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**Effective Methamphetamine Treatment and Recovery Support Strategies  
Prepared for Governor’s Methamphetamine Task Force, Treatment Subcommittee  
March 19, 2004**

<b>Treatment / Recovery Challenge</b>	<b>Features</b>	<b>Effective Strategies</b>
Cognitive Impairment / Clinically Significant Paranoia	<p>Difficult concentrating; impaired short-term memory (particularly auditory memory); difficulty recognizing interconnectedness of stimulant abuse with chaos in their lives; mild to severe paranoia.</p> <p>Difficulty understanding abstract concepts; short attention span.</p>	<p>Memory testing during early treatment.</p> <p>Brief, focused, and non-repetitive assessments.</p> <p>Adjustments in timing of service, e.g. 15 – 30 minute sessions vs. 1 – 2 hour sessions.</p> <p>Provide concrete instructions; Avoid speaking in abstract terms; Provide opportunities for visual learning, e.g. Node-Link Mapping technique; copies of treatment plan and other materials that explain expectations / instructions.</p>
Intense drug craving - Many cues in addict’s life to use – classical conditioning	<p>Methamphetamine is a powerful central nervous system stimulant and acts as an antidepressant. The substance acts on the pleasure center of the brain creating intense feelings of euphoria, energy, power, confidence, pleasure, and sexuality.</p> <p>Neurophysiological correlates of stimulant craving. Especially powerful for those users who use rapid delivery ingestion (smoking, IV use). Dysphoria, “the crash” after discontinuing use of stimulants. Protracted withdrawal. Depression and suicidal ideation.</p>	<p>Supportive counseling; encouragement; emphasize daily structure; nutrition; adequate sleep/rest; anti-depressant medications may be indicated.</p> <p>Provide education about early abstinence syndrome / protracted abstinence. Relapse prevention; positive reinforcement; contingency management approaches.</p> <p>Initiate recovery support services; encourage 12-step / recovery support group attendance.</p>

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<b>Treatment / Recovery Challenge</b>	<b>Features</b>	<b>Effective Strategies</b>
<p>Life chaos; “Things are Out of Control”</p> <p>Lack of daily structure / routine</p>	<p>Excessive behaviors associated with obtaining, using, and recovering from use: financial irresponsibility including initiation of illegal behaviors (dealing, manufacturing); lack of routine self-care; sexual behavior (including prostitution); severely deteriorated employment / educational performance; irresponsible behavior to family / spouse (including child neglect, infidelity, spending family budget on drugs).</p>	<p>Case management strategies; provision of wrap around services; life skills training; strongly emphasize daily structure; initiate urine testing; family counseling / education about disease of addiction.</p> <p>Coordination with and co-case management with child welfare, drug court teams, and other systems with which the client is involved.</p>
<p>Ambivalence/Skepticism About Treatment</p> <p>Treatment Access and Engagement</p>	<p>Methamphetamine users are slower to enter treatment. By the time they do, their lives are more chaotic and out of control than individuals who enter treatment who are addicted to other substances.</p> <p>Hostility, skepticism about the need for treatment, and opposition to fundamental elements of many treatment plans (e.g. abstinence, participation in self-help recovery support programs)</p> <p>Methamphetamine addicts have less “recovery capital” and have limited resources and supports that will assist them in engaging in treatment.</p>	<p>Recognition of ambivalence as an integral part of the stimulant addiction syndrome. Do not fight resistance.</p> <p>Remove barriers – transportation, child care, drug-free housing, financial assistance, recovery coaching, treatment readiness services.</p> <p>Friendly, supportive first contact (support staff are trained to supportively respond to inquiries from potential consumers). 24 Hour Hotline. Welcoming, friendly atmosphere; Treat clients with respect. Schedule initial appointment with minimal delay. Schedule frequent contacts.</p> <p>Motivational interviewing / Motivational Enhancement Therapy</p> <p>Treatment retention strategies such as telephone call reminders, distribution of calendars, supporting daily structure, positive incentives and reinforcement for observable successes, contingency management strategies (drug courts).</p>

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Retaining Clients in Treatment	Paranoia and distrust of others; Impulsivity; Low frustration tolerance	Shorter sessions (group and/or individual); Individual vs. group for clients who are very distrustful of others. Provide crisis resolution – provide or secure immediate attention to critical medical and psychiatric problems. Supportive counseling; Motivational Interviewing / Motivational Enhancement Therapy. Behavioral counseling. Urine testing; address secondary drug use. Avoidance Strategies – encourage breaking contact with dealers, drug-using friends and acquaintances, avoid high-risk places, develop refusal skills, skill building for defusing potential triggers, relapse prevention strategies. Enlist family participation in treatment and recovery planning.
Relapse / Secondary Drug Use  Compulsive Sexual Behaviors	Expect substance use – typically alcohol or marijuana slip in early treatment and/or relapse later in treatment.  Stimulant induced compulsive sexual behaviors; compulsive masturbation; impulsive sex w/prostitutes; compulsive pornographic viewing	Urine testing; Relapse Prevention Counseling/Behavioral counseling/Social Skills Training; Verbal and/or behavioral contracting. Close look at cues and triggers. Important to not treat slip or relapse as a failure. Sexual abstinence contracting (2-4 weeks); Provide safe environment to discuss compulsive and unsafe sexual behaviors – similar avoidance strategies for sexual behaviors. Promote balanced lifestyle; nutrition; rest/sleep/reinforce recovery support.

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