



Practicing Flexibility

The Importance of Matching Interventions to Client Readiness




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"An oak tree is a daily reminder that great things often have small beginnings."


Matshona Dhlwayo

Spanning a science-to-service continuum, the Center for Advancing Addiction Health Services (CAAHS) accelerates the adoption and implementation of useful treatment and recovery practices by health organizations that serve persons with substance use disorders.

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Practicing Flexibility

Part 2: Matching Harm-Reductive Interventions to Client Readiness


Readiness

Session Handout


2024

Alcohol/Drug CADC II

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Logistics

- Attendance
- Materials
- Breaks and Lunch
- Questions
- Distractions
- Evaluations



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Re-Introductions


To get start this morning, I'd love to once again hear...

- Your name
- Your role
- Organization(s) where you practice
- One thing you hope to walk away with from this part of the training

If you are more comfortable doing so, please feel free to type this into the chat box instead.



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Areas that might need some stretching... ?

Our Clinical Skills

Our Communication


Our Perspectives

Our Expectations



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Let's talk TV




JAMA
Journal of the American Medical Association

May 24, 2016
Volume 315, Number 21
Pages 1971-2048

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Precontemplation



"Sorry I couldn't hear you over the sound of my TV."

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Contemplation




"Well, that is a little bit concerning... but I'm not sure what to think."

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Preparation



"Okay. I'm going to stop watching tv. Let me just figure out what I'm going to do."

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Action



"Get that TV out of here!"

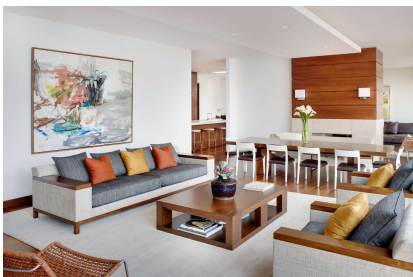
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Maintenance



"What TV?"

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Relapse/ Recurrence

An illustration of a person with dark hair and a blue shirt sitting on a grey couch, watching a large television. A speech bubble from the person says, "I missed my shows too much!". The background is a simple room with a lamp and a small table.

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Debrief

A large yellow speech bubble with a drop shadow, centered on a solid blue rectangular background.

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What Is Harm Reduction To Me?

- Take a few minutes to think about your current understanding of Harm Reduction.
- On page 2 of the handouts write down a short, working definition of Harm Reduction. If time allows, write down some concerns & hopes you have for integrating harm reduction strategies into your practice.

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Debrief



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Address Technology Transfer Grant Research
Implementation and Evaluation

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Harm Reduction

We see harm reduction used in our everyday lives

EXAMPLES OF HARM REDUCTION


SUN
SCREEN


SEAT
BELTS


SPEED
LIMITS


BIRTH
CONTROL


CIGARETTE
FILTERS

In behavioral health, it refers to reducing harm in high-risk behaviors

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Harm Reduction

- Harm reduction acknowledges substance use happens on a continuum and progress can be made all along the way
- Small victories build on each other to propel the person forward
- Stands in contrast to the “Abstinence only” approach
 - Doesn’t work for most
 - Creates a dichotomy of success and failure
 - Leads to a case of the “eff-its”



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Paul Hunziker MA, LMFT, SUDP

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Trauma

- Trauma is subjective and is defined uniquely by each individual
 - Typically marked by feelings of powerlessness and fear
- SAMHSA worked with stakeholders to create a broad, shared definition of trauma (adapted):

Individual trauma results from experiences that an individual perceives as physically or emotionally harmful and that has lasting adverse effects on their functioning and well-being.

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The ACE Study

- Adverse Childhood Experiences
- Collaboration between Centers for Disease Control and Prevention (CDC) and Kaiser Permanente HMO in California
- Found correlation between trauma and poor health outcomes in later life
 - People with severe BHDs die approximately 20+ years earlier than the general population (NIH, 2017)
- ACEs are measured by experiences in 10 categories of potential trauma

ACE Categories

- Verbal Abuse
- Physical Abuse
- Sexual Abuse
- Physical Neglect
- Emotional Neglect
- Divorce/Death/Loss of a family member
- Incarceration of a parent/household member
- Substance use by a parent/household member
- Mental illness in a parent/household member
- Domestic violence

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The ACE Study


People who have an ACE score of 4 are:

- 242% more likely to smoke
- 222% more likely to be obese
- 298% more likely to contract an STD
- 443% more likely to become addicted to illicit drugs
- 555% more likely to develop alcohol use disorder
- 1220% more likely to attempt suicide

