ACT Clients and High-Risk Behaviors: Our Role in Supporting Them Through the Their Recovery Journey

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Substance Use Disorders Center of Excellence

LEARNING OBJECTIVES

1. Explain the role versus responsibility of the team in providing services to clients who engage in high-risk behaviors.

2. Explain the concept of individual client readiness by using the Stage of Change Model with specific attention to Pre-contemplation and Contemplation Stages of Change.

3. Provide information on interventions to promote health and safety as clients engage in high-risk behaviors.

Recovery Oriented Treatment Model

Definition of Recovery

re·cov·er·y /rəˈkəv(ə)rē/

Noun

1. a return to a normal state of health, mind, or strength.

2. the action or process of regaining possession or control of something stolen or lost.

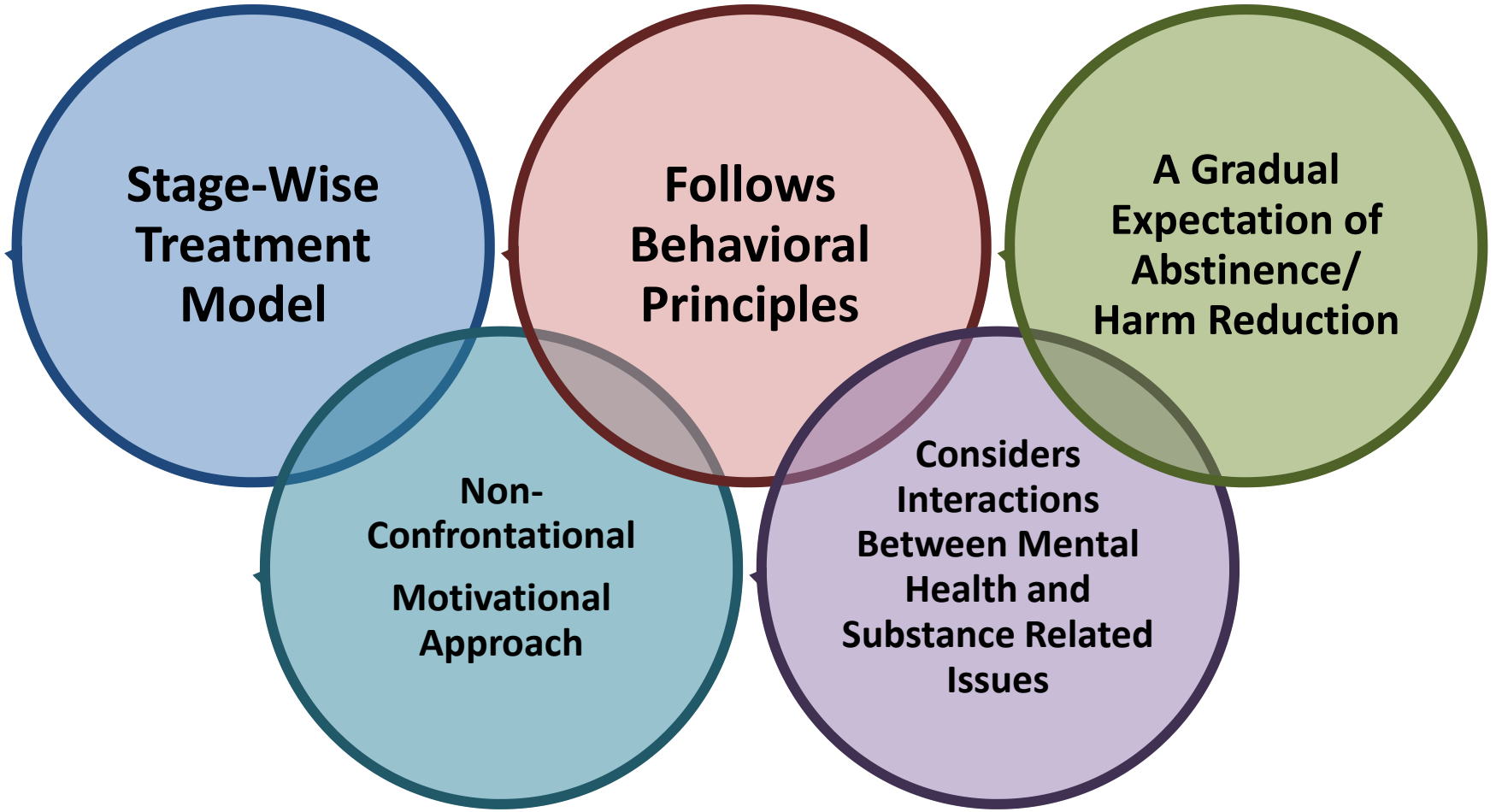
CO-OCCURRING DISORDER

At least one substance use diagnosis as well as at least one mental health diagnosis.

- Diagnosing is a complicated process as many symptoms mimic and interact with each other.

- Individuals diagnosed with an SUD are 50% more likely to be diagnosed with a co-occurring mental health disorder and vice versa (SAMHSA, 2020).

