Connecticut addiction counselors train CPS workforce on MAT

Pregnant women who are in treatment for opioid use disorders with methadone or buprenorphine have a good chance of giving birth to a child with neonatal abstinence syndrome (NAS), a transient and easily treatable condition. However, in many states, these women are reported to child welfare authorities as soon as their babies are born, usually by hospital staff. In Connecticut, the Department of Children and Families (DCF) is working to educate the workers who go out on these and other calls relating to parental drug use about medication-assisted treatment (MAT) and about substance use disorders (SUDs) in general. And the state has teamed with certified SUD counselors to help provide this training.

Mary Painter, director of the Office of Intimate Partner Violence & Substance Use Treatment & Recovery, said the training is helping CPS workers know when and how to contact the DCF and when they can leave treatment up to the women.

Bottom Line...
One state is using certified addiction counselors to train child welfare workers on medication-assisted treatment.

The Business of Treatment

Evidence grows for equine therapy as treatment engagement tool

The young-adult addiction treatment program that debuted last February at The Oxford Centre in Lafayette County, Miss., is seeing early results from its significant focus on equine therapy, heading a list of experiential therapies used extensively in the program. Besides its clinical appeal for young patients who tend not to respond strongly to lecture-focused group treatment, equine therapy also is being seen as a cornerstone of the organization’s marketing.

“It is probably the most powerful tool we have,” Clint Crawford, a clinical therapist at The Oxford Centre, told ALAW. “Some of our patients come in solely because of this.

Bottom Line...
Some addiction treatment programs have seen results from the use of horses in treatment, particularly for younger patients, although most research evidence on equine therapy’s benefits has taken place outside of the substance use treatment field.

A couple of our patients have come from New York City recently, and they had never even seen a horse close up.”

While equine therapy has been used in some addiction treatment settings for years, most of the...
Continued from previous page who can be treated.

The type of treatment a patient gets is based on their choice, said Boss. The recovery coaches “have our resource list,” she said.

**Need for weekend admissions**

Referring to treatment isn’t the same as getting it, however. “One of the things this program highlights is that treatment on demand is not available,” said Boss. “If they overdose on a Friday night but can’t get into a methadone program until Wednesday, we will lose them.” So Boss is telling treatment providers they need to “develop their capacity for weekend admissions.”

In addition, initiation of bu-prenorphine treatment in the ED is another option, said Boss, noting that this has been found to be more effective than referrals (see ADAW, May 11). Why don’t the EDs do this already? “They are reluctant; they are afraid to do what they don’t know about,” said Boss.

Currently, the 12 opioid treatment programs (OTPs) in the state could have enough capacity to meet demand, said Boss. “We don’t have caps on our OTPs, so the capacity is only limited by the size of the program itself, the number of staff,” she said.

The program started in May 2014 with only one hospital and now has grown to operate 24 hours a day, seven days a week, with nine of the 11 hospitals in the state on board. Recovery coaches are at the hospital within 20 minutes of being called.

Data based on November 2014 until June 2015 show that 230 patients were seen. Boss estimates that, overall, three times that number have been seen — about 700. With more than four-fifths of them engaging in treatment, this is a huge success story. In fact, the National Institute on Drug Abuse is so interested that it is studying the program, ADAW has learned.

---

Equine from page 1

search on the benefits of using horses in treatment has focused on settings other than substance use treatment. But that may start to change. The journal *Addiction Science & Clinical Practice* has published a study from a hospital-based substance use treatment program in Norway, which found that substantially more patients who participated in an optional equine-assisted therapy program as part of their treatment overall remained for the full duration of their treatment program, when compared with individuals who chose not to participate in equine therapy.

While authors of that study could not definitively conclude whether it was the equine therapy or another factor that was mainly responsible for the improved engagement, they stated that the results make a strong case for further inquiry into the factors that make addiction patients responsive to equine therapy.

**Experiences relate to addiction**

At The Oxford Centre, other experiential therapies such as use of a ropes course also are integrated into treatment, but equine therapy is considered the centerpiece of its experiential therapy (especially in its young-adult program but also for its older patients). Because its campus is made up of 110 acres in the area of the Holly Springs National Forest, matches that of humans to a great degree. Therefore, the bond that is developed with a horse can be translated to how relationships grow — or crumble — in interactions with humans.

“The horse is going to respond to your approach, so you want to be positive and calm, versus harsh and rushed,” Crawford said. “The last thing you want the horse to do is react — you want it to respond.”

A patient riding a horse can become familiar with the tools needed to get the horse to respond effectively, and that can translate for the patient to an understanding of the tools he/she needs to stay grounded in recovery; support meetings to daily meditations. Also, the “herd” dynamics that patients observe in how the horses interact with one another teach lessons about leading and following in life, Crawford said.

