶ Relapse Prevention
    - ▶ Etc.

# Readiness to Change

Stage of Change



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- ▶ Pre-Contemplation
  - ▶ The client is either not aware of or is ignoring the problem. He/she may admit to the problem, but has no desire to change
- ▶ Contemplation
  - ▶ The client is struggling to understand the problem and is seeking change, but has not committed to change
- ▶ Action
  - ▶ The client has actively started to change the behavior, but has not yet attained the desired change

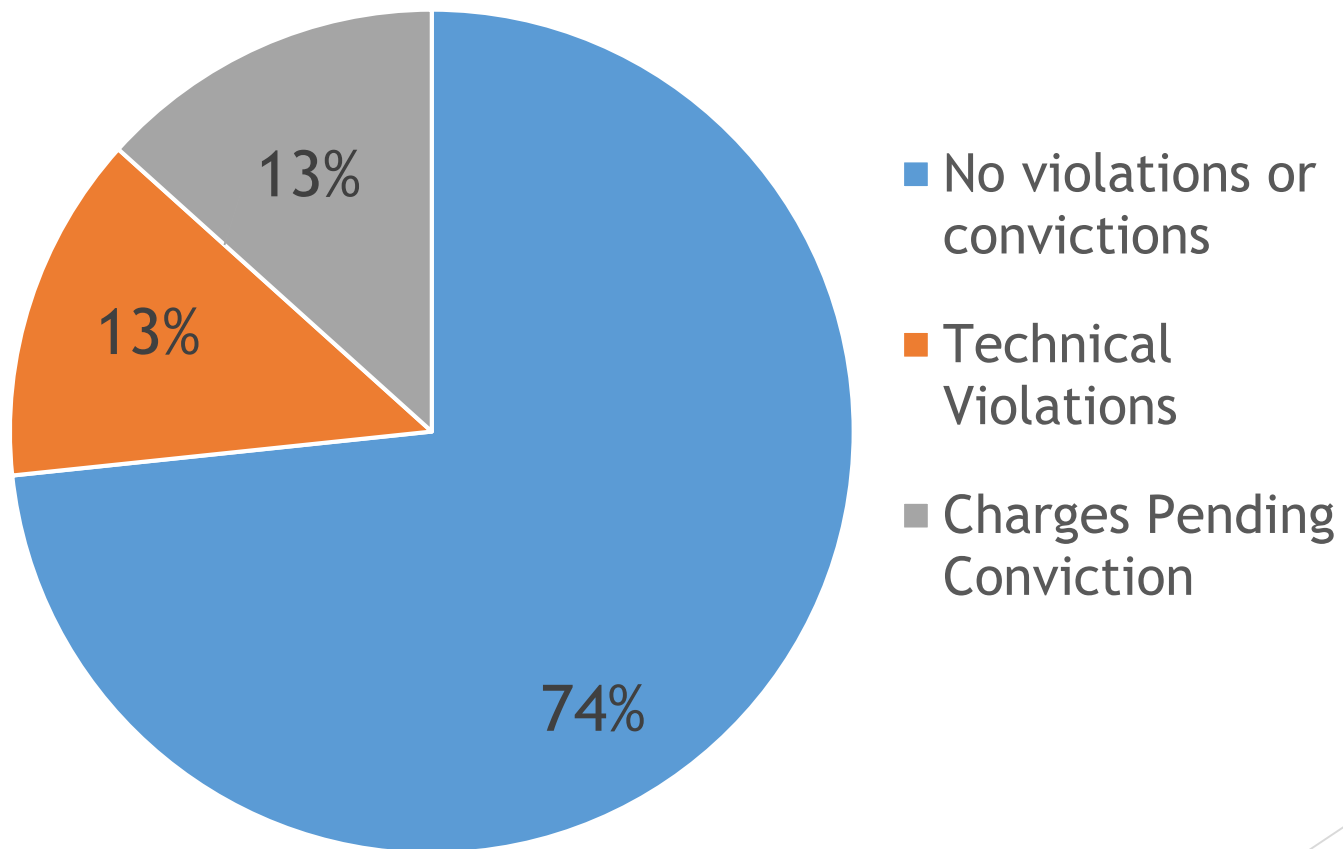


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## Recidivism

- ▶ Any new convictions for new charges within 1 year
- ▶ Unofficially, 0%



# Implications & Limitations

## Implications

- ▶ This is in a real-world treatment setting NOT a clinical trial or lab-based
- ▶ Small town-rural population

## Limitations

- ▶ We do not have data on how program staff are using the Enrollment Reports
- ▶ Living in Balance classes
- ▶ Changes in Programming
- ▶ Not very generalizable to larger urban population
- ▶ This is in a real-world treatment setting NOT a clinical trial or lab-based