Dual Diagnosis Model Principles

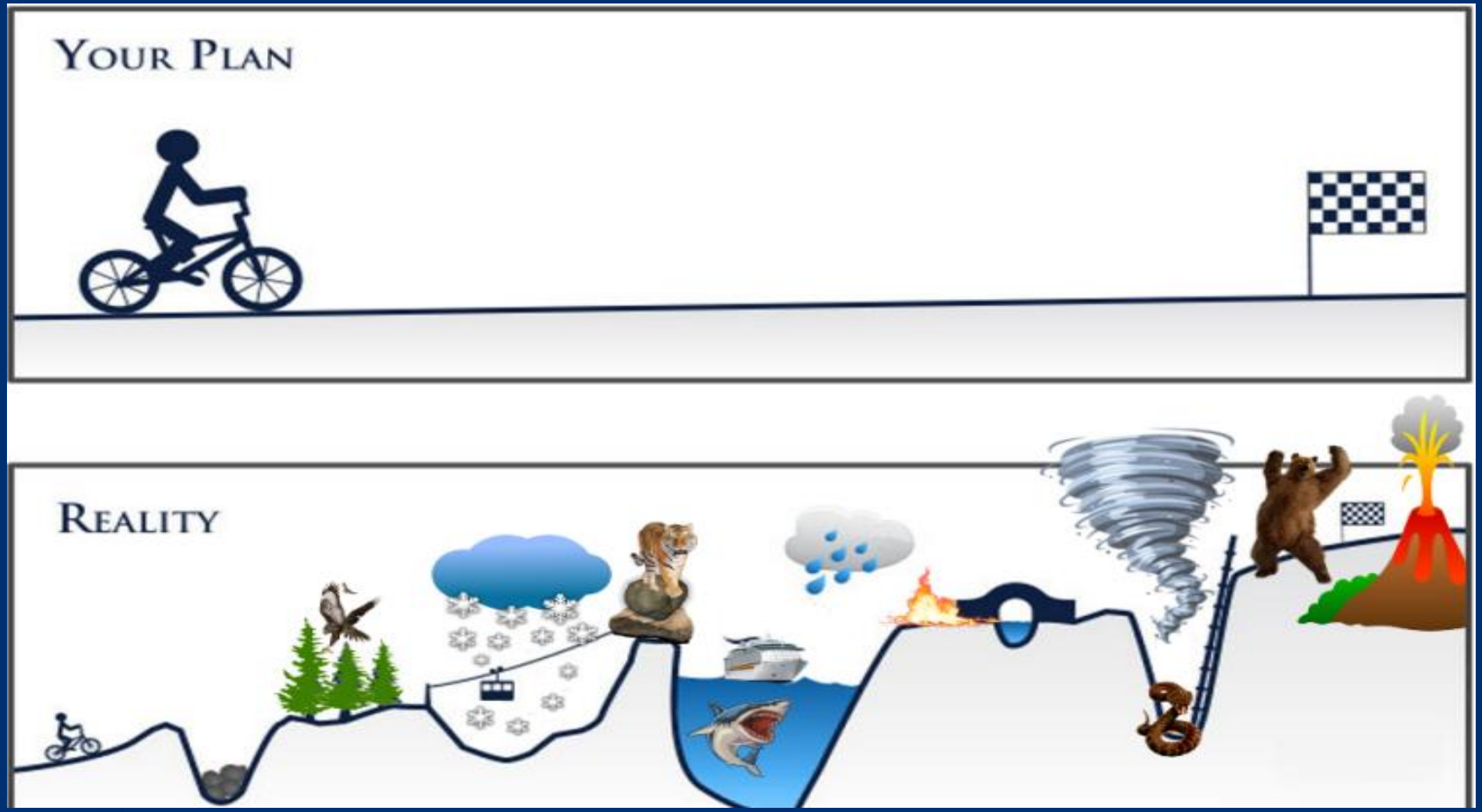


"Meeting people
where they are"

Stage Based Decision Guidelines for ACT/IDDT					
Early Motivation Stage	Do we know **<u>what matters</u>** (values and goals) to the person? • If not, that's the conversation • If so, the conversation becomes "what's getting in the way of what matters to you and what helps you get what matters to you?" • Avoid Common Traps (Expert, Premature Focus, Arguing for Change, Labeling, Question/Answer, Blaming/Shaming) • Values Card Sort (For those who struggle to verbalize this)	Will the person **<u>discuss</u>** their use, mental health and/or other concerns with the team? • Elicit, listen to, and acknowledge the aspects of substance use or other issues that the person enjoys • Payoff Matrix • Explore willingness to develop a Crisis Plan	Do the team and the individual **<u>agree on direction?</u>** • Ask permission to address the topic of change • Listen for and learn the person's perceptions of the problem • Explore the meaning of the events that brought the person to treatment or the results of previous treatments • Normalize ambivalence	Can a **<u>discussion of change occur?</u>** • Provide encouragement and support; instill hope and a sense of possibility and to rebuild a positive self-image • Assesses readiness/ confidence in their ability to make positive changes • Invite the person to attend motivational groups that are non-threatening, and which do not insist on commitment to change • Offer to engage individual's support network	Continue: • Outreach • Assistance w/ Basic Needs • Assessment • Non-Judgmental interactions • Instilling Hope and Optimism • Compassion and Concern • Roll with resistance • OARS • Trauma sensitive interactions • Avoid directive interventions

First…Some Basics

- Treatment Works.
- Getting and Keeping People in Treatment is **necessary**.
- Rapport, Respect and Relationship are **cornerstones**!
- Stage-Wise and Motivational Implications should become **natural** considerations.


YOUR PLAN
REALITY

What are we bringing into the relationship?

Our culture and context influences the change process.

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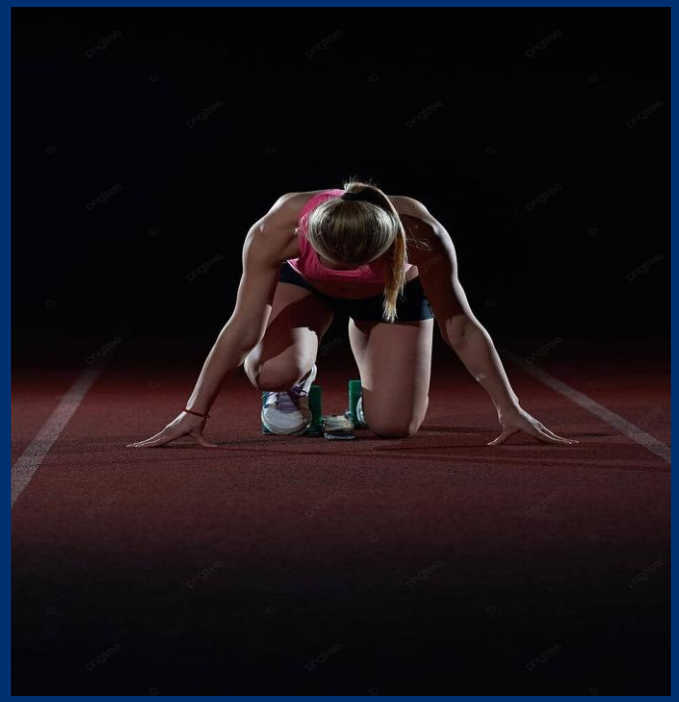
How
we behave &
communicate
How we think
and feel
What we believe
and perceive