“Everything observed in the therapy is a tie-in to something else,” he said.

The Oxford Centre campus includes a barn with 10 stalls, an arena, a smaller pen and numerous trails. Equine therapist Terry Timmons told ADAW that at a particular time, one group of patients may be

---

‘The horse is going to respond to your approach, so you want to be positive and calm, versus harsh and rushed.’

Clint Crawford

The Oxford Centre can offer all of its equine therapy on-site, with specialized therapists who are part of the center’s staff.

Crawford says that while it is possible that therapy using other animals (such as dogs) could achieve similar results, he is partial to horses in part because their personality
working with horses in the arena while another has embarked on a trail ride. She said that neuroimaging studies have shown improved brain functioning in individuals participating in equine therapy, but these studies generally have not examined patients in substance use treatment settings.

She added that unlike those in programs that seek to build a rapport between a patient and one horse, patients at The Oxford Centre work with many horses and are therefore exposed to different personalities, as is the case for them in their lives outside of treatment.

Crawford said the experience also helps teach discipline to the young adults, as they come to realize that proper care of the horses and the barn requires maintaining a schedule — one that starts early in the morning. “This provides structure,” he said.

The typical treatment stay at The Oxford Centre consists of 45 days, and the facility has both self-pay and insurance arrangements. But insurance companies to this point do not pay directly for equine therapy services offered at the center, Oxford leaders confirmed.

**Study results**

The Norway study looked at 108 substance use treatment patients ages 17 to 33 in a hospital-based program, with some receiving inpatient care and others outpatient treatment. Sixty-five of the patients opted to receive a dozen 90-minute sessions of equine-assisted therapy as part of their overall treatment, which was otherwise the same regimen for all patients.

The researchers found that 56.9 percent of the patients participating in equine therapy completed their treatment regimen, compared with 14 percent of patients not receiving equine therapy. Total average treatment durations were 141 days in the equine therapy group and 70 days in the group not receiving the equine sessions.

The Oslo University Hospital researchers acknowledged that other factors, such as the freshness of a new experience or the effect of being outdoors, could have been more at play in producing the observed effect on client well-being and engagement. But they wrote that their findings added “supporting evidence for the development of an innovative therapy, and [warrant] investment in further research in relation to its inclusion in substance use disorder treatment.”

The Oxford Centre’s Crawford said that the facility where he works is one of the few where patients actually experience riding a horse. While other programs might offer more time-limited exposure to this experiential therapy, “Here it is a vital part of our treatment process,” he said.

---

**Sober homes: Real estate investments or treatment components**

Rosecrance Health Network came out of a bruising zoning battle with a Chicago neighborhood this month to win approval for its young adult facility, which includes sober housing. The provider had worked carefully to position the program, but it faced similar NIMBY (not in my back yard) struggles to other programs around the country (see A Daw, July 27).

Signs around the neighborhood, in Lakeview, were posted saying “If Rosecrance’s proposal goes through, you may have a HEROIN ADDICT sitting here,” according to news reports. Other opponents were more even-tempered, but the discrimination was still apparent. One local official referred to the “lucrative” market of recovery housing in the area. But the Rosecrance program is not just housing — it includes recovery support. And that’s what the field is hoping to see more of.

It’s important to differentiate between the kind of sober living Rosecrance is instituting, which is connected to a continuum of care, and “old-style halfway houses,” said John Lehman, president of the Florida Association of Recovery Residences. “If you’re housing individuals who are in recovery from addiction, we consider that to be a sober home,” said Lehman. “There has to be a distinction between a licensed behavioral health provider and a flop house.”

Lehman has a theory about why Chicago should be excited about the housing market for people in early recovery from addiction. “As long as the movers and shakers in the real estate arena know there’s a need for recovery housing, and the funds will be flowing, and that they can direct the growth, they will be interested,” he said. “If they want to bring in a shopping center that has fallen on hard times because of a change in demographics, they need to find a couple of major anchors that are willing to commit.” An apartment building full of people in early recovery would be such an anchor, and this would bring more investors to the area. “It’s the opposite of reducing property values,” said Lehman.

**Investor models**

There are two different business models that work well for sober housing investors, said Lehman. “One is that treatment isn’t a real estate business; it’s a behavioral health business, so you should just rent or lease, building in automatic ironclad renewals so the landlord can’t change his mind,” said Lehman. “The other school of thought is that the money is in the real estate — if you break even you’ll be happy, but over ten years the value of the property will go up.”

David M. Sheridan, president of the National Association of Recovery Residences (NARR), said that real es-

Continues on next page