AJPH, 1998

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The ACE Study



- What we perceive to be bad decisions or coping skills are actually survival skills (to numb and avoid)
- Attempting to stop substance use without addressing the underlying causes will set clients up for failure
- Gives context to behavior outside of being "broken/junkie/weak/etc."
- Reminder that substance use is a symptom, NOT the actual problem itself

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Why Harm Reduction Works



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Why Harm Reduction Works

Guilt	vs	Shame
<ul style="list-style-type: none">• Focuses on the behavior• "I made a mistake"• Caused by behaviors that violate our values; can be healthy• Is a motivator		<ul style="list-style-type: none">• Focuses on the person• "I am a mistake"• Caused by innate sense of being worthless or unworthy• Is a paralyzer

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Why Harm Reduction Works

- Individuals with a deep sense of shame are linked to higher rates of substance use
- Often starts as a form of self-medication
- However, the use of alcohol and drugs (or other addictions) creates further feelings of shame, creating a downward spiral
- Providing non-judgmental, compassionate care and empathy works by targeting shame and promoting connection, breaking the cycle

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Goals of Harm Reduction

Safer Use

Stabilization of Emotional States

Socioeconomic Stabilization

Reduction of "Chaotic" substance use

Moderation of Substance Use

Management of Psychiatric Symptoms

Abstinence from Substances

Other Things

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Where Might We Find Success?

- You will be put into groups of 3 or 4.
- On page 3 of the handouts follow the instructions for "Where might we find success?"
- Be ready to share with the large group.

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Principles of Harm Reduction

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

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

National Harm Reduction Coalition, 2020

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Foundational Principles Central to Harm Reduction

Harm reduction incorporates a spectrum of strategies that include safer use, managed use, abstinence, meeting with people who use drugs "where they are at," and addressing conditions of use along with the use itself.

Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition or formula for implementing harm reduction.

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National Harm Reduction Coalition considers the following principles central to harm reduction practice:

Principle 1

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignoring or condemning them.

National Harm Reduction Coalition, 2020

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Principle 2

Understands drug use as a complex, multifaceted phenomena that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.

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Principle 3:

Establishes quality of individual and community life and well-being - not necessarily cessation of all drug use - as the criteria for successful interventions and policies.

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Principle 4:

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

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Principle 5:

Ensures that people who use drugs and those with a history of drug use routinely have real voice in the creation of programs and policies designed to serve them.

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Principal 6:

Affirms people who use drugs (PWUD) themselves as primary agents of reducing the harms of their drug use and seeks to empower (PWUD) to share the information and support each other and strategies which meet their actual conditions of use.

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Principal 7:

Recognizes the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity to effectively deal with drug related harm.

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Principal 8:

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.

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Harm Reduction Interventions

- The approach and fundamental beliefs and how to provide the services.

- A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence

National Harm Reduction Coalition, 2020

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[illegible]

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 environments of where the person is, and their perception of how that can promote/reduce risk.

National Harm Reduction Coalition, 2020

[illegible]

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Set

- How are they feeling? Confident? Angry? Anxious?
- Are they physically in pain or hurt? Do they need to get well?
- Can they engage with you fully? Are there basic needs being met?

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Setting


- What is the physical environment where the potential harm is occurring? In a home? at work? or on the street?
- Who was around them? Police, bystanders, other participants? How does the person present to these people? How will they react?

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Case Study: Jessica

Jessica has been using heroin on and off for the past few years. Jessica stopped using for a few months while she was with her ex, but they recently broke up. She is feeling depressed and anxious and is looking to use again. She buys a bag and heads to the syringe exchange for some new points and heads to her encampment in a rush.



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Who/What/When/Where/Why/How?


- You will be put into group of 3
- Follow the instruction on page 5 of the handouts.




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Debrief






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Planning your Planning


In breakout rooms with a partner, take turns to identify what (if any) next steps exist for you in your efforts to match client readiness to treatment interventions. Each partner will take turns in the "speaker" and "listener" roles.

We'll use the debrief of this exercise to close of our workshop today.

- **Listener:** Work to elicit the following from your partner:
 - Topics that interested/ excited them about today's workshop
 - Their next steps to practicing flexibility/ adapting interventions
 - Something they feel confident trying sooner rather than later
 - Something they are wondering if they can be flexible with due to setting, practice, or some other factor
- **Speaker:** Share what you are comfortable with!




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Some options to consider:


Checking your tool belt...

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