Components of Change Overview

Resistance

Ambivalence

Motivation



What we perceive as the "problem" or the "issue"…

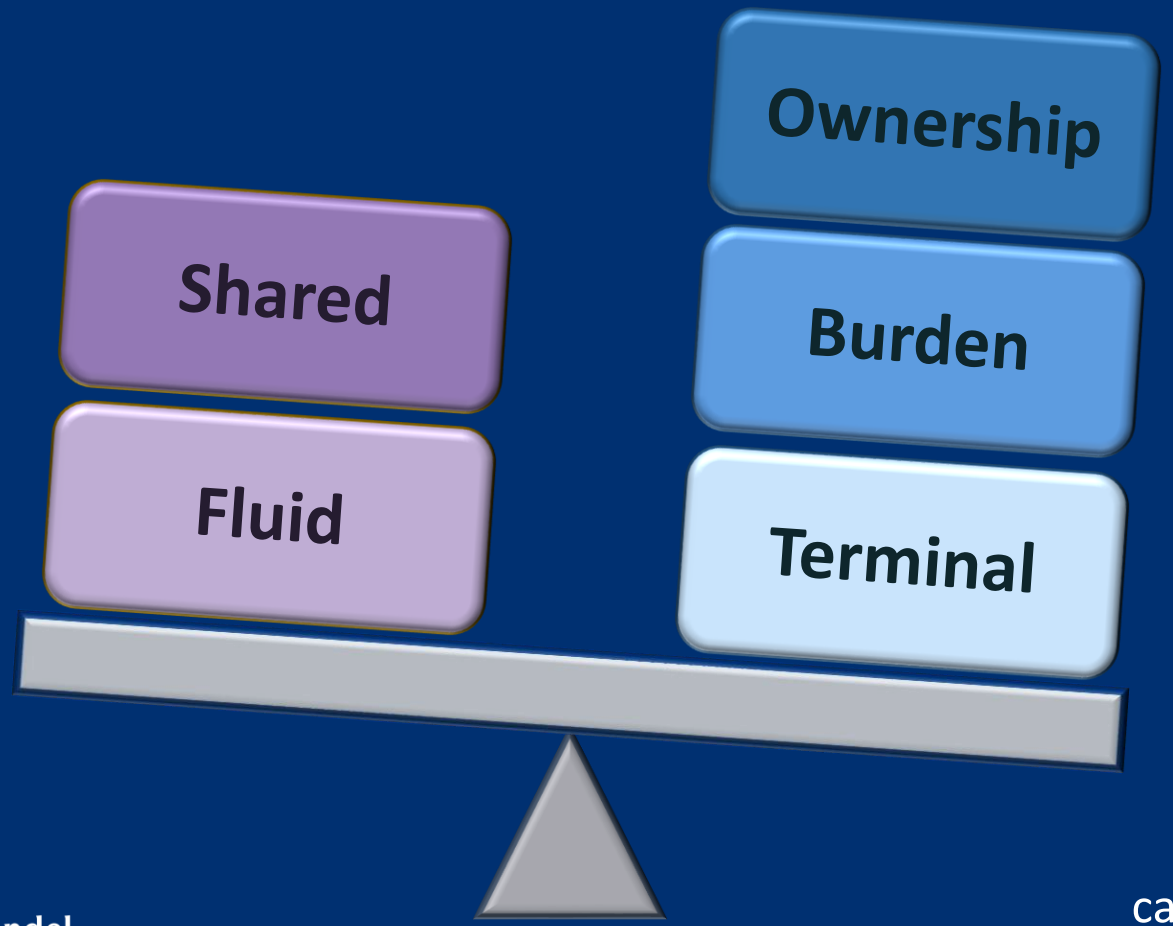
…they perceive as a solution to something difficult or painful.

If we could find ways to circumvent OUR desire to *"fix" or be "responsible" for their solution*, we could more effectively influence the person's progress.

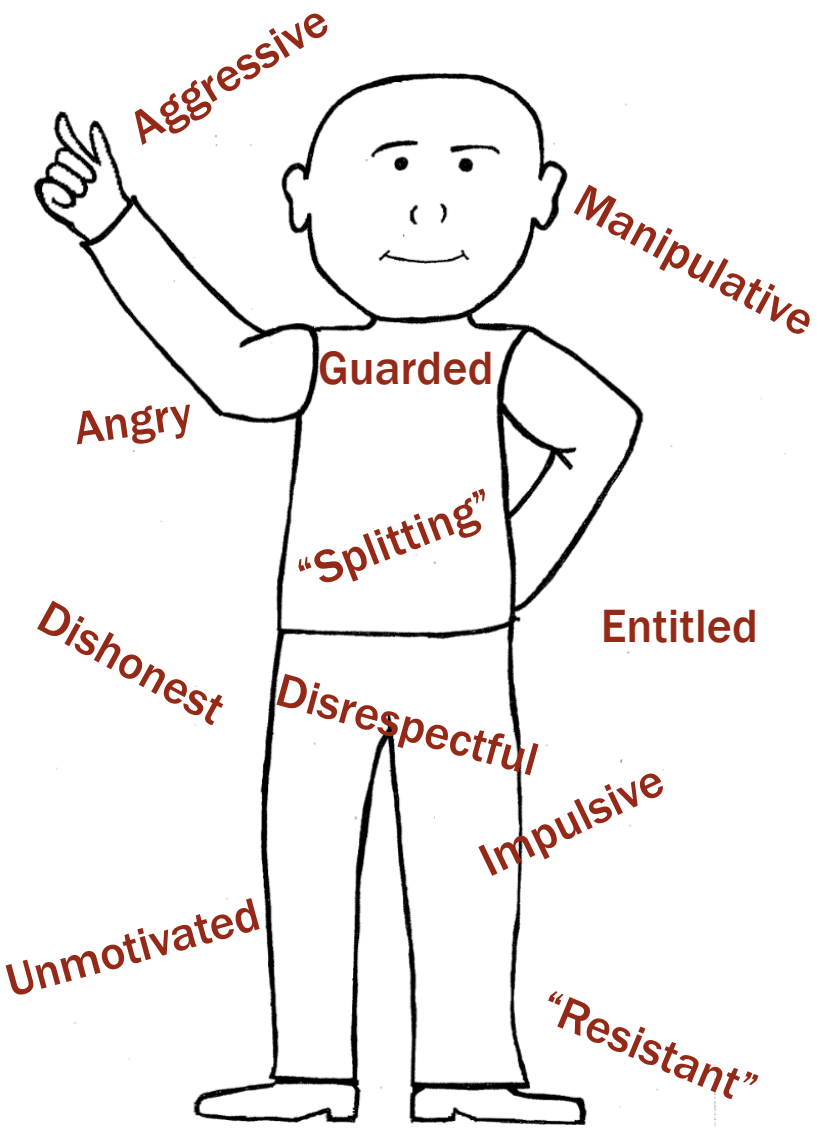
And prevent feelings of compassion fatigue and burn-out for ourselves.

