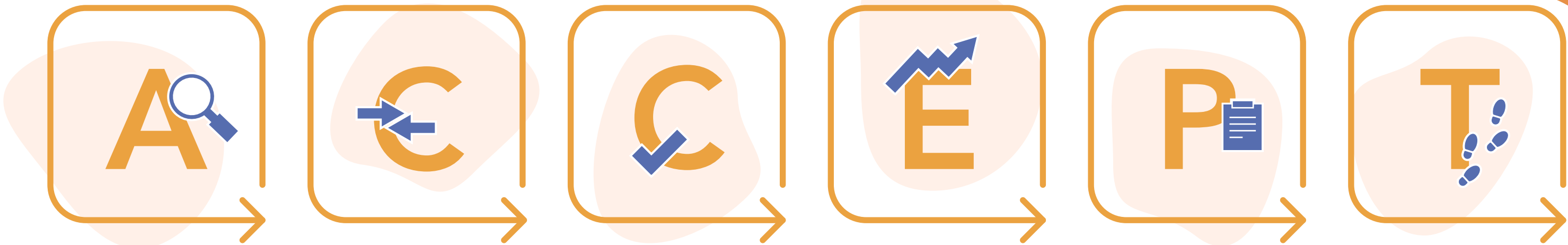


How to address poor outcomes in treatment: ACCEPT[®]



Assess what is and is not working in the treatment plan.

- Were the strategies in the treatment plan too difficult to do? Did the participant even do them?
- What were the circumstances that surrounded the substance use, or angry outburst, or missed appointment?
- Were the interventions in the treatment plan good strategies, but not as effective as expected?
- Did we miss anything that is now flaring up and affecting success (e.g., unaddressed trauma or chronic pain)?

Change the treatment plan to address those identified problems or priorities.

- Collaborate with the participant to change the treatment plan to address whatever was discovered in the ASSESS part (e.g., Did you identify together certain people, places and things that led to substance use? What is the participant willing and able to change in the treatment plan?).
- Change goals or strategies in the treatment plan in a positive direction (e.g., avoid at least one friend who triggers use if the participant is not willing to give up all friends; practice nonviolent ways to deal with anger in a role play in group; attend just one self-help/mutual help group if not open to 90 meetings in 90 days).
- Changing the treatment plan is a learning opportunity to be embraced, not a consequence to be enforced.

Check the treatment contract if the participant is reluctant to modify the treatment plan.

- If you are doing more work than the client (e.g., pushing Alcoholics Anonymous meeting attendance; urging the client to change friends or get a sponsor; prescribing a relapse prevention plan when they don't even think they have a substance problem to be prevented), then check whether the participant is actually interested in treatment or just going through the motions.
- The participant should be as active in figuring out changes in the treatment plan as you are.

Expect effort in a positive direction – “do treatment” not “do time.”

- If the participant is putting in a good faith effort to work on the new treatment plan, treatment continues. Poor outcomes need treatment, not sanctions.
- If the participant is passively following your lead in treatment plan changes, that is “doing time” not “doing treatment and change.” Sanction for not doing treatment and good faith effort.

Policies that permit mistakes and honesty; not zero tolerance.

- When you have policies that are zero tolerance, this does not permit participants to be open and honest about mistakes, substance urges and actual use. Instead, it pushes illicit use by themselves and others underground.
- Participants are then more focused on “snitching” and antisocial, criminogenic behavior to scam the system than on learning how to take responsibility to protect their environment from drug using and other triggers.

Track outcomes in real time – functional change not compliance with a program.

- Track whether participants are actually working on attitudes, thoughts and behavior that have contributed to problems in relationships, employment, childcare or public safety.
- If participants are not able to explain what attitudes, thoughts and behaviors they are working on, then they are most likely sitting in treatment thinking that complying with program rules is treatment. This assumes you have worked on a person-centered, individualized treatment plan.



About David Mee-Lee's ACCEPT[®]
To treat addiction like other diseases, here's what to do with poor outcomes – ACCEPT[®] (David Mee-Lee, 2019). Key stakeholders in treatment courts, the treatment and recovery community, law enforcement, veteran service organizations and legislators are passionate about serving justice-involved behavioral health consumers. But if addiction is viewed as a behavioral disorder where treatment is primarily focused on sanctions and incentives, participants are robbed of receiving effective person-centered, outcomes-driven treatment. Working together, we can ACCEPT and attract people into recovery using the same treatment process that works with addiction and all other health conditions.