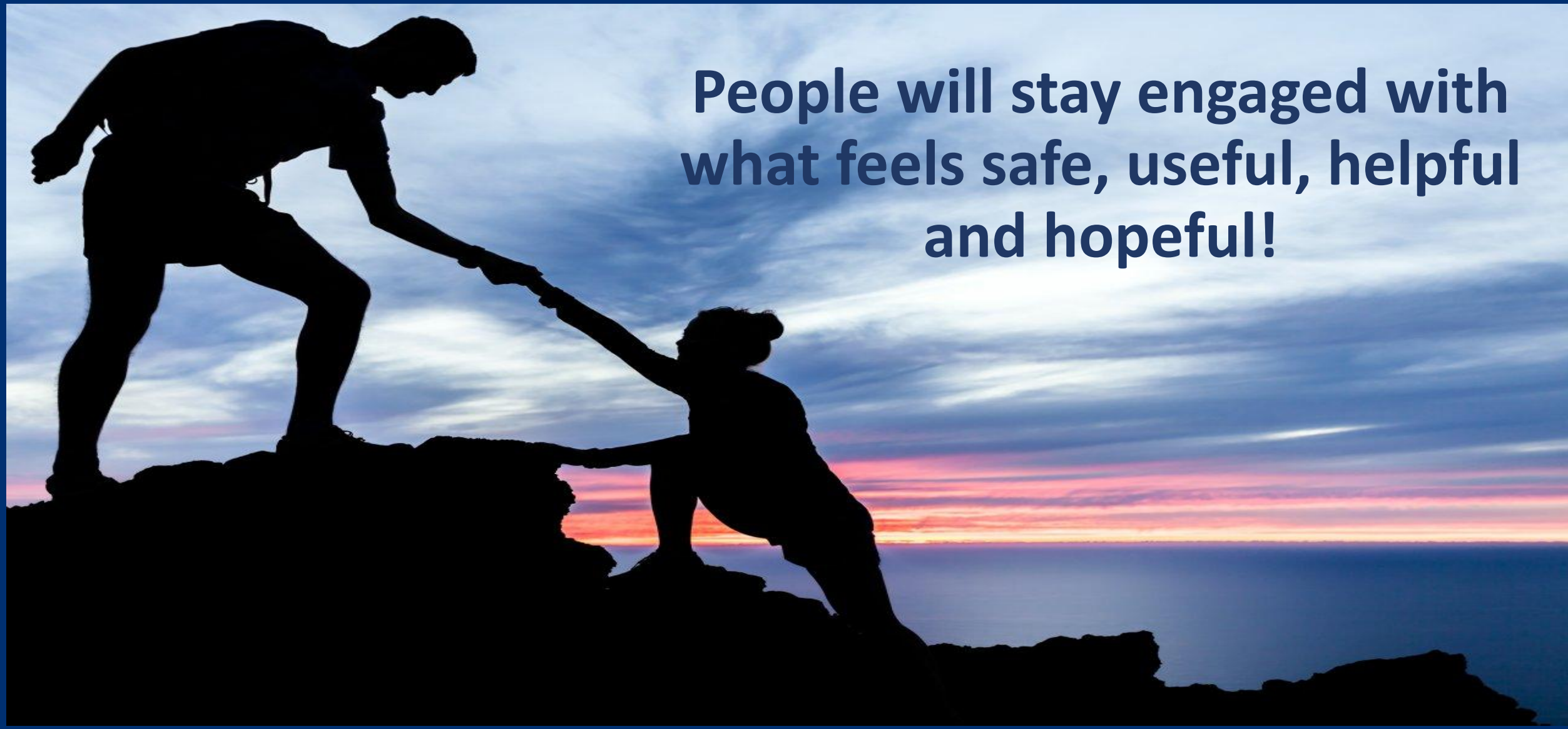
"MI is the antidote for burnout."

Role vs. Responsibility



Perceptions are abo connections…





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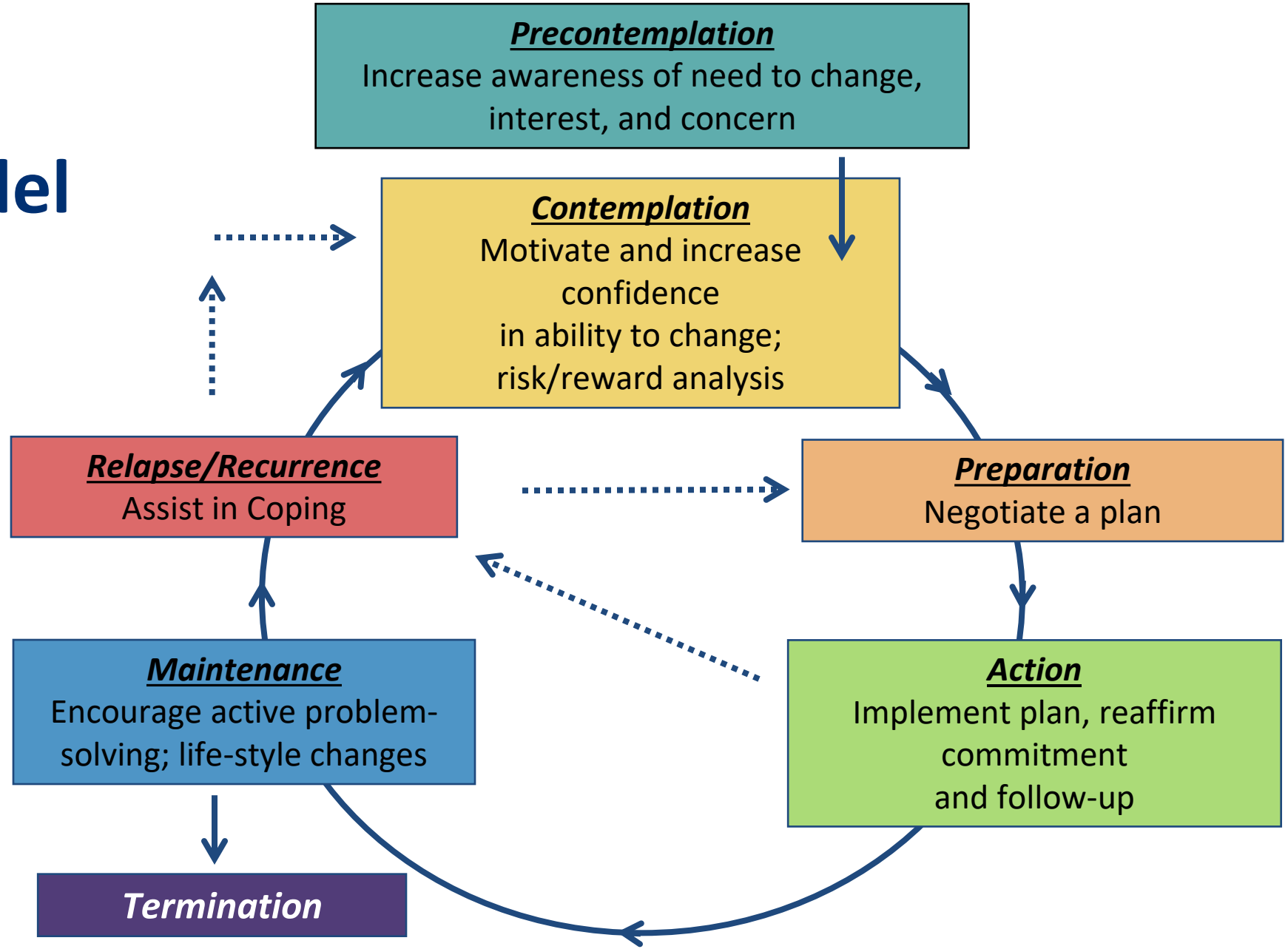
Stages of Change

- A way of thinking about where people are in regard to a particular change
- Motivation for change is not constant
- People may return to an earlier stage of change
- Returning to old behaviors is normal

Prochaska, Norcross & DiClemente (1994)

Stages of Change Model



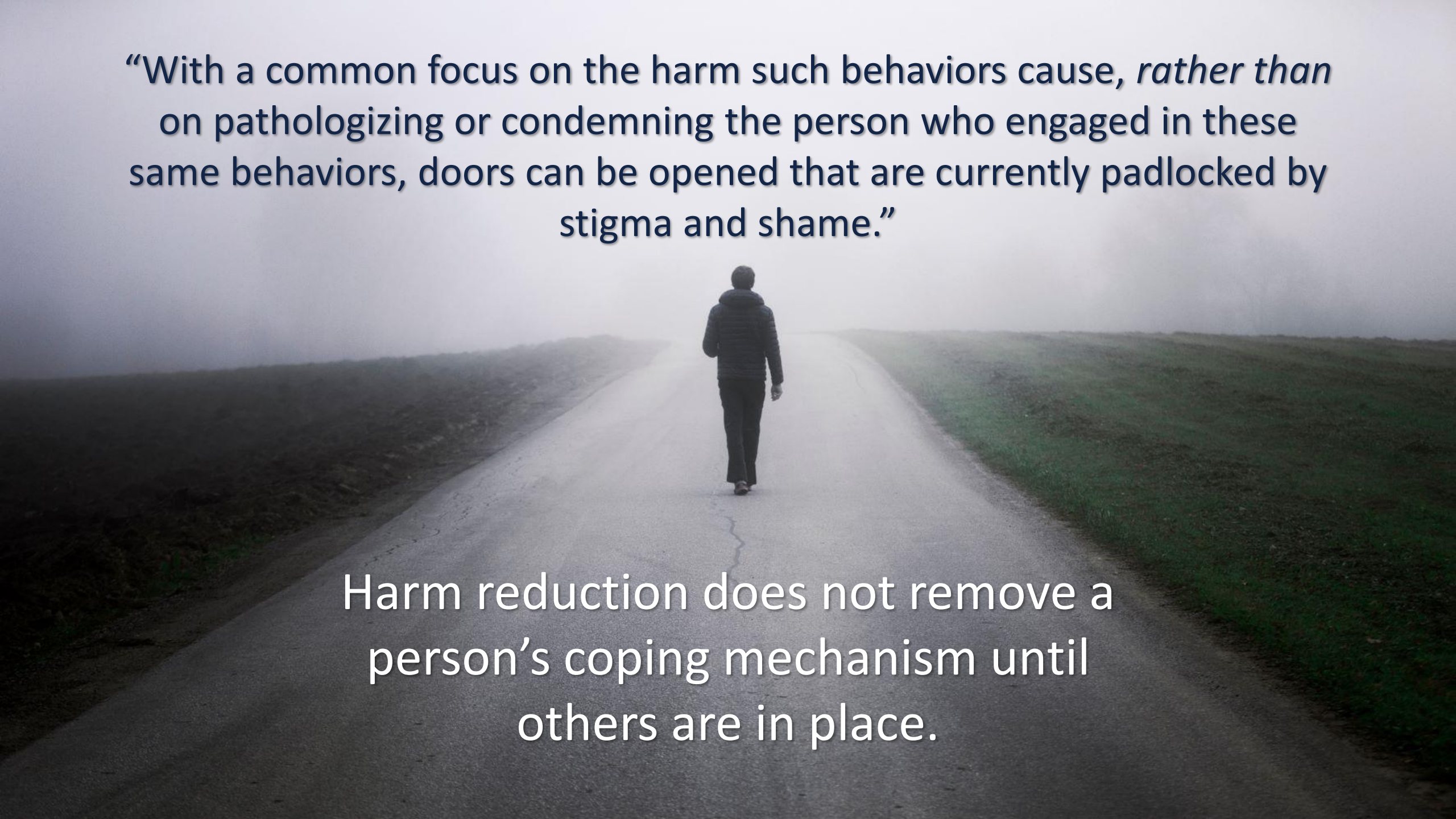
Stage of Change	Characteristics	Strategies
Pre-contemplation	Person doesn't see the need for change	• Engage and build relationship • Explore person's own goals
Contemplation	Person open to discussing behavior and/or considering the possibility of change	• Explore discrepancy between person's goals and behavior • Explore pros/cons of change
Preparation	Exploring how change might occur, creating a plan for change, may take small steps towards change	• Build confidence • Weigh options • Develop change plan
Action	Taking steps to change, change is visible	• Skill building • Problem solve barriers • Relapse prevention planning • Monitor motivation
Maintenance	The change is part of the person's daily routine for an extended period of time	• Consider other life goals • Monitor for relapse potential
Relapse	Return to prior behaviors	• Reframe relapse as a learning opportunity • Re-engage motivation for change • Avoid shaming person

Different services are helpful at different stages of treatment

- **Precontemplation (*Engagement*)**
  - Outreach, Practical help, Crisis intervention, Develop alliance, Assessment **(Build Relationship)**
- **Contemplation/Preparation (*Motivation*)**
  - Understand what matters to the person, Explore goals, Explore concerns and awareness of problem (motivational counseling), Family support, Peer support **(Explore Ambivalence & Motivation)**
- **Action (*Treatment*)**
  - Substance abuse counseling, Recovery skills training, Self help groups **(Develop Skills & Solidify Motivation)**
- **Relapse Prevention (*Planful Support*)**
  - Relapse prevention plan, continue skills building in active treatment, expand recovery to other areas of life **(Support Life Changes)**

PAIN

Symptoms = Symptoms
Regardless of the
root cause!!!
Relief is Relief is Relief is Relief



"With a common focus on the harm such behaviors cause, *rather than* on pathologizing or condemning the person who engaged in these same behaviors, doors can be opened that are currently padlocked by stigma and shame."

Harm reduction does not remove a person's coping mechanism until others are in place.

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

A realistic, pragmatic, humane and successful approach to addressing issues of substance use and mental health.

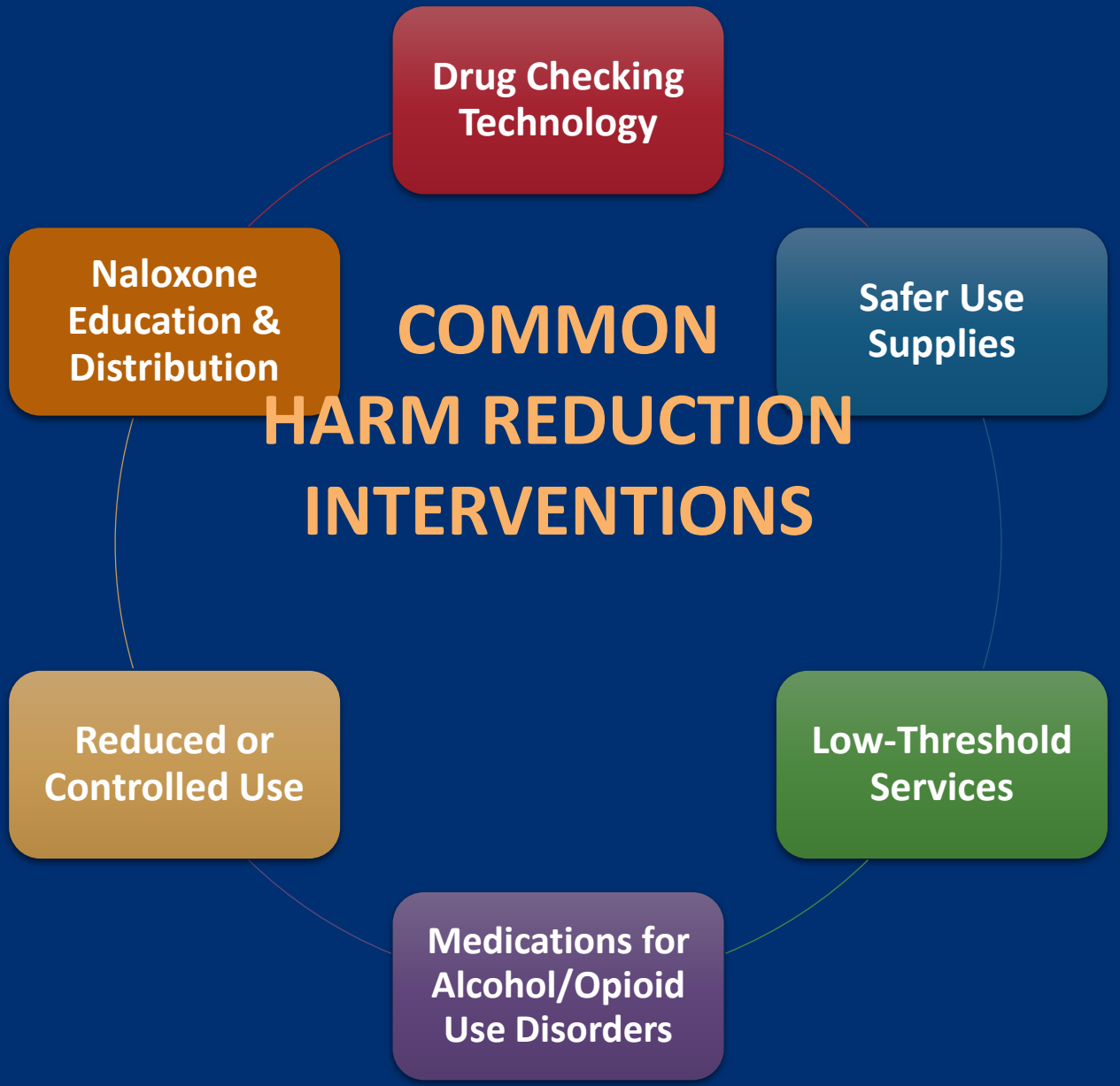
Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

- Supporting patients who make what we deem as “harmful” choices may present a sort of moral ambiguity to providers, particularly as we observe short-term negative outcomes.

- However, consider this….

  …supporting patients' choices and healthcare goals may not only provide emotional relief to providers who acknowledge that they are not solely responsible for "fixing" patients' behaviors,
  but also provide long-term, *albeit not always linear*, improvement in patient outcomes and mortality by retaining patients in care.

COMMON HARM REDUCTION INTERVENTIONS



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Why is this so important?

- Relapse, not abstinence, is the most common outcome following substance abuse treatment.
- Numerous studies find two-thirds relapse within 90 days of completing treatment.
- Overall rates of abstinence for treatment not correlated with modality of treatment (inpatient or outpatient); rates are similar (about **30%** achieve and maintain abstinence).

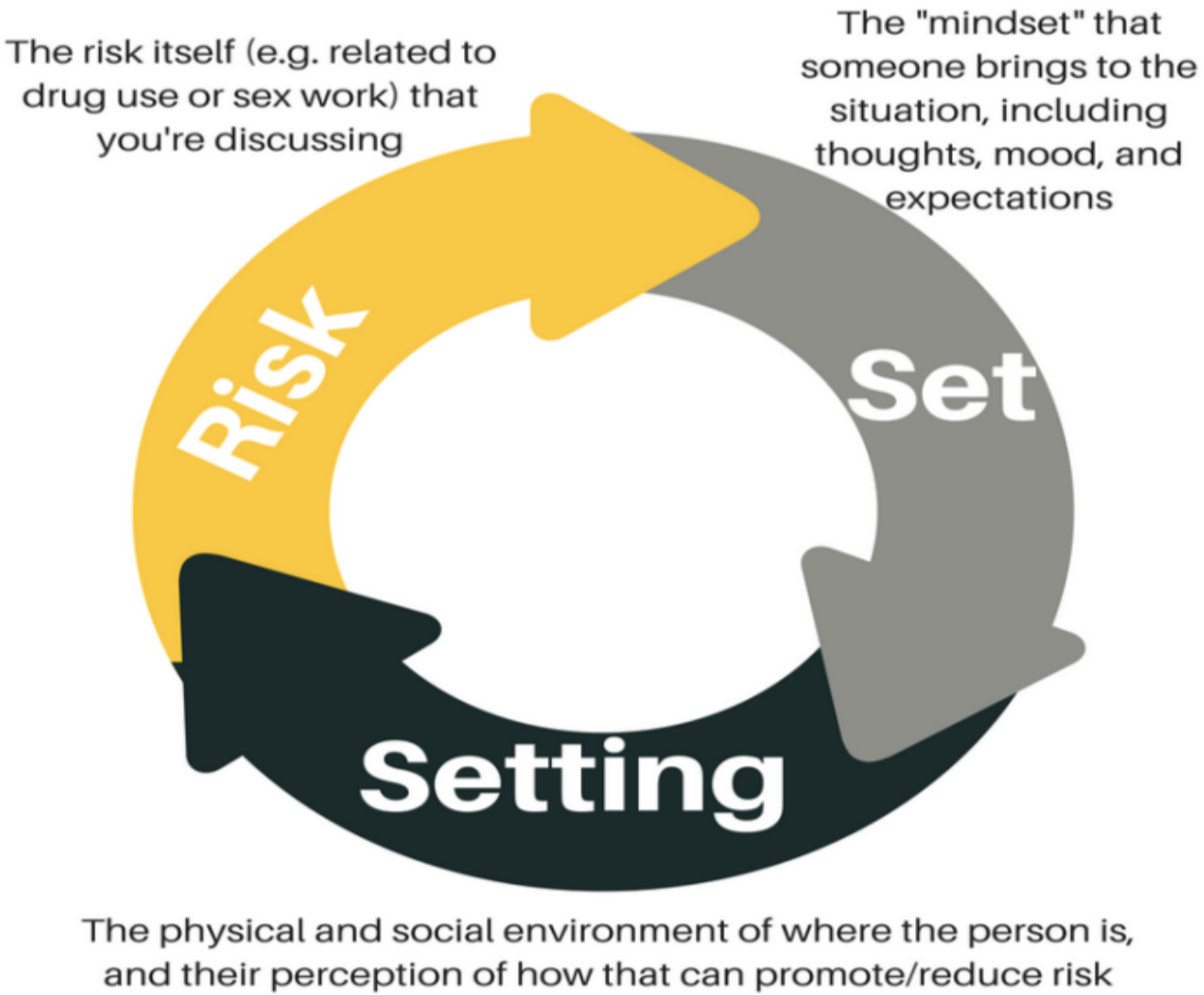
HARM REDUCTION PRINCIPLES

- Health & Dignity
- Sociocultural Factors
- Pragmatism & Realism
- Individualism
- Participant Autonomy
- Incrementalism
- Autonomy Without Termination

(National Harm Reduction Coalition, 2020)

Understanding Risk, Set, and Setting

- Nothing and no one exists in a vacuum. There are circumstance and situations that are important for context.
- Understanding risk, set, and setting can give clinicians, harm reductionists, outreach workers, and other service providers more tools to support risk and harm reduction for participants.


The risk itself (e.g. related to drug use or sex work) that you're discussing
The "mindset" that someone brings to the situation, including thoughts, mood, and expectations
Risk
Set
Setting
The physical and social environment of where the person is, and their perception of how that can promote/reduce risk

Risk

(related to sex work, drugs, etc.)

- What issue is being presented?
- What other sources of harm might be connected to the main issue?
- What is the substance used?

  What is the risk of overdose?

Specifically, Harm Reduction services can…

- Lessen harms associated with infectious disease and reduce transmission through education and resources.
- Connect and distribute overdose education, counseling, referrals to treatment, and overdose reversal medications.
- Reduce overdose deaths and promote linkages and facilitate integrated, comprehensive services.
- Reduce stigma and promote a philosophy of hope and healing through peer support workers and other recovery support services.

Why Harm Reduction Works?

- Provides a space for people to be open about their substance use and sexual behavior so it's not hidden, perpetuating feelings of isolation
- Values people and their expertise so they feel empowered to determine and voice their own hierarchy of need and next steps are clear between provider and participant
- It is rooted in evidence-based practices that have shown marked decrease in health and social harms
- Keeps individuals engaged in care if they re-engage risk at any stage

Harm Reduction

Models of Intervention

- Harm Elimination/Abstinence
- Goal is to minimize primary and secondary negative consequences in all areas of functioning.
- Recovery Readiness
- Moderation Management and Controlled Use
- Substitution Therapy
- Relapse Prevention, Overdose Prevention
- Alternative approaches (acupuncture)

SAFETY FIRST

- Just as sobriety does not necessarily guarantee appropriate conduct, intoxication does not necessarily guarantee inappropriate behavior.
- When immediate safety is a concern (an individual driving to session intoxicated), the approach becomes more directive (call a cab, take keys).
- How can we still be helpful for individuals who present to our offices having recently used substances?

Follow your agency policy and always consult with your supervisor!

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Questions?

Center for Evidence-Based Practices

at Case Western Reserve University

The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatments and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include:

- Service-systems consultation
- Program Consultation
- Clinical Consultation
- Training and education
- Program evaluation (fidelity & outcomes)
- Professional peer-networks
- Research

case.edu/socialwork/centerforebp/

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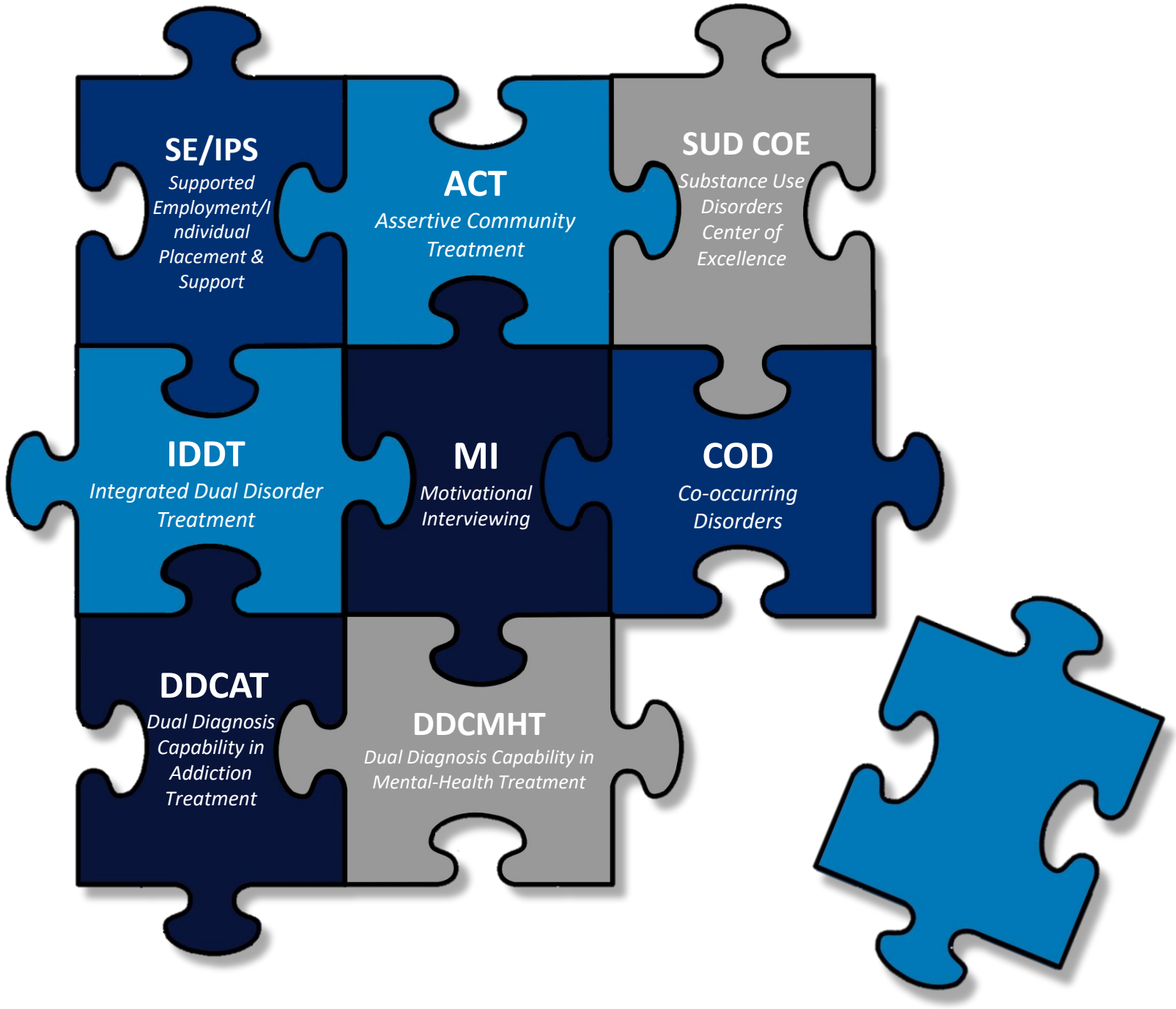
Service innovations for people with mental illness & substance use disorders